

Salisbury NHS Foundation Trust

Inspection report

Odstock Road
Salisbury
Wiltshire
SP2 8BJ
Tel: 01722336262
www.salisbury.nhs.uk

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Good 

Combined quality and resource rating

Good 

Summary of findings

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Background to the trust

Salisbury NHS Foundation Trust serves a population of around 225,000 people across South Wiltshire, North Dorset and West Hampshire, achieving Foundation Trust status in June 2006.

Acute services provided at Salisbury District hospital include general and acute services medicine, surgery, services for women and children, accident and emergency, diagnostic and clinical support services) with specialist services including burns, spinal, plastics, cleft lip and palate, genetics. In addition to the general population, the trust provides rehabilitation to a population over three million patients.

Salisbury's population is evenly distributed across age groups with each five-year age bracket comprising between four and eight percent of the total up to the age of 79. Black and ethnic minority groups represent 4.3% of the population of Salisbury and 3.5% of the population of Wiltshire.

The area served covers both urban and rural communities. The health of people in Wiltshire is generally better than the England average, with few areas of high deprivation. About 12% (10,400) of children live in low income families. Life expectancy for both men and women is higher than the England average, although it is 5.8 years lower for men and 2.9 years lower for women in the most deprived areas of Wiltshire than in the least deprived areas.

The trust performs approximately 36,600 planned operations or procedures each year, with an additional 31,000 people receiving emergency treatment. Last year over 129,000 outpatient appointments took place and over 59,000 people attended the accident and emergency department.

The trust had 24,493 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 6,929 (28.3%).

The trust provides:

- 24 inpatient wards
- 511 inpatient beds
- 32 day-case beds

The trust has eight theatres within their main surgical theatre suite and six additional theatres in their day surgery unit. There is a burns and plastics theatre within the designated burns and plastics ward. Plastic outpatients have two outpatient theatres where minor ops are performed. There are also two Obstetric Theatres located in the Maternity Unit. An emergency theatre team and an obstetric theatre team is available 24 hours a day.

The trust employs more than 4,401 staff including 371 medical and dental staff, 940 NHS infrastructure, (non-medical) staff, 123 other qualified (non-medical) specialised scientific, therapeutic and technical staff (ST&T), 156 allied health professionals, 135 health care scientists, 740 nursing/midwifery staff, 406 support staff to doctors and nursing staff, and 154 staff supporting ST&T services.

A review of children services, incorporating a social care inspection, was undertaken in November 2016. CQC's children's team undertook a joint inspection with OFSTED looking at safeguarding procedures, which specifically focused on the multi-agency response to domestic abuse. This showed good engagement with other agencies by health providers in the area (including Salisbury District Hospital) and good training for risk assessing and thinking of the child when treating adults.

Summary of findings

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Good ● ↑

What this trust does

Salisbury NHS Foundation Trust provides general and acute services at Salisbury District Hospital with specialist services including burns, plastics, cleft lip and palate, genetics and rehabilitation serving over three million people. In addition, the Duke of Cornwall Spinal Treatment Centre serves South England's population of 11 million people.

The trust provides full emergency department services including critical care (the hospital has trauma unit status). Patients are admitted for emergency and planned surgery, and a full range of medical care services. There are a range of outpatient services, services for older people, acute stroke care, cancer services and a full pharmacy service.

The trust provides comprehensive maternity services, community midwifery antenatal care, postnatal care, and home births. The trust has a neonatal intensive care unit and children's services including emergency assessment, inpatient and outpatient services.

The trust is part of the Bath and North-East Somerset, Swindon and Wiltshire sustainability and transformation partnership (STP) and have clinical networks with NHS trusts in Southampton and Bournemouth.

Key questions and ratings

We inspect and regulate healthcare service providers in England. To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected four core services from 13 to 15 November 2018 and the 'well-led' aspect of the trust in December 2018. The four core services were inspected at Salisbury District Hospital. They covered Urgent and Emergency Services, Surgery, Critical Care services and Spinal services.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish. Our findings are in the section headed 'Is this organisation well-led.' We inspected the well-led key question on 4 and 5 December 2018.

Summary of findings

Prior to our inspection on site, we gathered information and data from the trust, NHS Improvement, and stakeholders (community organisations with an interest in healthcare provided by the trust and the clinical commissioning group). We met with different staff prior to the core service inspections as part of regular engagement meetings and held focus groups for different staff during the well-led inspection.

In December 2015 we inspected eight core services and the 'well-led' aspect of the trust. At that inspection we rated the trust overall as requires improvement, with requires improvement ratings for safe, responsive and well led. We rated the trust good for caring and effective.

We considered all the information we held about the trust when deciding which core services to inspect and based our inspection plan on the areas considered to be the highest risk.

What we found

Overall trust

Our rating of the trust improved. We rated it as good because:

- We rated effective, caring, responsive and well-led overall as good, and safe as requires improvement. We found that safety for patients had improved in urgent and emergency care, surgery and critical care. However; spinal services remained requires improvement. In rating the trust, we took into account the current ratings of the five core services not inspected this time. This meant due to our aggregation of ratings principles, the overall rating for safe remained requires improvement.
- At this inspection, the overall rating for spinal services remained rated as requires improvement. Urgent and emergency services and surgery had improved their rating from requires improvement to good. Critical care improved their rating from requires improvement to outstanding.
- We rated caring, responsive and well led in critical care as outstanding. We found significant actions had been undertaken to treat people in a safe manner. We found staff cared for patients with compassion. There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.

On this inspection we did not inspect medical care, maternity, outpatients, end of life care, or services for children and young people. The ratings we gave to these services on the previous inspections in November 2015 are part of the overall rating awarded to the trust this time.

- We rated well-led at the trust as good. There was effective, experienced and skilled leadership, a strong vision for the organisation and embedded values. The leadership had the capacity and capability to deliver high-quality sustainable care. Leaders understood the challenges to quality and sustainability and they were visible and approachable. There was a clear vision for the trust and strong values. Whilst we found that Non-Executive directors were well engaged we felt they would benefit from development and support to improve the constructive challenge they provide to the executive team.
- The strategic plans fitted with local integration plans for and the strategy was aligned to the wider health and social care economy. Overwhelmingly staff felt valued and supported, positive and proud to work for the organisation. There were cooperative and supportive relationships throughout the trust. There were however some pockets where staff did not feel as well engaged and supported and the trust leadership was keen to understand this and to make improvements. There was good governance and structures to assess the care provided and give assurance around quality. There were processes for managing risk, issues and performance. Information and data was of good quality. However; we found that some IT systems were not effective in enabling the monitoring and improvement of the quality of care, although plans to resolve this were being identified. The views of people using the service were

Summary of findings

considered, as were those of staff and stakeholders. The trust was committed to quality improvement and innovations. However; it is important that improvement principles and practices are given pace and prioritisation in order to be embedded within the organisation. The arrangements for the Freedom to Speak-up Guardian did not reflect the recommendations of the National Guardian's office. Work is needed on producing an integrated performance report that identifies where there may be variations and/or a need for change or improvement.

- Urgent and emergency services (alternatively known as accident and emergency services or A&E) were rated as good and had gone up one rating since the last inspection. We have rated safe, effective, caring and well-led key questions as good. Responsiveness remains requiring improvement. We had previously rated safe, responsive and well led as requires improvement. The service had made many improvements in response to the concerns we raised at our last inspection. For example, assurance systems had been implemented to ensure the identification and management of risks was undertaken and appropriate actions taken. We found staff had the right skills and knowledge to provide safe care and treatment for patients. Clinical education was used to support staff and patients. However, we found staffing challenges meant dedicated areas of the department designed for children and young people could not be opened. A lack of a standard operating procedure for the short stay assessment (SSAU) unit meant there was ambiguity over who should be referred to the unit. There were occasions when mixed sex accommodation breaches occurred within the short stay assessment unit, but these were not always recognised by staff and therefore not always reported.
- Surgical services were rated as good and had gone up one rating since the last inspection. We have rated all five key questions as good. We had previously rated safe and responsive as requires improvement at the last inspection. The service had made a number of improvements in response to the concerns we raised at our last inspection, we found that the service had improved compliance with The World Health Organisation (WHO) surgical safety checklist. Recent audits demonstrated that compliance for the general theatres was running at 100%. Staffing levels had improved following several initiatives which had been introduced to help aid recruitment of registered nurses across all wards. Staff were competent in meeting the assessed needs of patients. Staff took the time to interact with patients, and those close to them, in a respectful, compassionate and considerate way. Patients and their relatives/carers, where required, were actively involved in their treatment and care. We found patients could access care and treatment in a timely way.
- Critical care services were rated as outstanding and had gone up two ratings since the last inspection. We have rated the safe and effective key questions as good and responsive, caring and well-led as outstanding. The service had made many improvements in response to the concerns we raised at our last inspection, these included; there were now comprehensive systems to keep patients safe which took account of best practice. Rates of compliance with mandatory training now exceeded the trust target. The team had improved practices around infection prevention and control. There were now more effective systems for cleaning equipment and staff now used personal protective equipment consistently. Staff consistently checked safety equipment and recorded this had been completed. The service had improved patient records and nursing staffing numbers now met recommended staffing ratios. Mortality and morbidity reviews had embedded and were well attended. Governance arrangements had been recently reviewed. These now reflected best practice and mirrored the trust wide reporting protocols. The risk register was updated and now included all evident risks. There was compassionate, inclusive and effective leadership at all levels. Staff at all levels were empowered and encouraged to be leaders.
- Spinal services were previously rated as requires improvement. There has been no change in the overall rating, however; there have been some significant improvements. Safe and effective care remain requires improvement, caring remains good, responsive is now rated as good, this is an improvement from the previous rating of inadequate. Well led is rated as good which is an improvement from our previous rating of requires improvement. The service had made improvements in response to the concerns we raised at our last inspection, these included; systems, processes and practices were used to keep patients safe and these were understood by staff. Mandatory training targets were met by nursing and therapy staff and the service to control any risks of infection. Staff completed a holistic assessment of patients. Risk assessments were carried out and nursing and therapy care plans were completed to

Summary of findings

meet each identified area of need. There was a strong incident reporting culture in the spinal treatment centre. Staff had the right skills and knowledge to provide safe care and treatment for patients. However; concerns were identified at this inspection, included; staffing levels for medical, nursing, therapy and psychology staff. The spinal treatment centre had contributed to any databases for data collection and analysis purposes but not for measuring service quality.

Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- The urgent and emergency department continued to experience workforce challenges in both medical and nursing professions.
- There were workforce challenges across the Spinal Centre, specifically within nursing due to vacancies. However, the teams had been proactive and innovative to rectifying this and mitigating against risks. Medical staffing levels were met for consultants but despite innovative development of roles not fully for training grade doctors. Staffing levels for nursing, therapy and psychology staff did not meet the NHS standard contract for specialised rehabilitation services. There were vacancies across the directorate workforce that despite conventional and creative recruitment attempts were not all filled. This had created additional pressures for staff on the spinal unit, this was particularly evident for therapy staff.
- The spinal treatment centre had contributed to a national database for data collection and analysis purposes. The spinal treatment centre measured their service to standards and national data collection which could be measured against other centres. The data provided was a measurement of activity and not an indicator of quality of service.
- Physiotherapists and occupational therapists used local, individualised outcome measures and clinical measures to monitor the progress, decline and outcomes for each individual patient, in the absence of any nationally recognised therapy based outcomes. The Therapy Team Lead was actively involved in the development of a tool to trial, reflecting a proactive, collaborative approach to ensuring therapy is delivered based on the best available evidence.

However:

- The services managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The pharmacy team were constantly looking at innovative ways to improve and promote medicine safety as well as ensuring patients received the right medicines.
- There were embedded practices for keeping people safe and protected from avoidable harm. Staff understood their responsibilities to safeguard vulnerable people and used risk assessments and observational tools to protect patients from abuse. The service worked well with other agencies to achieve this. Staff had training on how to recognise and report abuse and they knew how to apply it.
- In most areas, the service managed infection prevention and control risks well. There was a clear process for ensuring equipment and the premises were cleaned effectively. Control measures were used to prevent the spread of infection.
- The pool environment and equipment were not well maintained and did not ensure there was no risk of cross infection.

Are services effective?

Our rating of effective stayed the same. We rated it as good because:

- Patients' care and treatment was planned and delivered in line with evidence-based guidelines.

Summary of findings

- The urgent and emergency care service provided seven-day services as required and could access a range of additional service to support patients seven days a week.
- All staff we spoke with across all disciplines spoke very positively about the multidisciplinary working within the teams. We observed the multidisciplinary teams working well together.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Patients in the accident and emergency department had a detailed assessment of their physical and mental health needs, which included the need for pain relief, nutrition and hydration. Treatment and care was planned and delivered in line with professional standards and guidance.
- The accident and emergency department took part in national and local audits to monitor the effectiveness of adherence with best practice and patient outcomes. Actions were taken where local audit results identified the need for improvements.
- Staff providing treatment and care had the right skills and experience to do so and had on-going access to development opportunities. They had access to clinical support and had their performance reviewed.
- There was good multidisciplinary work and arrangements for patients to receive ongoing care. An assessment of patients' needs and the referral or discharge arrangements was well established, and involved other clinical input as required.
- Staff had the right skills and knowledge to provide safe and effective care and treatment for patients. All relevant staff, including those working in different teams, were involved in assessing, planning and delivering care and treatment.
- Staff considered the patients physical, emotional and social care needs as part of the holistic assessment process. Patients were offered effective treatment. The use of evidence-based 'care bundles' was embedded.
- The critical care service participated in a regular audit programme that focused on compliance with care bundles and best practice. Doctors, nurses and other healthcare professionals supported each other to provide good care. During a period where there were three major incidents (see main report), staff were committed to working collaboratively and found innovative and efficient ways to deliver joined-up care to patients.

However.

- The spinal treatment centre had contributed to a national database for data collection and analysis purposes. The spinal treatment centre measured their service to standards and national data collection which could be measured against other centres. The data provided was a measurement of activity and not an indicator of quality of service.
- Quality dashboards indicated that in some areas the unit performed well, for example, reduction in delay to admission and face-to face outreach visits. However other areas for example, length of stay and delayed discharges further work was needed. However, there was evidence of work already undertaken and in progress to address under performance.

Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- We observed staff were friendly and caring towards patients. Patients told us they had found staff at all levels were approachable and kind. We observed staff protecting patients' dignity.
- Staff communicated with patients so they understood their care, treatment, condition and any advice given.

Summary of findings

- Staff showed care and compassion to patients. Staff kept patients' needs at the centre of the care they delivered and went to great lengths to determine patients' preferences of care.
- Staff provided emotional support to patients to minimise their distress. Staff showed awareness of the emotional impact a patient's care, treatment or condition would have on their well-being.
- Staff involved patients and those close to them in decisions about their care and treatment. They explained procedures in a way they could understand.

Are services responsive?

Our rating of responsive improved. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- There was good access to emergency and urgent care. People attending the department received care personalised to their needs, and accounted for their choices and decisions. The triage process focused on assigning patients to the right area and included consideration of 'fitness to sit' while waiting to be reviewed.
- There was a clear recognition for the need to review the size and scale of the emergency department to ensure it met the future needs of the population.
- We rated responsive in critical care as outstanding. During the 12 months preceding our inspection, the critical care team cared for five patients admitted to the unit via the emergency department with a condition later diagnosed as nerve agent poisoning. These admissions were categorised as major incidents, lasting 5 months in total. This was the first time that patients with this diagnosis had been treated anywhere in the world. Critical care services were delivered flexibly and all avenues were explored to accommodate patients who needed care in the unit. Staff worked to overcome barriers between services and agencies to provide care that best suited patients. There were well-established communication channels between critical care, the trust leadership team, other services and wards within the trust, and other critical care units. Care was provided in a person-centred way and individual needs of patients and their relatives were considered and met wherever possible. Every decision made about patient care was centred on the patient experience and how it could be improved.

However:

- We found staffing challenges meant dedicated areas of the department designed for children and young people could not be opened.
- A lack of a standard operating procedure for the short stay assessment (SSAU) unit meant there was ambiguity over who should be referred to the unit. There were occasions when mixed sex accommodation breaches occurred within the short stay assessment unit, but these were not always recognised by staff and therefore not always reported.
- Patient flow challenges and a lack of timely response from some specialities sometimes meant patients were referred to the short stay assessment unit inappropriately, sometimes in order to 'stop the four-hour clock'.

Are services well-led?

Our rating of well-led improved. We rated it as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Staff felt supported and valued in their role by their managers.
- There were systems for performance management of staff through the annual appraisals which were aligned to the trust's values. There were processes and procedures for managers to follow if staff did not meet performance expectations

Summary of findings

- The governance arrangements across most areas provided assurance that quality was central to the delivery of care to patients.
- The division leads acted to proactively identify risks to the service which could impact on the quality for the care required. Staff took responsibility to ensure risks were minimised wherever possible without compromising the quality of care.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged with patients seeking feedback to improve the quality of the services provided.
- There were good systems of accountability from pharmacy management to support governance and management of medicines throughout the trust.
- Medicines safety risks were identified, actioned and shared appropriately within the trust and with external partners. Learning actions from medicines incidents and audits were shared and reviewed by service leads.
- Medicines optimisation was thought of as part of an integrated system across the county, with the pharmacy department working closely with other providers to ensure patients received safe and effective medicines support.

However:

- The IT systems were not always easy for staff to use, and information across the different systems could not always be linked.
- It is important that improvement principles and practices are given pace and prioritisation in order to be embedded within the organisation.
- The arrangements for the Freedom to Speak-up Guardian did not reflect the recommendations of the National Guardian's office.
- Work is needed on producing an integrated performance report that identifies where there may be variations and/or a need for change or improvement.
- We found that Non-Executive directors would benefit from development and support to provide constructively challenge to the executive team.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

Outstanding practice

We found five examples of outstanding practice in the accident and emergency department and the critical care department. We found that staff at all levels were encouraged to be leaders.

For more information, see the Outstanding practice section of this report.

Areas for improvement

We found 26 things that the trust should improve, these are recommendations that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

Summary of findings

What happens next

We will make sure that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

The accident and emergency department had established a regional morbidity and mortality meeting to share learning across Wessex and Wiltshire. The trust had integrated these meetings into the hospital's governance framework. The introduction of the standardised mortality review process strengthened these processes. Clinicians supported its inclusion into morbid and mortality meetings and managers and board members saw that a standardised trust-wide process offered greater levels of assurance.

The emergency department had been responsible for the immediate assessment and treatment of five patients who presented critically unwell with nerve agent poisoning.

These admissions were categorised as major incidents. The team's response to these major incidents was outstanding in terms of their commitment to provide effective and responsive care, their collaborative working and their focus on the safety and well-being of all staff and patients in the Emergency department during this time. There was no precedent for treatment of nerve agent poisoning. Four of the five patients survived. Despite the novelty and complexity of these cases, the department managed to provide excellent care for these patients without any noticeable impact on their everyday workflow.

The emergency department pro-actively liaised with the Ministry of Defence and the National Poisons Information Service (NPIS) to update clinical guidelines and disseminate 'lessons learned'. Two consultants from the department attended a week long CBRN course organised by the Ministry of Defence to facilitate a better inter-agency communication in the future. The ED Consultants continue to be involved in teaching nationally to support others learning and development.

The team demonstrated innovation in clinical care. The critical care team had been responsible for treating five patients with nerve agent poisoning. This was real-time innovation as this was the first time that patients with this diagnosis had been treated by any healthcare system in the world. Leads worked tirelessly to liaise with experts to ensure the best possible clinical outcomes for the patients involved. During the period of the major incidents, staff went the extra mile to protect patient confidentiality in the face of intense pressure and scrutiny from media. Staff worked as team acting on a 'need to know' basis. During the period of the major incidents, the team required, at short notice, use of different personal protective equipment and extra quantities of consumables. These unprecedented requests were diligently managed by the procurement officer who worked long hours to ensure the team had access to all the equipment needed for patient care. This member of staff was nominated for a trust award for their outstanding commitment during this period.

Within critical care staff made every effort to fulfil patient's wishes and went to great lengths to make them happen. Patients who relied on a mechanical ventilator were supported to visit a garden within the hospital. Weddings were arranged on the unit and at a time soon after discharge and pets were brought on to the unit.

In the critical care team, staff at all levels were empowered and encouraged to be leaders. This was evident in the established mentoring system, the structured training and development opportunities for staff, the lead roles that staff fulfilled and the mutual respect shown by all the team.

