

Great Western Hospitals NHS Foundation Trust

Inspection report

Great Western Hospital
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Ratings

Overall trust quality rating

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Good 
Are resources used productively?	Requires improvement 

Our reports

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.

Summary of findings

CQC temporarily suspended all routine inspections on 16 March 2020 to support and reduce and reduce pressure on health and social care services during the COVID-19 pandemic. CQC, as well as well as providers, want to be able to prioritise keeping people safe during this time. This inspection was already underway at the time of the suspension and therefore could not be completed in the usual way.

This report includes the findings from the completed service level inspection, but the well-led inspection was not completed. CQC is only able to update findings on well-led at the overall trust level or update the other trust level ratings when we have inspected the well-led component. As a result, the ratings displayed below for the overall trust are from a previous inspection. Ratings for the Great Western Hospital are presented in the location section of this report and represent our most recent findings and judgements.

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.

The Evidence appendix appears under the Reports tab on our website here: www.cqc.org.uk/provider/RN3/reports. A detailed Use of Resources report is available under the Inspection summary tab (www.cqc.org.uk/provider/RN3/inspection-summary).

Background to the trust

The Great Western Hospitals NHS Trust provides acute hospital services at the Great Western Hospital, which has 23 inpatient wards (around 480 beds), 18 operating theatres, an emergency department and an urgent care centre. The trust employs approximately 5,000 staff and has around 1.2 million patient contacts a year.

The trust also provides community services to support people to manage long-term conditions. Services are provided in local community facilities and in people's own homes across Swindon. Services include inpatient rehabilitation and community nursing and therapy services.

Since November 2019, the trust has provided primary care services at two main practices in Swindon – Moredon and Abbey Meads, which together serve around 30,000 people.

The trust does not provide services for people with mental health needs. There is a service level agreement with a local mental health trust, which includes mental health liaison services, out of hours crisis resolution and application of the Mental Health Act.

Overall summary

What this trust does

The trust runs a range of acute health services at Great Western Hospital. These services include urgent and emergency care, medical care, including older people's care, surgery, critical care, maternity, gynaecology, outpatients and diagnostics, care of children and young people and end of life care.

The trust also runs community services in Swindon, which include inpatient rehabilitation services, district nursing and therapy services. Since November 2019, the trust has provided primary care services at two main practices in Swindon – Moredon and Abbey Meads, which together serve around 30,000 people.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

Summary of findings

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

Between 11 and 13 February 2020 we inspected urgent and emergency care, medical care, surgery and maternity services at Great Western Hospital. We looked at all key questions.

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

What we found

Overall trust

We did not change ratings at trust level at this inspection. Please see summary of services at Great Western Hospital.

Are services safe?

Please see summary of services at Great Western Hospital.

Are services effective?

Please see summary of services at Great Western Hospital.

Are services caring?

Please see summary of services at Great Western Hospital.

Are services responsive?

Please see summary of services at Great Western Hospital.

Are services well-led?

Please see summary of services at Great Western Hospital.

Use of resources

We rated Use of Resources as requires improvement. Since our last visit, the trust had made some progress particularly with addressing its diagnostic 6-week wait performance but much still needed to be addressed. The latest data available (2017/18) benchmarked the trust's cost per weighted activity unit (WAU) in the best quartile nationally, however we also found that the trust's financial position had materially deteriorated since our last assessment driven by operational pressures and the difficulty in delivering sufficient cash releasing efficiencies. The trust had a low staff retention rate and its spend on agency staff continued to be high. The trust also did not meet three of the four constitutional standards at the time of the assessment. However, we noted some innovative practices at the trust which helped manage its clinical services productively. These included 'reverse streaming' in its emergency department. The trust also had strong programmes in place to continue to develop clinical support services networking.

Please see the separate use of resources report for details of the assessment. The report is published on our website at: .

Summary of findings

Ratings tables

The ratings table show the ratings overall and for each question and each service. The ratings shown for the whole trust are from our last inspection.

Outstanding practice

Please see the Outstanding Practice section below.

Areas for improvement

Please see areas for improvement section below.

Action we have taken

We issued four requirement notices to the trust. This means the trust must send us a report saying what action it will take to meet these requirements. Our action relates to breaches of legal requirements in urgent and emergency services, medical care, surgery and maternity.