Summary of findings

Areas for improvement

Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust SHOULD take to improve

We told the trust that it should act to prevent services failing to comply with legal requirements in the future. This action related to four core services.

Trust-wide

- We felt there to be an absence of a clear strategy and leadership around quality improvement. It is important that quality improvement principles and practices are given pace and prioritisation in order to be embedded within the organisation.
- Work is needed on producing an integrated performance report which is sufficiently detailed, accessible, and that clearly identifies where there may be variations and/or a need for change or improvement.
- There was a lack of post implementation review processes for business cases and this is a gap the trust should address.
- We found that the minutes of board meetings have improved and would further benefit from a review to ensure a clear audit trail of the discussions that took place and the key decisions being made.
- Non-Executive directors would benefit from development and support to provide constructively challenge to the executive team
- IT systems were not effective to monitor and improve the quality of care, although plans to resolve this were being identified it was recognised by the trust that staff did not always have access to the IT equipment and systems needed to do their work and that there were potential risks associated with this.
- Consideration should be given to producing data which can provide intelligent forecasting for the future and to drive commissioning decisions.
- The trust need to review its Freedom to Speak-up Guardian arrangements, as they do not reflect the latest best practice guidance from the National Guardian. The Freedom to Speak-up Guardian had not presented to the board and the principles of the role were not a well understood concept. Some staff told us that they were afraid to speak up.

Urgent and emergency care

- Improve the monitoring of medicine room temperatures and ensure appropriate action is taken where deviations to temperatures are recognised.
- Further work is needed to broaden recruitment processing in order that there are sufficient numbers of staff are employed and deployed at all times to meet the needs of patients.
- Consideration to be given to the mental health assessment room in order it is compliant with national recommendations.
- Speciality doctors should comply with the Trust's professional standards protocol by undertaking timely assessments of patients when referrals are made by the emergency department.
- To review the standard operating procedure for the use of the short stay assessment unit

Summary of findings

- Review the current arrangements in order that staff are aware of what constitutes a mixed-sex breach. Arrangements and safeguards should be introduced to ensure mixed-sex breaches are reported in line with NHS constitutional standards.
- Review the arrangements and environment for treating children in the emergency department. The trust should consider national best practice and inter-collegiate guidance relating to service specifications for children's emergency care.

Surgery

- Review medication storage rooms and ensure temperatures are monitored to ensure the safe storage of medicines.
- For patients who have a Deprivation of Liberty safeguard in place the trust should ensure records relating to these are to hand at all times to demonstrate that the service is applying restrictions legally.
- Look at ways of meeting their complaints response time to meet their own policy.

Critical care:

- Consider a lead occupational therapist for the critical care service as recommended in the Guidelines for the Provision of Intensive care services (2015).
- Review current practice for screening patients for rehabilitation needs against the therapy standards within the Faculty of Intensive Care Medicine Core Standards for Intensive care (2013).

Spinal services:

- The trust should ensure that staffing levels for medical, nursing, therapy and psychology staff meet the NHS standard contract for specialised rehabilitation services.
- The spinal treatment centre should ensure that it measures its outcomes for data collection and analysis purposes. The data it does gather should be actioned to meet any shortfalls, for example quality dashboards indicated that for several indicators the centre performed poorly.
- The trust should ensure that medical staff mandatory training to include safeguarding training is undertaken to ensure patient safety.
- The trust should ensure provision for patients to contact the pharmacy for advice to resolve queries relating to medicines after they were discharged.
- The trust should ensure that the pool environment and equipment are maintained to ensure there is no risk of cross infection.
- The trust should include training for recognition of female genital mutilation.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of the trust has improved. We rated it as good because:

Summary of findings

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- The trust had an experienced leadership team with the experience, capacity, capability and integrity to manage a well-led organisation. The team demonstrated a strong commitment to provide high-quality services. They worked well together as a unitary board.
- The leadership team recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation.
- The board and senior leadership team had set a clear, cohesive vision and values that were at the heart of all the work within the organisation.
- The trust board had a sound understanding of and approach to the trust's financial position and areas of opportunity
- The trust met its obligations to ensure directors were fit and proper persons.
- Leaders at all levels were visible and approachable for their patients and staff. Most staff we spoke to in focus groups knew who the executive team were and could mostly name them.
- The leadership team understood the challenges to quality and sustainability and they could identify the actions needed to address them.
- The trust had a clear vision and set of values with quality and sustainability as the top priorities. After listening to patients and staff the trust had identified six core values, which were described in the words of patients.
- There was a realistic strategy for achieving the priorities and delivering good quality sustainable care.
- There was cooperative working with external partners to develop an integrated care system in the county of Wiltshire.
- Staff knew and understood the trust's vision, values and strategy and how achievement of these applied to the work of their team.
- Staff felt respected, supported and valued and as a result felt positive and proud to work for the organisation.
- Response rates to the 2017 NHS staff survey were better than the average for trusts in England.
- There was an emphasis in the trust on the safety and wellbeing of staff. There were numerous benefits available to provide opportunities for staff to maintain and improve their health.
- Leaders were visible and approachable. Staff told us they felt comfortable raising issues of concern to them. Almost all staff fed back positively about this, however, feedback from some staff representing black and ethnic minority groups told us they felt their concerns about working at the trust had not been heard.
- Equality and diversity were promoted within and beyond the organisation.
- There were plans in place for expected events. For example, adverse weather, a flu outbreak or a disruption to business continuity over the winter period.
- Communication systems such as the intranet and newsletters were in place to ensure staff had access to up to date information about the work of the trust and the services they used.
- Improvement was seen as a way to deal with performance and for the organisation to learn and could clearly evidence improvements to patient care.
- The trust had invited external bodies into the hospitals to assess them against set criteria to achieve accreditation.

However:

Summary of findings

- We felt there to be an absence of a strategy and leadership around quality improvement. It is important that quality improvement principles and practices are given pace and prioritisation in order to be embedded within the organisation.
- Work is needed on producing an integrated performance report which is sufficiently detailed, accessible, and that clearly identifies where there may be variations and/or a need for change or improvement.
- There was a lack of post implementation review processes for business cases and this is a gap the trust should address.
- We found that the minutes of board meetings have improved and would further benefit from a review to ensure a clear audit trail of the discussions that took place and the key decisions being made.
- Non-Executive directors would benefit from development and support to provide constructively challenge to the executive team
- IT systems were not effective to monitor and improve the quality of care, although plans to resolve this were being identified it was recognised by the trust that staff did not always have access to the IT equipment and systems needed to do their work and that there were potential risks associated with this.
- Consideration should be given to producing data which can provide intelligent forecasting for the future and to drive commissioning decisions.
- There should be a review of the Freedom to Speak-up Guardian arrangements, as they do not reflect the latest best practice guidance from the National Guardian. The Freedom to Speak-up Guardian had not presented to the board and the principles of the role were not a well understood concept. Some staff told us that they were afraid to speak up.

Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating (www.cqc.org.uk/provider/RNZ/Reports).

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Salisbury District Hospital	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018
Overall trust	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Salisbury District Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑	Good →←	Good →←	Requires improvement →←	Good ↑	Good ↑
Surgery	Good ↑	Good →←	Good →←	Good ↑	Good →←	Good ↑
Critical care	Good ↑	Good →←	Outstanding ↑	Outstanding ↑	Outstanding ↑↑	Outstanding ↑↑
Spinal Services	Requires improvement →←	Requires improvement →←	Good →←	Good ↑	Good ↑	Requires improvement →←
Overall*	Requires improvement →← Dec 2018	Good →← Dec 2018	Good →← Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018	Good ↑ Dec 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Salisbury District Hospital

Odstock Road
Salisbury
Wiltshire
SP2 8BJ
Tel: 01722336262
www.salisbury.nhs.uk

Key facts and figures

Salisbury NHS Foundation Trust serves a population of around 225,000 people across South Wiltshire, North Dorset and West Hampshire, achieving Foundation Trust status in June 2006.

Acute services provided at Salisbury District hospital include general and acute services medicine, surgery, services for women and children, accident and emergency, diagnostic and clinical support services) with specialist services including burns, spinal, plastics, cleft lip and palate, genetics. In addition to the general population, the trust provides rehabilitation to a population of over three million patients.

Salisbury's population is evenly distributed across age groups with each five-year age bracket comprising between four and eight percent of the total up to the age of 79. Black and ethnic minority groups represent 4.3% of the population of Salisbury and 3.5% of the population of Wiltshire.

The area served covers both urban and rural communities. The health of people in Wiltshire is generally better than the England average, with few areas of high deprivation. About 12% (10,400) of children live in low income families. Life expectancy for both men and women is higher than the England average, although it is 5.8 years lower for men and 2.9 years lower for women in the most deprived areas of Wiltshire than in the least deprived areas.

The trust performs approximately 36,600 planned operations or procedures each year, with an additional 31,000 people receiving emergency treatment. Last year over 129,000 outpatient's appointments took place and over 59,000 people attended the accident and emergency department.

The trust had 24,493 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 6,929 (28.3%).

Summary of services at Salisbury District Hospital

Good  

Our rating of services improved. We rated it them as good because:

- Staff treated people with the kindness, dignity and respect. Individualised, person centred care was delivered by a workforce who recognised and valued their responsibilities towards people using the hospital.

Summary of findings

- There was a strong culture of doing what was right for patients, for keeping them safe and involving them in decisions which affected their treatment and care. Patients and relatives spoke highly of staff and the standards and quality of care. They were informed of investigations and treatment plans, and how these would affect them.
- Services were planned and arranged to meet the general and specific needs of local people. Staff carried out a range of risk assessments and safely managed these in line with national and professional guidance. The trusts safeguarding arrangements assisted in keeping vulnerable people safe and protected them from avoidable harm.
- The systems and processes available to support staff in their clinical practices were well organised and structured. Professional guidance was easily accessible and used to inform decision making around patient needs.
- The arrangements for reporting, investigating and learning from incidents was supported by a positive culture of improving patient care.
- The hospital environment was generally visibly clean. Most staff followed infection prevention and control procedures and routine standards of cleanliness and hygiene were maintained.
- Leaders had the skills, knowledge, experience to oversee services. We found improvements had been made in the leadership of the accident and emergency department and critical care services since the last inspection.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were encouraged and supported to access training and development opportunities.
- Departments planned and reviewed staffing levels and skill mix so people received safe care and treatment.
- The trusts vision and values were understood by staff. Local service objectives had been developed and staff committed to achieving these.
- There were effective governance arrangements within departments and information was communicated upwards through various committees to the board. Information was shared with staff in an open and transparent manner, which helped staff to feel valued and respected.

Urgent and emergency services

Good  

Key facts and figures

The trust provides urgent and emergency services to adults and children in and around the Salisbury area. The hospital is a designated trauma unit.

The service is managed as one part of the hospital's wider medicine directorate.

Emergency services are located within one footprint. The emergency pathway includes a minor injury area with 5 bays for adults, 2 for paediatrics. The Major's area has 10 bays including 2 side rooms and a three-bedded resuscitation area. There is also a mental health assessment room. There are separate waiting facilities for children and young people. The department is also responsible for the co-ordination and management of the eight-bed short stay emergency unit (SSEU). X-ray facilities are adjacent to the department.

From August 2017 to July 2018 there were 46,602 attendances at the trust's urgent and emergency care services, of which 21.3% were children (10,048) (PIR).

The emergency department had been responsible for the immediate assessment and treatment of five patients who presented critically unwell with nerve agent poisoning.

These admissions were categorised as major incidents. The team's response to these major incidents was outstanding in terms of their commitment to provide effective and responsive care, their collaborative working and their focus on the safety and well-being of all staff and patients in the Emergency department during this time. There was no precedent for treatment of nerve agent poisoning. Four of the five patients survived. Despite the novelty and complexity of these cases, the department managed to provide excellent care for these patients without any noticeable impact on their everyday workflow.

The department pro-actively liaised with the Ministry of Defence and the National Poisons Information Service (NPIS) to update clinical guidelines and disseminate 'lessons learned'. Two consultants from the department attended a week long CBRN course organised by the Ministry of Defence to facilitate a better inter-agency communication in the future. The ED Consultants continue to be involved in teaching nationally to support others learning and development.

As part of the inspection we spoke with 15 patients, two parents of children receiving care, and 24 members of staff including, nurses, doctors, consultants, managers and support staff. We also reviewed 15 patient care records and observed clinical handovers, bed meetings and daily safety huddles.

We inspected the service between 13 and 15 November. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We last inspected urgent and emergency services in December 2015. As a result of that inspection, we rated urgent and emergency services as requires improvement.

Summary of this service

Our rating of this service improved. We rated it as good because:

- Staff had the right skills and knowledge to provide safe care and treatment for patients. Clinical education was used to support staff and patients.

Urgent and emergency services

- Policies and guidelines had been developed in line with national policy including the National Institute for Health and Care Excellence (NICE) guidelines.
- All patients had their nutrition needs and hydration needs met and staff assessed and managed patients' pain effectively.
- Staff had a good understanding of consent, mental capacity act and deprivation of liberty safeguards and had access to guidance through the intranet.
- Doctors, nurses and allied healthcare professionals supported one another to provide holistic care to patients.
- The service supported patients by promoting healthier lifestyles. The service had managers at all levels with the right skills and abilities to run the service, providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and we saw evidence of actions to achieve it.
- Managers promoted a positive culture that supported and valued staff, free from bullying, harassment or discrimination, creating a sense of common purpose based on shared values.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Staff were kind and supportive to patients and their relatives. We observed staff providing emotional support to patients on many levels. Patients told us that they felt involved and included in decisions about their care.
- Learning from complaints were shared across the emergency department through daily safety huddles and regular team meetings. Complaints were reviewed through the emergency department governance meetings.
- Leadership at departmental level was considered by staff to be supportive and effective.
- Departmental staff were aware of the departments values and the values of the trust.
- There were assurance systems implemented to ensure the identification and management of risks was undertaken and appropriate action taken.

However:

- There were not always sufficient numbers of staff employed by the service. This had contributed to a sense of low morale within the department.
- Staffing challenges meant dedicated areas of the department designed for children and young people could not be opened. This resulted in children being treated in the main emergency department which may not always promote the best experience for children.
- A lack of a standard operating procedure for the short stay emergency unit meant there was ambiguity over who should be referred to the unit.

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- **The department had a good patient safety record.** There had been no reported falls resulting in harm or pressure ulcers associated with the department.

Urgent and emergency services

- **All staff had a good understanding of safeguarding procedures and they had good links with the local safeguarding team.** Most staff (89%) had completed safeguarding children level three training as recommended by intercollegiate guidelines.
- **Medicines storage and administration was safely handled.** Controlled drugs were stored and found to be in order. The medicines preparation areas were hygienically maintained.
- **Nursing staff monitored patients.** Staff did this by using a local Early Warning System (EWS) which produced an overall score to alert staff to signs of deterioration in condition.
- **Staff told us how they learnt from their local incidents to improve services by learning from when things go well and when they go wrong.** Quarterly morbidity and mortality meetings occurred to help establish additional learning opportunities. The department had also set up a new regional morbidity and mortality meeting to share learning across Wessex and Wiltshire.
- **Infection risks were well managed.** The department was visibly clean. Equipment was checked to ensure it was ready for use and fit for purpose. We saw staff cleaning their hands regularly in the department. Hand basins had appropriate signage, hand wash, hand sanitiser, moisturising cream and paper towels. All staff were seen to be bare below the elbow. There had been no reported cases of methicillin-resistant *Staphylococcus aureus* infections attributable to the ED.
- **Staff were aware of their roles and responsibilities regarding safeguarding both adults and children** Significant work had been undertaken to improve the competency of staff providing care with children.

However:

- **The department continued to experience workforce challenges in both medical and nursing professions.** Although, the department had made significant progress in being able to recruit middle-grade doctors as well as progressing a business case to recruit additional consultants.
- **The mental health assessment room was not fully compliant with national requirements.** This was because furniture was not fixed. New furniture had been ordered so this could be rectified in the future.
- **Action was not always taken when medicine refrigerator temperatures were higher than recommended.** During our inspection we found fridge temperatures throughout November 2018 had been higher than the permitted levels.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- **Patients' care and treatment was planned and delivered in line with evidence-based guidelines.** All policies we reviewed were relevant, in date and referenced National Institute for Health and Care Excellence (NICE) guidance.
- Patients told us nurses ensured they were kept well hydrated. Staff used the malnutrition universal screening tool (MUST), a nationally-recognised system to identify patients who were at risk of malnutrition.
- The service participated in trust-wide and service level health promotion activities specific to their patient group. These included smoking cessation and sexual health initiatives.
- The service provided seven-day services as required and could access a range of additional service to support patients seven days a week.

Urgent and emergency services

- Patients told us their pain had been well managed by staff that were quick to administer them with pain relief.
- Between September 2017 and August 2018, the trust's unplanned re-attendance rate to A&E within seven days was about the same as the national standard of 5% and better than the England average.
- Results of national and local audits looking at outcomes for patients showed that generally outcomes were similar to national averages with some areas for improvement. Where improvement was required the service had recognised this and put into place clearly defined actions to address the underlying issues.
- All staff we spoke with across all disciplines spoke very positively about the multidisciplinary working within the teams. We observed the multidisciplinary teams working well together.
- **The service made sure staff were competent for their roles.** Staff we spoke with said they had a good understanding of the Mental Capacity Act 2015. Staff completed mental health risk assessments for all relevant patients. Staff understood the principles of mental capacity and deprivation of liberty safeguards. Staff had a clear understanding of gaining informed consent from patients across a range of ages.
- Staff were competent in their roles and were encouraged to develop professionally.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- **Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.** Patients spoke positively about their care and treatment. They told us they were treated with dignity and compassion.
- We observed staff were friendly and caring towards patients. We saw staff offering suitable time to allow patients to talk with them.
- Call bells were answered in a timely way. Patients told us they had found staff at all levels were approachable and kind.
- We observed staff protecting patients' dignity by calling through privacy curtains or knocking on doors before entering.
- Patients told us they fully understood their treatment and were aware of their aftercare plan and planned date of discharge.
- Patients and relatives told us the staff had been very sensitive and alleviated any anxieties or distress they may have had.
- Patients told us they felt staff understood their conditions and were able to explain their treatment to them in a way they could easily understand.
- A range of denomination of religious ministers attended the hospital and undertook a variety of services for patients to attend.

However:

Urgent and emergency services

- **There was a possibility patients dignity and privacy could be compromised.** Whilst staff used the curtains which were fitted to the major's cubicles in the main emergency department, the curtains used did not always completely close and so gaps existed which meant patients in a state of undress could sometimes be seen. Concerns relating to privacy were also identified in the national inpatient survey (2017) which reported the trust saw a decrease in one area associated with the ED – privacy when being examined in the ED.

Is the service responsive?

Requires improvement   

Our rating of responsive stayed the same. We rated it as requires improvement because:

- **The service did not always have enough nursing staff, with the right mix of qualification and skills.** Staffing challenges and physical footprint available meant that dedicated areas of the department designed for children and young people with minor injuries and ailments could only be utilised between 10am and 6pm daily. There was a designated paediatric cubicle within the main majors area of the department for sick children. This resulted in some children being treated in the main emergency department, which may not always promote the best experience for children.
- **There was a lack of a standard operating procedure for the short stay assessment (SSEU) unit.** This meant there was ambiguity over who should be referred to the unit.
- There were occasions when mixed sex accommodation breaches occurred within the short stay emergency unit, but these were not always recognised by staff and therefore not always reported.
- A lack of door to the SSEU and its location adjacent to a corridor had the potential to impact on the experience of patients at night time.
- Patient flow challenges and a lack of timely response from some specialities sometimes meant patients were referred to the short stay emergency unit inappropriately, sometimes in order to 'stop the four-hour clock'

However:

- **The service treated concerns and complaints seriously.** Managers investigated complaints locally where possible with face-to-face mediation meetings offered to complainants. Staff discussed complaint outcomes with peers and staff could demonstrate learning from complaints.
- **The service took account of patients' individual needs.** Patients with a learning disability or needs that required assistance were identified on presentation to the department. Staff explained how they encouraged relatives or carers to be part of the treatment process and encouraged people to remain with vulnerable patients during their stay in the emergency department.
- **The trust planned and provided services in a way that met the needs of local people. Facilities and premises were appropriate for the services being delivered.** There was a clear recognition for the need to review the size and scale of the emergency department to ensure it met the future needs of the population.