What happens next

We will check 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

- Staff in the emergency department were resilient and compassionate about delivering safe care to patients under continuous high operational pressures.
- Leaders in urgent and emergency care were forward looking to ensure sustainable services could continue to be delivered to support the needs of the people they served.
- In medical care, patients had serious health risks assessed promptly and hospital admissions were reduced due to the use of 'point of care' analysers. These were systems to test patients for conditions such as influenza, community acquired pneumonia and neutropenic sepsis. Tests gave immediate results and allowed the most appropriate treatment to be prescribed for patients without having to wait for laboratory testing.
- The trust had been involved in the Hip Fracture Quality Improvement Programme (HipQIP), a quality improvement (QI) project involving multiple partners, including other trusts. Based on the latest evidence and best practice, the project sought to provide high-quality hip fracture care using pathways to ensure consistent care. The project involved giving patients additional nutrition, along with other interventions such as early mobilisation, prompt surgery, consistent pain relief and standardisation of care. The project supported a reduction in mortality rates for patients with hip fractures, dropping from 11.5% to 5.4 in the 2018 audit. The service received an award for their new approach to care, which significantly reduced mortality rates and improved the quality of life for patients who have suffered a broken hip. In December 2019, the hospital held an open event inviting other trusts to attend to learn more about the positive results of this QI project.
- The Women's and Children's division had developed the IDEAs Programme to enhance staff engagement and build upon a continuous improvement culture. Ideas from staff were put into a dashboard with delivery phases to track progress. Types of ideas generated from staff included quick-wins, quality improvement projects, cost and time

Summary of findings

savings as well as transformational opportunities. A number of themed ideas weeks had been held within the division, including a staff health and wellbeing week in December 2019, which included aromatherapy, massage sessions, drinks rounds and dog therapy. Following the success of the programme, it was being rolled-out to other areas within the trust and a full-time Ideas Lead had been seconded to lead this.

Areas for improvement

We told the trust it **MUST** take action to bring services into line with legal requirements. 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 the quality of services.

Action the trust **MUST** take to improve:

In urgent and emergency services:

- The trust must ensure that standard operating procedures to support staff to refer patients to the urgent care centre are current and that sufficiently trained staff undertake this responsibility.
- The trust must improve competency-based training and assessment for all staff, including specific paediatric competencies.
- The trust must ensure medical staff continue to improve compliance with mandatory training and that all relevant staff complete level 3 children's safeguarding training.
- The trust must improve communication between healthcare professionals to ensure patients with known or suspected communicable diseases are identified and looked after in isolation to prevent the spread of infection.
- The trust must support the service to continue to work to improve waiting times, the four-hour standard, time to treatment and clarify and improve transfer to inpatient wards once a decision to admit has been made.
- The trust must review processes for the safe care and treatment of patients who remain in the emergency department for longer than four hours, including risk assessment, medicines management and meeting patients' individual needs.
- The trust must improve the way the service monitors, reviews and acts in response to audits of daily checks of emergency equipment and safe storage of medicines stored in fridges, to improve practice.
- The trust must review processes for initial assessment of patients to ensure patients' dignity, privacy and confidentiality are protected.

In medical care:

- The trust must ensure patients are cared for in a suitable environment and reduce the number of times patients are moved during their inpatient stay.

In surgery:

- The trust must improve infection control processes and procedures and record keeping for infection prevention and control.
- The trust must ensure standard operational procedures are adhered to during operational pressures so that patient safety is not compromised.
- The trust must ensure improvements in correct completion of the World Health Organisation's surgical safety checklist and ensure that the processes for auditing of local and general procedures are effective.

Summary of findings

- The trust must ensure patient privacy and dignity are not compromised during operational pressures and prevent mixed-sex breaches.
- The trust must improve referral to treatment times (RTT) to ensure people can access the service when they need it.

Action the trust SHOULD take to improve:

In urgent and emergency services:

- The trust should continue to monitor and improve compliance with completion and recording of vital observations to ensure safe care and treatment.
- The trust should review the effectiveness and awareness of the standard operating procedure to identify when the emergency department is crowded, and safe patient care is at risk.
- The service should consider how the emergency department can learn from participating in morbidity reviews.
- The trust should review processes to provide procedural sedation to ensure national guidance is followed.
- The trust should seek to employ more paediatric nurses and consider the benefits of a play specialist in the emergency department, in line with national guidance. The service should continue to seek to recruit a consultant in paediatric emergency medicine.
- The trust should consider the workload of nursing staff to ensure they have sufficient time and support to carry out additional responsibilities associated with their role, including the children's safeguarding lead and the practice educator.
- The trust should display cleaning records in patient toilets, review storage of consumables on floors in storerooms and be consistent in the use of 'I am clean' stickers to demonstrate equipment is clean and ready for use.
- The trust should review processes in the urgent care centre to ensure doctors' verbal advice about treatment is documented efficiently to support nursing staff.
- The trust should review the medical staff rota, including safe working hours for junior doctors, and consider rostering medical cover in the urgent care centre until a GP has been recruited.
- The trust should review the use of incident investigation templates to ensure actions to comply with duty of candour are person-centred and documented, including the reasons if duty of candour is not applicable.
- The service should work to further embed the use of alternative pain assessment tools by all staff.
- The trust should consider adding sufficient information when clinical guidelines and pathways are reviewed to ensure they are up-to-date, version controlled, referenced and reviewed in a timely manner.
- The trust should consider a consistent approach to assess, highlight and share information about patients' individual additional needs, such as communication needs, in line with national guidance.
- The trust should review processes to gain oversight of risks and quality data in clinical governance meetings.
- The trust should purchase scales to enable staff to monitor urine output in babies.
- The trust should improve signposting to current information about how patients and visitors can provide feedback, including complaints, about their experience in the emergency department.
- The trust should consider ways to keep patients informed of waiting times.

In medical care:

- The trust should continue to improve medical staff compliance with mandatory training to meet trust targets.

Summary of findings

- The trust should provide facilities and equipment in all areas, including the medical assessment unit, which are in good repair and can be sanitised adequately to protect patients from infection.
- The trust should take steps to reduce crowding and congestion in the acute medical assessment unit and ensure there is a method of safe fire evacuation at times of high demand.
- The trust should ensure staff consistently complete care rounding records, particularly when caring for patients in corridors.
- The trust should review and monitor systems and processes used to document how best interests decisions are made for patients who lack capacity.
- The trust should review systems and processes to keep patients fully informed of the reasons for them to move wards when this is essential.
- The trust should investigate methods to improve referral to treatment times for patients admitted for general medicine and rheumatology specialties.

In surgery:

- The trust should continue to improve mandatory training compliance for medical staff to meet trust targets.
- The trust should continue to improve staffing levels so there are always enough nursing and support staff with the right qualifications, skills training and experience to provide the right care and treatment.
- The trust should improve (i.e. reduce) the percentage of patients whose operation is cancelled and not treated within 28 days.
- The trust should improve the provision of key services seven days a week to support timely patient care.
- The trust should take steps to address staff morale and wellbeing impacted by operational pressures.
- The trust should review and take steps to improve the service's risk of patient readmission.
- The trust should improve the documentation of Mental Capacity Act assessments to ensure they provide an appropriate and clear basis for decisions.
- The trust should improve areas used for escalation, so they are suitable for the purposes for which they are used.
- The trust should improve documentation of daily checks of equipment, including anaesthetic machines.
- The trust should continue with proposed work to showers in wet rooms on wards to ensure they do not pose a risk to patients, visitors and staff.
- The trust should improve safe disposal of clinical waste, including correct signing and dating of sharps containers.
- The trust should ensure equipment is fit for purpose, including protective gowns/aprons.
- The trust should record minutes of monthly divisional performance meetings and monthly meetings between the divisional and trust leadership teams to provide an effective record of discussion and decision making.
- The trust should standardise speciality/service line clinical governance meetings and mortality and morbidity meetings.

In maternity:

- The trust should continue to improve mandatory training compliance to meet trust targets.

Summary of findings

- The trust should implement the new triage system on the delivery suite as planned and provide 24-hour reception cover on the delivery suite.
- The trust should monitor and review policies more closely to prevent them becoming out of date. This includes, Prevention and Management of Baby/Child Abduction Policy, Intrapartum guidelines, trust wide policy for admission, transfer and discharge for adult patients in the acute trust which mention pregnant women.
- The trust should install appropriate ventilation and scavenger units as soon as possible for the delivery suite rooms that have nitrous oxide.
- The trust should participate in the wider trust sepsis group to monitor women who should have a sepsis screen when triggering MEOWS, according to trust policy.
- The trust should take steps to improve and maintain compliance with the WHO checklist in obstetric theatres
- The trust should continue to improve staff access, through the digital midwife and training, to electronic records and continue the move to paper-free records in a timelier manner, thus improving accessibility to records.
- The trust should continue to work to improve interaction of the electronic maternity records system with other hospital electronic systems. Also, work with the mental health team to organise access for maternity staff to their electronic recording system.
- The trust should store baby records on Hazel ward more securely.
- The trust should devise a policy or standard operating procedure for pregnant woman who are admitted to hospital with a non-pregnancy related problem to make sure they do not miss out on routine antenatal care when an inpatient.
- The trust should improve access and flow for women who need a planned induction of labour.
- The trust should monitor and identify themes for cancellation of antenatal clinics.