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

Urgent and emergency services

- **Managers across the directorates promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** We were told managers promoted a culture that supported and valued staff. Staff described a positive leadership culture that made them feel supported by their lead nurse and clinical lead.
- **The vision was to be a service which strived to continually improve the outcomes and experiences for patients requiring urgent and emergency care.** The departmental vision pledged they would always strive to be safe and effective, kind and caring and to provide equitable care. Staff told us the senior management team promoted the trust values, were visible and had an open-door policy.
- **The service used information about performance effectively to improve services and waiting times.** We looked at minutes from departmental meetings and saw that staff updates were displayed. Infection control issues, staffing, annual leave, current quality data, student support and patient feedback were all discussed. Student nurses told us they were welcomed to the department and were benefitting from a professional staff team mentoring them.
- **There were assurance systems implemented.** These were in place to ensure the identification and management of risks was undertaken and appropriate action taken.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Surgery

Good  

Key facts and figures

Salisbury District Hospital provides a range of surgery and associated services and is the regional centre for plastic surgery. The Burns service is provided through a regional unit covering a population of approximately 3.5 million within a catchment area comprising Wiltshire, Hampshire and the Isle of Wight, Dorset and the Channel Islands. They are part of the South West UK Burns Network along with burns services in Swansea, Bristol and Plymouth.

Surgery teams sit across the Surgery, Musculo-Skeletal and Clinical Support and Family Services directorates.

The hospital has a main operating theatre suite, with eight operating theatres and an 11-bed recovery area (inpatient surgery). There is a day-case surgery unit, with six operating theatres, recovery areas, and two wards for patients to stay while they are assessed before going home. The Burns Unit also has a dedicated operating theatre and recovery area, which is used for burns and plastic surgery. Plastic out-patients have two outpatient theatres where minor operations are performed. There are also two obstetric theatres located in the maternity unit. Surgery performed includes urology, trauma and orthopaedic, spinal surgery, general surgery, breast, colorectal, ophthalmology, oral, maxillofacial, ear, nose and throat, burns and plastic surgery. Surgery is provided as both elective (planned) and in an emergency.

The hospital also carries out interventional radiology: a process of using minimally invasive image-guided procedures to diagnose and treat diseases.

The hospital has six surgery wards;

Amesbury Suite, a 32-bed ward for patients predominantly having planned or elective orthopaedic or trauma surgery;

Breamore ward, a 20-bed short stay surgical ward;

Britford ward, a 20-bed general surgical ward and it has a six-bedded surgical admissions unit;

Chilmark Suite, a 24-bed ward for patients having trauma or orthopaedic surgery;

Downton ward, a 24-bed ward for patients pre- and post-operation.

Odstock ward, a 17-bed ward for patients having specialist plastic and reconstruction surgery and the specialist burns unit.

The trust performs approximately 16,800 operations across the main theatres and day surgery units (not including minor ops outpatient theatre and the obstetric theatre) each year, with around 9,300 of them daycases. Each month around 1,400 operations take place in main theatres and day surgery, of which on average 1,000 are elective (planned) and 400 are emergency (unplanned). The trust had 24,493 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 6,929 (28.3%), 14,266 (58.2%) were day case, and the remaining 3,298 (13.5%) were elective.

(Source: Hospital Episode Statistics)

Surgery

We spoke with 13 patients. We met with 50 staff in various roles, including directorate leads, senior managers, consultants, doctors, nurses, healthcare assistants, allied healthcare professionals and domestic staff. We observed interactions between patients and staff in different wards and departments. We reviewed 23 patient records, attended board rounds (a daily multidisciplinary staff meeting), and attended hospital wide-staff and bed management meeting.

The Care Quality Commission last inspected surgery at Salisbury NHS Foundation Trust in December 2015, when we rated surgery service as 'requires improvement' overall.

Summary of this service

Our rating of this service improved. We rated it as good because:

- The service had made a number of improvements in response to the concerns we raised at our last inspection.
- Staff made sure that equipment needed for emergency situations were checked frequently as per trust policy and records made to demonstrate this.
- Changes had been implemented to sterile drapes on equipment used in theatre to reduce the risk of damage and to prevent cancelled operations. Whilst these risks had not been totally eradicated, arrangements were in place to continually monitor and review the situation.
- The service had improved compliance with The World Health Organisation (WHO) surgical safety checklist. Recent audits demonstrated that compliance for the general theatres was running at 100%.
- Staffing levels had improved following several initiatives which had been introduced to help aid recruitment of registered nurses across all wards. Recruitment was ongoing and additional staff had been recruited from different disciplines to support registered nurses.
- The service provided effective care, with patients receiving evidence-based care and treatment. Staff from different services, both internal and external, worked well together. Staff were competent in meeting the assessed needs of patients.
- The trust participated in national audits to monitor patients' care and treatment outcomes, and to compare with other similar services. Reviewing data from audits, the trust was generally performing well or as expected, when benchmarked nationally.
- Staff took the time to interact with patients, and those close to them, in a respectful, compassionate and considerate way. Patients and their relatives/carers, where required, were actively involved in their treatment and care.
- The service had taken steps to improve the experience of patients discharged home following surgery by reconfiguring facilities.
- The service had improved patient flow in order to prevent unnecessary cancelled operations. Since the last inspection the trust had completely re configured its wards creating a short stay surgery unit, along with a chaired area for patients pre discharge. In addition, the trust had also changed its theatre timetable to maximise throughput for patients. These were components of larger Patient Flow and Theatre transformation programs. These actions had seen the number of elective cancellations due to bed pressures reduce dramatically and discharges from recovery, which was highlighted at the last inspection, no longer occur. Patients mostly received care and treatment when they needed it. Referral to treatment times were mostly in line with the England average. The percentage of cancelled operations was similar to the England average and all cancelled operations were rearranged within the required 28 days, which was better than the England average.

Surgery

- Leaders had the right skills and commitment to improve the quality of the service. The culture was centred around the needs and experience of patients. There were structures, processes and systems of accountability to support the delivery of good quality services.

However:

- Storage of some equipment in the day surgery unit on the floor and fabric chairs in several areas were potential infection control risks.
- Rooms where medications were being stored were not routinely having the temperature monitored to make sure they were being stored at the manufacturers recommended temperature.
- There was some confusion about the resources available to staff when caring for patients with a learning disability.

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- **The service looked after equipment well.** Emergency equipment was checked as per trust policy to make sure it was ready and safe to use. Sterile drapes that covered equipment needed for some operations had been damaged in the past which resulted in cancelled operations. Changes had been made to sterile drapes used on some large equipment and this was being monitored at the time of this inspection. This was an improvement since our last inspection.
- **Staff mostly completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.** Following the introduction of a revised WHO safety checklist at our last inspection we found at that time no auditing had taken place to demonstrate it was effective and being used correctly to minimise the risks to patients. Audits were now in place to demonstrate 100% compliance in the main theatres. This was an improvement since our last inspection.
- Previously the service did not have enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment due to vacancies. However, initiatives had been implemented to provide additional staffing to reduce the burden on qualified nurses. At our last inspection we found one ward where they were not meeting the recommended safer staffing figures at night for qualified nurses. This had been addressed and the standard met. Initiatives were being put in place to reduce the burden on qualified nurses as they still had high number of vacancies. These included extra administration staff in the evening to answer telephones etc. and encouraging their own health care assistants to apply for the nursing associate posts. Bank and agency staff were still used to fill gaps in the rota. In theatres we had previously identified concerns with the number of operating department practitioners, but this had improved at this inspection with an additional five practitioners in post which had reduced the amount of bank or agency cover needed.

However:

- **Although infection risks were mostly well managed, we saw some areas for improvement.** In the day surgery unit by theatre A
- Some equipment used in theatres was stored on the floor with no covers to protect them. We also saw the use of fabric chairs in the reception area which cannot be wiped clean. These were potentially infection control risks.
- **Although the service mostly followed best practice when storing medicines,** room temperatures were not routinely monitored to make sure medicines were stored at the manufacturers' recommended temperature.

Surgery

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- **The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.** Staff had access to policies, standard operating procedures, pathways and guidelines reflecting evidence-based care and treatment, which had been developed in line with national guidance.
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.** The trust participated in national audits to monitor patients' care and treatment outcomes, and to compare with other similar services. Reviewing data from audits, the trust was generally performing well or as expected, when benchmarked nationally.
- **The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.** Staff had the right skills and knowledge to provide safe and effective care and treatment for patients.
- **Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.** All relevant staff, including those working in different teams, were involved in assessing, planning and delivering care and treatment. Staff worked across health and social care disciplines and with other agencies, when required, to care for patients.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- **Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.** Staff took the time to interact with patients and those close to them in a respectful and considerate way.
- **Staff provided emotional support to patients to minimise their distress.** Staff understood that some patients were anxious about their operations or their treatment whilst in hospital and took time to help relieve their anxiety.
- **Staff involved patients and those close to them in decisions about their care and treatment.** Staff communicated with patients so they understood their care, treatment, condition and any advice given.

Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- **The service took account of patients' individual needs.** There were processes to identify and inform relevant health care professional if patients had specific needs, for example, patients living with a diagnosis of dementia or a learning disability.

Surgery

- **Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were mostly in line with good practice.** Following our last inspection changes had been made to the way ward accommodation was configured. The service no longer discharged patients directly from the recovery area as this was not good practice. Breamore ward now had four chair spaces to accommodate patients directly from recovery. Other changes included the introduction of the 'golden patient' where nurses identified two patients who could be discharged early the next day to free up beds for elective patients. This improved patient flow and prevented unnecessary cancellations due to no available beds.
- **The service treated concerns and complaints seriously.** The musculo-skeletal directorate (MSK) management team had implemented a on call manager in order that if a complaint was received telephone contact was made with the complainant the same day. The team felt this had improved their management of complaints and as a result they had seen a reduction in the number of formal complaints received.

However:

- **Whilst the service took account of patients' individual needs,** there was a lack of clarity among staff as to the support available to help them care for patients with learning disabilities.
- **Complaints were not always responded to promptly.** Patients did not always receive a response to their complaint in a timely way. Not all complaints were responded to within the trusts own timescale.

Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- **Managers at directorate level had the right skills and abilities to run a service providing high-quality sustainable care.** There was dedicated and experienced leadership within the surgical directorates. Staff felt supported by managers, who were described as visible and approachable.
- **Managers across the directorates promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** The culture centred on the needs and experience of patients. Senior managers told us they were most proud of the culture and attitude of staff. They said all staff engaged well with the trust, met the needs of the patients and trust values were well embedded.
- Despite the trust not having in place a systematic approach to continually improve the quality of its services and safeguarding high standards of care, (i.e. through a recognised QI Strategy and function) there was an environment in which excellence in clinical care was encouraged. Examples of excellence in clinical care were recognised during the inspection. There were some structures, processes and systems of accountability to support the delivery of the strategy and good quality services, however, consideration should be given to the quality initiatives ensuring quality improvement principles and practices were given pace and prioritisation in order to be embedded within the organisation. We felt there was an unclear leadership around quality improvement. There were some structures, processes and systems of accountability to support the delivery of the strategy and good quality services, however, consideration should be given to the quality initiatives ensuring quality improvement principles and practices are given pace and prioritisation in order to be embedded within the organisation. We felt there to be an absence of leadership around quality improvement

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Critical care

Outstanding   

Key facts and figures

Salisbury District Hospital has one critical care unit called 'Radnor ward' (hereafter referred to as the 'unit'). The unit is commissioned to 10 beds (with 12 physical bed spaces), and offers both intensive and high dependency care for adults with immediate life-threatening medical and surgical conditions (planned and emergency). The critical care service (hereafter referred to as the 'service') treats a wide range of patients from all specialities, including the regional specialities of burns, plastic surgery and spinal cord injuries. The critical care service is managed within the surgery directorate

The unit is designed to accommodate patients with level two and level three care needs. Level two care describes patients requiring more detailed observation or intervention. This includes support for a single failing organ system or post-operative care, and those 'stepping down' from level three care. Level three care refers to patients requiring advanced respiratory support alone, or monitoring and support for two or more organ systems. This level includes all complex patients requiring support for multiple organ failure.

During the period November 2017 to September 2018, the majority (33%) of admissions came from the emergency department, with 27.4% from ward areas, 25% from planned surgery and 13.7% from emergency surgery. During this same period, the service provided approximately 3043 bed days of care, 1307 at level three, 1209 at level two, 504 at level one and 23 at level zero. There were four side rooms available.

The critical care outreach team provide a nurse-led outreach service 24 hours a day, seven days a week. This is a highly skilled team of senior nurses who work with staff on the wards to ensure the early detection of the deteriorating patient and follow-up of patients who have been discharged from critical care.

During the 12 months preceding our inspection, the critical care team handled three major incidents relating to nerve agent poisoning, lasting 5 months in total (hereafter referred to as 'the major incident period'). Five patients were admitted to the unit with nerve agent poisoning over two separate occasions. This was the first time that patients with this diagnosis had been treated by any healthcare system in the world. During the 12 months preceding our inspection, the critical care team handled three major incidents. These included an episode of severe weather (snow) and five patients admitted to the unit with nerve agent poisoning over two separate occasions. The nerve agent poisoning incident lasted approximately three months (hereafter referred to as 'the major incident period').

The critical care outreach team (hereafter referred to as the 'outreach team') was available 24 hours a day, seven days a week. This is a highly skilled team of senior nurses and a nurse consultant who work with staff on the wards to ensure the early detection of the deteriorating patient and follow-up patients who have been discharged from critical care.

We inspected the critical care unit (known as 'Radnor' ward) and the critical care outreach team at Salisbury District General Hospital as part of an unannounced inspection. During our inspection, we spoke with five patients, five relatives and approximately 30 members of staff. These included managers, doctors, nurses, a critical care technician, procurement officer, specialist nurses, allied health professionals, administrative staff, cleaners and a volunteer. We reviewed five sets of patient records, checked the equipment, and looked at data.

Summary of this service

Our rating of this service improved. We rated it as outstanding because:

Critical care

- During the 12 months preceding our inspection, the critical care team cared for five patients admitted to the unit via the emergency department with a condition later diagnosed as nerve agent poisoning. These admissions were categorised as major incidents, lasting 5 months in total. The team's response to these major incidents was outstanding in terms of their commitment to provide effective care, their collaborative working and their focus on the safety and well-being of all staff and patients on the unit during this time. There was no precedent for treatment of nerve agent poisoning. Four of the five patients survived.
- There were comprehensive systems to keep patients safe which took account of best practice. Rates of compliance with mandatory training now exceeded the trust target. The team had improved practices around infection prevention and control. There were now more effective systems for cleaning equipment and staff now used personal protective equipment consistently. Staff consistently checked safety equipment and recorded they had done so. All staff proactively anticipated and managed patient risks including the risk resulting from two bed-spaces that did not comply with best practice guidelines for critical care facilities. The service had improved patient records and nursing staffing numbers now met recommended staffing ratios. Mortality and morbidity reviews had embedded and were well attended.
- Care and treatment was delivered in line with current best practice. Policies and procedures had been updated. The team had introduced care bundles and a new pain assessment tool. The pharmacist reviewed all patients daily in collaboration with the medical staff. Best practice in relation to consent to care and treatment was evident. The service had improved training around medical equipment. Nursing appraisal rates had improved and now exceeded the trust target.
- The team still cared for patients with compassion and continued to involve patients and their loved ones in decisions about their care and treatment. The team had gone to extraordinary lengths to protect the privacy of patients during the period of the major incidents. The service included input from a psychologist.
- The number of surgical operations that were cancelled due to a lack of an available bed in critical care had reduced (improved). The number of discharges from the unit that were delayed had reduced (improved). Staff made every effort to fulfil patient's wishes and all decisions were centred on the patient experience and how it could be improved.
- Governance arrangements had been recently reviewed. These now reflected best practice and mirrored the trust wide reporting protocols. The risk-register was updated and now included all evident risks. There was compassionate, inclusive and effective leadership at all levels. Staff at all levels were empowered and encouraged to be leaders. Staff engagement had improved. Monthly governance meetings were now well attended.

Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- **The service provided mandatory training in key skills to all staff and made sure everyone completed it.** Compliance rates for mandatory training were above the trust target for all staff.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.** The safeguarding link nurse for critical care ensured staff understood their responsibilities and adhered to safeguarding procedures. Staff compliance rates for safeguarding training exceeded the trust target.

Critical care

- **The service used safety monitoring results well.** Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service. Safety performance was good. The whole team was engaged in reviewing and improving safety systems. There was a genuinely open culture in which all safety concerns raised by staff and patients were highly valued as being integral to learning and improvement.
- **The service managed patient safety incidents well.** All staff fully committed to reporting incidents and near misses. Learning from incidents was based on thorough investigation. The team made changes to address concerns highlighted from trends in incident data. All staff were encouraged to share learning to improve safety. Systems of learning from mortality and morbidity reviews were embedded. When things went wrong, staff apologised and gave patients honest information and suitable support.
- **The service had suitable premises and equipment and looked after them well.** The team assessed and mitigated the risks arising from aspects of the environment that were non-compliant with best practice guidelines. There were reliable systems to ensure appropriate emergency equipment was available on the unit to keep patients safe. Since the previous inspection, the unit had purchased a new resuscitation equipment trolley.
- **Staff kept themselves, equipment and the premises clean.** They consistently used control measures such as personal protective equipment and hand hygiene techniques to prevent the spread of infection. Staff used checklists and 'I am Clean' stickers to provide assurance that equipment was clean.
- **Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.** Patients were protected by strong and comprehensive safety systems. A proactive approach to anticipating and managing risks to patients was embedded and was recognised as the responsibility of all staff. There was a highly skilled outreach team available at all times who supported ward teams to care for deteriorating patients.
- **The service controlled infection risk well.** The provider had a sustained track record of infection control supported by accurate performance information. During the 12 months preceding our inspection, there had been no incidences of serious healthcare associated infections that were attributable to care on the critical care unit.
- **The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.** Compliance with medicines policy and procedure was routinely monitored and action plans were always implemented promptly. Staff received up-to-date advice regarding medicines.
- **Staff kept detailed records of patients' care and treatment.** Daily care records and risk assessments were consistently clear, comprehensive, up-to-date and available to all staff providing care. Staff ensured records were kept secure and patient details remained confidential. When necessary, the team shared information in a timely way. The team regularly audited patient records and sought ways to make improvements.
- **The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.** The ratio of staff to patients was consistently compliant with Faculty of Intensive Care Medicine Core Standards for Intensive Care (2013). There were safe systems to manage the nursing staff vacancies that were being addressed through an ongoing recruitment process. There was adequate physiotherapy staffing.

However:

- **It was not possible to determine whether the staffing provision for all therapies was meeting the Guidelines for the Provision of Intensive Care Services (2015) recommendations.** This was because patients on critical care were seen by dietitians, speech and language therapists, psychologists and occupational therapists on a referral basis and therapists who cared for patients on the unit were also responsible for patients on other wards.

Critical care

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Staff considered the patients physical, emotional and social care needs as part of the holistic assessment process. Patients were offered effective treatment. The use of evidence-based ‘care bundles’ was embedded. The team provided care that followed best practice in the treatment of delirium, use of sedation, use of intravenous fluid therapy, care of patients with sepsis, care of patients at risk of venous thromboembolism. The team worked together to ensure staff followed guidance.
- **Staff gave patients enough food and drink to meet their needs and improve their health.** The team identified, monitored and met the nutrition and hydration needs of patients in accordance with the Guidelines for the Provision of Intensive Care Services (2015). Dietitians were involved in the assessment, implementation and management of enteral and parenteral nutrition. The team used special feeding and hydration techniques when necessary. Nutrition support was commenced without delay.
- **Staff assessed and monitored patients regularly to see if they were in pain.** Consultants with appropriate training supervised all patients and ensured they had an individualised analgesic plan that was appropriate to their condition. The team supported those unable to communicate using suitable validated assessment tools and gave appropriate pain relief to ease pain.
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.** Managers compared local results with those of other services to learn from them. Outcomes were within the expected range for risk adjusted hospital mortality and for rates of patient readmission within 48 hours of discharge. For organ donation activity the hospital was one of the best performing services compared to similar units. The critical care service participated in a regular audit programme that focused on compliance with care bundles and best practice.
- **The service made sure staff were competent for their roles.** Managers appraised staff’s work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. The continuing development of the staff’s skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills and share best practice. Volunteers were supported in their role. All staff were appropriately trained and familiar with the use of equipment.
- **There was a holistic approach to planning patients discharge, transfer or transition to other services, which is done at the earliest possible stage** Care was reviewed in a coordinated way. When patients were discharged, all relevant teams and services were informed. Staff made appropriate referrals to other disciplines and specialties to meet the needs of patients.
- **Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.** They followed the trust policy and procedures when a patient could not give consent. Staff completed thorough records of mental capacity act assessments and documented best interest decisions.
- **Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.** They knew how to access support for patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Staff requested authorisation to deprive patients of their liberty when required.

Critical care

- **Staff of different disciplines worked together as a team to benefit patients.** Doctors, nurses and other healthcare professionals supported each other to provide good care. During the period of the major incidents, staff were committed to working collaboratively and found innovative and efficient ways to deliver joined-up care to patients. The team benefitted from regular input from physiotherapy, dietetics, pharmacy and psychology and referred patients to speech and language therapy and occupational therapy.

However:

- Involvement of speech and language therapy and occupational therapy in the rehabilitation programme was reliant upon other members of the team identifying the need for these disciplines and making the referral. This meant that compliance with therapy standards within the Faculty of Intensive Care Medicine Core Standards for Intensive care (2013) were not assured.

Is the service caring?

Outstanding  

Our rating of caring improved. We rated it as outstanding because:

- **Staff cared for patients with compassion. Feedback from patients confirmed staff treated them well and with kindness.** We saw comments from patients of staff going the extra mile and how they appreciated the care they had received. We witnessed how staff spoke kindly to patients and protected their privacy and dignity. All staff showed care and compassion to patients at every step during their stay. Staff kept patients' needs at the centre of the care they delivered and went to great lengths to determine patients' preferences of care. These preferences were clearly documented and met wherever possible. All staff we spoke with were aware how care would affect their patients, and took steps to ensure care was delivered in the best possible way for the patient.
- **Staff provided emotional support to patients to minimise their distress.** Staff recognised the emotional impact a stay in critical care could have on patients and their relatives and they took steps to provide appropriate support. Patients valued the support they had received from the psychology service and from the follow up clinic. Staff developed strong relationships with patients and their relatives. This was evident from our observations at each level of the service and with every member of staff we spoke with.
- **Staff involved patients and those close to them in decisions about their care and treatment.** Patients and relatives were involved in their care as much as possible. Staff understood how difficult this could be for relatives and ensured they had time for explanations and questions about options of care. Patient diaries were used to a high standard, were written in a caring way and provided therapy for a patient's recovery. The diaries filled in gaps for patients who had been unconscious or delirious. Staff were sensitive to the needs of families and included them in care options. Staff worked innovatively to support patients with tracheostomies to communicate at an early stage in their care. This helped to empower patients at a time when communicating their preferences was difficult.

Is the service responsive?

Outstanding  

Our rating of responsive improved. We rated it as outstanding because:

- **The trust planned and provided services in a way that met the needs of local people.** Critical care services were delivered flexibly and all avenues were explored to accommodate patients who needed care in the unit. Staff worked to overcome barriers between services and agencies to provide care that best suited their patients. There were well-

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established communication channels between critical care, the trust leadership team, other services and wards within the trust, and other critical care units. Staff used these channels to support patient access to the service through routine pathways of care. Where patient needs deviated from the routine, alternative pathways were identified and used to provide patient care. Critical care leads recognised when they needed additional support to deliver their service and sought advice from specialist agencies to provide the best care they could. The critical care unit were an integral part of the hospital and accessed services across the trust to benefit their patients.

- **The service took account of patients' individual needs.** Care was provided in a person-centred way and individual needs of patients and their relatives were considered and met wherever possible. Every decision made about patient care was centred on the patient experience and how it could be improved. Systems supported staff to identify patients' individual choices and staff used them proactively to deliver care. Staff recognised patients' vulnerabilities and took steps to protect their choices. Staff responded to patients' wishes in a way that enhanced patient care. This included arranging patients' weddings, visits to outside garden space and contact with family pets. Critical care staff used all opportunities they could to identify how they could improve the service they delivered. This included any form of patient feedback and practices from other areas in England.
- **People could access the service when they needed it.** Patients who needed the service did not have to wait for care and treatment. The service did all they could to promote efficient discharge procedures. There were delays for some patients who were medically fit to be discharged from the unit but there was no suitable ward bed available but these were similar to national averages. The outreach team used systems to monitor patients on wards who might need critical care services. Ward staff were supported and advised on best care for their patients 24 hours a day and patients had their individual needs regularly assessed.
- **The service treated concerns seriously, investigated them and shared lessons learned with all staff.** There were no formal complaints about the service. Staff took opportunities to gather patient feedback and regarded all concerns as opportunities for learning. There were challenges to gathering patient concerns because patients usually moved to another ward. The critical care outreach team and follow up clinics played an active part in feeding back any concerns. Staff were proactive and discussed concerns with patients and their relatives. This information was discussed at team meetings and shared with staff.

Is the service well-led?

Outstanding  

Our rating of well-led improved. We rated it as outstanding because:

- **Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.** There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. There was a deeply embedded system of leadership development and succession planning. The service was committed to investing in future leaders in all grades of staff. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.
- **Leaders of the service had a vision for what they wanted to achieve and workable plans to turn this into action.** The critical care strategy was challenging and innovative, while remaining achievable. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond. All leaders understood the challenges to providing high quality care.
- **Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** Leaders had an inspiring shared purpose, and strived to deliver and motivate staff to

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succeed. There were high levels of satisfaction among all staff. Staff were proud of the critical care unit as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns. There was strong collaboration and team-working and a common focus on improving the quality and sustainability of care and patients' experiences. We saw evidence of cooperative, supportive and appreciative relationships amongst staff. All staff at all levels of the organisation told us their leaders were visible and approachable. Leaders used the trust values to structure conversations around performance and took action to address behaviour, regardless of staff seniority.

- **The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.** The team showed commitment to using risk management systems and processes. The risk register was regularly reviewed and updated. There was a systematic programme of clinical and internal audit to monitor quality and operational processes. This audit programme provided assurance of safety systems and evidence based practice. Governance arrangements were proactively reviewed. Governance was a shared responsibility for all staff in the critical care team.
- **The trust collected, analysed, managed and used information well to support all its activities.** Performance issues were escalated appropriately. The team investigated trends identified in the data and took action when required.
- **The service engaged well with patients and staff to plan services, and collaborated with partner organisations effectively.** Patients views and experiences were gathered and acted upon to shape and improve the service. Staff were actively engaged so that their views were reflected in the planning and delivery of the service.
- **The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.** There were systems to support innovation and improvement work and to evaluate and share the results. The team demonstrated innovation in clinical care.

However:

- Speech and language therapists did not attend the multi-professional clinical governance meetings, including mortality and morbidity reviews, as recommended in the Guidelines for the Provision of Intensive care services (2015).

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Spinal service

Requires improvement   

Key facts and figures

The Duke of Cornwall Spinal Treatment Centre specialises in the total management of patients paralysed following spinal cord injury or non-progressive spinal cord disease. This support includes ongoing advice to meet the changing needs of the patient.

The centre provides this service for the whole of the South and South West of England and serves a population of 11 million people with an area as far as Guernsey and the Falkland Islands. The Centre is situated at the Salisbury District Hospital site. There are two wards associated to the spinal services. These are Avon and Tamar wards, each with 21 beds, with the flexibility of a further two beds if needed urgently. The service also provides an outpatient, diagnostic imaging, and acute outreach service for patients living with a spinal cord injury or disease. Additionally, the centre also has access to four beds in another community setting which act as an interim level of care for patients planning to return home or to a care setting.

The spinal treatment centre had from November 2017 to October 2018 had 514 inpatient admissions and 4838 outpatient attendances. A further 149 patients had been seen for Video Uro Dynamics.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During our inspection a team of two inspectors, a pharmacy inspector and a specialist advisor observed practice and spoke with 32 staff including medical staff, nurses, therapists, radiographers, nine patients and seven relatives and looked in 13 medical records and care plans.

We previously inspected the spinal treatment centre in November 2016. The unit was rated as requires improvement for safe, effective and well led with inadequate for responsive. Caring was rated as good. Since that time considerable work has been undertaken by the staff on the unit. The result is that while safe and effective remain as requires improvement, caring, responsive and well led are now rated as good. The requires improvement ratings were made whilst recognising that that considerable work has been undertaken and remains ongoing.

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- There are workforce challenges across the Spinal Centre, specifically within nursing due to vacancies. However, the teams had been proactive and innovative to rectifying this and mitigating against risks. Medical staffing levels were met for consultants but despite innovative development of roles not fully for training grade doctors. Staffing levels for nursing, therapy and psychology staff did not meet the NHS standard contract for specialised rehabilitation services. here were vacancies across the directorate workforce that despite conventional and creative recruitment attempts were not all filled. This had created additional pressures for staff on the spinal unit, this was particularly evident for therapy staff.
- The room temperatures for areas where medicines were stored were not monitored to ensure they were at the correct temperature to store medicines safely. However, the hospital takes a pragmatic risk based approach for monitoring clinic room temperatures when a problem is identified based on national guidelines.
- The spinal treatment centre had contributed to a national database for data collection and analysis purposes. The spinal treatment centre measured their service to standards and national data collection which could be measured against other centres. The data provided was a measurement of activity and not an indicator of quality of service.

Spinal service

- Quality dashboards indicated that in some areas the unit performed well, for example, reduction in delay to admission and face-to-face outreach visits. However other areas for example, length of stay and delayed discharges further work was needed. However, there was evidence of work already undertaken and in progress to address under performance.
- The maintenance and use of facilities, premises, and equipment generally kept people safe. There was evidence to demonstrate that the pool environment was monitored for safety, however we saw areas which required further attention to prevent any risk of cross infection.
- Where possible, a flexible approach was taken to the care, treatment and therapy of individual patients, allowing them a voice in their plan for the day; however, one patient we spoke with commented that the nurses struggled to get patients ready for rehabilitation in the mornings and staff confirmed that this was sometimes the case. We observed that some patients were still waiting to get washed and prepared for the day at lunchtime.

However:

- Since our last inspection in 2015 and subsequent ongoing engagement with the trust, the spinal unit has demonstrated significant improvements to its management of patients and recruitment and management of staff. This includes the management of outpatient waiting times and the development of care pathways to improve patient experience.
- Systems, processes and practices were used to keep patients safe and these were understood by staff. Mandatory training targets were met by nursing and therapy staff and the service the service to control any risks of infection.
- Staff completed a holistic assessment of patients. Risk assessments were carried out and nursing and therapy care plans were completed to meet each identified area of need. Staff completed patient written records well and were seen to be legible, signed and dated.
- There was a strong incident reporting culture in the spinal treatment centre. The safety thermometer was used by ward staff to identify safe care and treatment. The management of medicines was safe.
- Policies and guidelines had been developed in line with national policy including the
- National Institute for Health and Care Excellence (NICE) guidelines. All patients had their nutrition needs and hydration needs met and staff assessed and managed patients' pain effectively.
- Staff had the right skills and knowledge to provide safe care and treatment for patients. Clinical education was used to support staff and patients.
- Staff worked collaboratively with other health professionals and across health care disciplines to ensure continuity of specialist and individualised care for patients.
- Medical and health cover was available to support patient care; however, seven-day services were not available in all areas.
- Staff had a good understanding of consent, mental capacity act and deprivation of liberty safeguards and had access to them through the intranet.
- Staff were kind and supportive to patients and their relatives. We observed staff providing emotional support to patients on many levels. Patients told us that they felt involved and included in decisions about their care. The spinal treatment centre was responsive to patient's individual needs. Therapy staff tailored the therapy to the patient and goals set each week were updated and staff were responsive to patient's suggestions.
- Medical and health cover was available to support patient care; however, access each day varied over the seven-day period.

Spinal service

- The spinal treatment service was responsive to patient's admission but some discharge delays were seen to be beyond the discharge teams control. The outpatient department staff confirmed that there was no waiting list for outpatient appointments.
- Learning from complaints were shared on wards through staff safety briefs and an overview of complaints was reviewed through the medical services governance board.
- Leadership at ward level was considered by staff to be supportive and effective.
- Staff felt the spinal treatment centre had a voice at board level. Ward staff were aware of the trust values and the values of the spinal treatment centre. While managers had been involved in the vision for the spinal treatment centre, ward staff had not,
- Staff told us that they were proud of their teamwork and considered the team was working together to provide good patient care. They felt that the team was the whole ward from cleaners to consultants.
- Processes were used to look at risks and manage issues and performance.
- Overarching monitoring of the service and governance processes took place, there was evidence that responsibilities, quality, performance and risks are managed and understood.
- There was engagement with patients, volunteers and local charities and external support providers. Staff were actively involved in the development of these service.

Is the service safe?

Requires improvement ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- There are workforce challenges across the Spinal Centre, specifically within nursing due to vacancies. However, the teams had been proactive and innovative to rectifying this and mitigating against risks. Medical staffing levels were met for consultants but despite innovative development of roles not fully for training grade doctors. Staffing levels for nursing, therapy and psychology staff did not meet the NHS standard contract for specialised rehabilitation services. There were vacancies across the directorate workforce that despite conventional and creative recruitment attempts were not all filled. This had created additional pressures for staff on the spinal unit, this was particularly evident for therapy staff.
- The room temperatures for areas where medicines were stored were not monitored to ensure they were at the correct temperature to store medicines safely. There was also a lack of provision for patients to contact the pharmacy for advice to resolve queries relating to medicines after they were discharged.
- The maintenance and use of facilities, premises, and equipment generally kept people safe. There was evidence to demonstrate that the pool environment was monitored for safety, however we saw areas which required further attention to prevent any risk of cross infection.

However:

- Mandatory training targets were met by nursing and therapy staff.
- Systems, processes and practices were used to keep patients safe and these were understood by staff.
- The service controlled infection risk well and monitored the service to control any risks of infection.

Spinal service

- Physiotherapists and occupational therapists used local, individualised outcome measures and clinical measures to monitor the progress, decline and outcomes for each individual patient, in the absence of any nationally recognised therapy based outcomes. The Therapy Team Lead was actively involved in the development of a tool to trial, reflecting a proactive, collaborative approach to ensuring therapy is delivered based on the best available evidence.
- For October 2018, the trust reported an overall appraisal completion rate of 89.58% for the Spinal Centre, which was above the Trust's overall appraisal target completion rate of 85%.
- Staff completed a holistic assessment of patients, which included a focus on the ongoing mental health needs of patients. Risk assessments were carried out for patients and nursing and therapy care plans were completed to meet each identified area of need.
- Staff completed patient written records well and were seen to be legible, signed and dated. We found that all records were stored securely in locked cabinets which could only be accessed by relevant staff.
- There was a strong incident reporting culture in the spinal treatment centre.
- The safety thermometer was used by ward staff to identify safe care and treatment.

Is the service effective?

Requires improvement ● → ←

Our rating of effective stayed the same. We rated it as requires improvement because:

- The spinal treatment centre had contributed to a national database for data collection and analysis purposes. The spinal treatment centre measured their service to standards and national data collection which could be measured against other centres. The data provided was a measurement of activity and not an indicator of quality of service.
- Quality dashboards indicated that in some areas the unit performed well, for example, reduction in delay to admission and face-to face outreach visits. However other areas for example, length of stay and delayed discharges further work was needed. However, there was evidence of work already undertaken and in progress to address under performance.

However:

- Policies and guidelines had been developed in line with national policy including the National Institute for Health and Care Excellence (NICE) guidelines.
- All patients had their nutrition needs and hydration needs met. Staff assessed patients' nutritional and hydration needs in line with national guidance.
- Physiotherapists and occupational therapists used local, individualised outcome measures and clinical measures to monitor the progress, decline and outcomes for each individual patient, in the absence of any nationally recognised therapy based outcomes. The Therapy Team Lead was actively involved in the development of a tool to trial, reflecting a proactive, collaborative approach to ensuring therapy is delivered based on the best available evidence.
- For October 2018, the trust reported an overall appraisal completion rate of 89.58% for the Spinal Centre, which was above the Trust's overall appraisal target completion rate of 85%.
- Staff assessed and managed patients' pain effectively. Pain assessment tools were used as part of the patients checks, including tools to monitor pain for patients who had difficulty communicating.

Spinal service

- Staff had the right skills and knowledge to provide safe care and treatment for patients. Staff were not allowed to undertake certain tasks until they had been assessed as competent. Clinical education was used to support staff and patients.
- Staff worked collaboratively with other health professionals and across health care disciplines to ensure continuity of specialist and individualised care for patients. All necessary staff, including those in different teams and services, were involved in assessing, planning and delivering people's care and treatment.
- Medical and health cover was available to support patient care; however, access each day varied over the seven-day period.
- Staff had a good understanding of consent, mental capacity act and deprivation of liberty safeguards and had access to them through the intranet.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff were kind and supportive to patients and their relatives. We observed staff caring for patients with compassion. Staff took time to interact with patients and their relatives in a respectful and considerate manner.
- We observed staff providing emotional support to patients on many levels. Patients told us staff were 'beyond supportive, and you couldn't ask for more'.
- Patients told us that they felt involved and included in decisions about their care.

Is the service responsive?

Good   

Our rating of responsive improved. We rated it as good because:

- The spinal treatment centre was responsive to patient's individual needs. Therapy staff tailored the therapy to the patient and goals set each week were updated.
- Staff were responsive to patient's suggestions.
- The spinal treatment service was responsive to patient's admission but some discharges were seen to be beyond the discharge teams control.
- The outpatient department staff confirmed that there was no waiting list for outpatient appointments.
- Learning from complaints were shared on wards through staff safety briefs and an overview of complaints was reviewed through the medical services governance board.

However:

- Where possible, a flexible approach was taken to the care, treatment and therapy of individual patients, allowing them a voice in their plan for the day; however, one patient we spoke with commented that the nurses struggled to get patients ready for rehabilitation in the mornings and staff confirmed that this was sometimes the case. We observed that some patients were still waiting to get washed and prepared for the day at lunchtime.

Spinal service

Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Leadership at ward level was considered by staff to be supportive and effective.
- Since our last inspection in 2015 and subsequent ongoing engagement with the trust, the spinal unit has demonstrated significant improvements to its management of patients and recruitment and management of staff. This includes the management of outpatient waiting times and the development of care pathways to improve patient experience.
- Staff felt the spinal treatment centre had a voice at board level. Ward staff were aware of the trust values and the values of the spinal treatment centre. While managers had been involved in the vision for the spinal treatment centre, ward staff had not,
- Staff told us that they were proud of their teamwork and considered the team was working together to provide good patient care. They felt that the team was the whole ward from cleaners to consultants.
- There were assurance systems implemented to ensure that monitoring of the services provided was undertaken and appropriate action taken. The information gathered was used to monitor and manage quality and performance.
- Overarching monitoring of the service and governance processes took place, there was evidence that responsibilities, quality, performance and risks are managed and understood.
- Processes were used to look at risks and manage issues and performance.
- There was engagement with patients, volunteers and local charities and external support providers. Staff were actively involved in the development of these service.

However:

- There are workforce challenges across the Spinal Centre, specifically within nursing due to vacancies. However, the teams had been proactive and innovative to rectifying this and mitigating against risks. Medical staffing levels were met for consultants but despite innovative development of roles not fully for training grade doctors. Staffing levels for nursing, therapy and psychology staff did not meet the NHS standard contract for specialised rehabilitation services. here were vacancies across the directorate workforce that despite conventional and creative recruitment attempts were not all filled. This had created additional pressures for staff on the spinal unit, this was particularly evident for therapy staff.

Areas for improvement

The trust should ensure that staffing levels for medical, nursing, therapy and psychology staff meet the NHS standard contract for specialised rehabilitation services.

The spinal treatment centre should ensure that it measures its outcomes for data collection and analysis purposes. The data it does gather should be actioned to meet any shortfalls, for example quality dashboards indicated that for several indicators the centre performed poorly.

The trust should ensure that medical staff mandatory training to include safeguarding training is undertaken to ensure patient safety.

Spinal service

The trust should ensure that the pool environment and equipment are maintained to ensure there is no risk of cross infection.

The trust should include training for recognition of female genital mutilation.

Our inspection team

Mary Cridge, Head of Inspection chaired this inspection and Odette Coveney, CQC led it. An executive reviewer, Christopher Streather, supported our inspection of well-led for the trust overall.

The team included another inspection manager, the lead relationship holder inspector, another executive reviewer, a governance lead, a senior financial governance assessor and a pharmacy inspector.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.