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	Good	Good	Requires improvement	Good	Requires improvement
Dec 2018	Dec 2018	Dec 2018	Dec 2018	Dec 2018	Dec 2018

Ratings for Great Western Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Jun 2020	Good ↔ Jun 2020	Good ↔ Jun 2020	Requires improvement ↔ Jun 2020	Good ↔ Jun 2020	Requires improvement ↔ Jun 2020
Medical care (including older people's care)	Good ↑ Jun 2020	Good ↑ Jun 2020	Good ↔ Jun 2020	Requires improvement ↔ Jun 2020	Good ↔ Jun 2020	Good ↑ Jun 2020
Surgery	Requires improvement ↔ Jun 2020	Good ↔ Jun 2020	Good ↔ Jun 2020	Requires improvement ↔ Jun 2020	Good ↔ Jun 2020	Requires improvement ↔ Jun 2020
Critical care	Requires improvement Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017
Maternity	Good Jun 2020	Good Jun 2020	Good Jun 2020	Good Jun 2020	Good Jun 2020	Good Jun 2020
Services for children and young people	Good Nov 2018	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Nov 2018	Good Nov 2018
End of life care	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Outpatients	Good Dec 2018	N/A	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018
Overall*	Requires improvement ↔ Jun 2020	Good ↔ Jun 2020	Good ↔ Jun 2020	Requires improvement ↔ Jun 2020	Good ↔ Jun 2020	Requires improvement ↔ Jun 2020

*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.

Great Western Hospital

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Key facts and figures

Great Western Hospital is run by Great Western Hospitals NHS Foundation Trust. The hospital is a modern district general hospital, providing a range of acute services to people living in Wiltshire and surrounding areas.

There are 21 inpatient wards, providing care and treatment in general and specialist medicine, surgery, critical care, maternity and children's services. There is an emergency department and urgent care centre, which combined, see approximately 90,000 patients a year. There are 14 operating theatres in which 18,000 operations are performed annually.

Our inspection was announced and took place over three weekdays. We inspected four core services: urgent and emergency care, medical care, surgery and maternity. Urgent and emergency care, medical care and surgery were rated requires improvement overall at our last inspection in 2018. Maternity services had not been inspected since 2016 and were rated good overall but requires improvement in safe.

Summary of services at Great Western Hospital

Requires improvement ● → ←

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

- We rated safe and responsive as requires improvement. Three of the hospital's eight core services (including critical care, which was not inspected this time) were rated requires improvement in safe and three of the hospital's eight core services were rated requires improvement in responsive.
- We rated urgent and emergency care and surgery as requires improvement overall. Although we saw the trust had made much improvement in some areas since our last inspection in 2018, there was still further improvement required and the ratings remained the same. However, the ratings for medical care and maternity services had improved. We rated medical care as good overall, with safe, effective, caring and well-led rated good. This was a significant improvement since our last inspection. We rated maternity services good overall, with all key questions rated good.
- We were not assured that risks to patients were always promptly assessed and mitigated. Systems to ensure patients attending hospital in an emergency were assessed quickly and prioritised, were not always effective. Patients brought

Summary of findings

to the emergency department by ambulance were not always promptly handed over to, or assessed by, emergency department staff. The trust did not meet national standards in this regard. In surgery, although we saw theatre safety checklists were completed, the trust's audit processes did not provide effective assurance. The trust acted on this concern swiftly following our inspection.

- The design, maintenance and use of premises and equipment did not always keep people safe. The emergency department was not designed to accommodate the significantly increased number of attendances and was frequently crowded, as were inpatient assessment areas. It was difficult for staff to work in congested areas, where the movement of staff, patients and equipment was compromised and posed a risk. Equipment checks were not carried out consistently in all areas.
- The service did not always control infection risk well. In surgery we had concerns about cleanliness in theatres and the effectiveness of systems to control the risk of infection. In the medical expected unit, we found soiled equipment and fittings in bathrooms. In the emergency department and the surgical assessment unit, crowding impacted on the service's ability to isolate infectious patients.
- Although records management had improved overall, in maternity, records were not always clear or easily accessible to staff providing care. In the emergency department, nursing documentation was not always completed to demonstrate that patients received regular assessment.
- The service did not always have enough staff with the right qualifications, skills, training and experience to provide the right care and treatment. There were not enough children's nurses employed in the emergency department and the service did not employ a consultant in paediatric emergency medicine, as recommended by national guidance. The service was taking steps to mitigate this staffing shortfall and associated risks. In surgery, staff shortages were reported in a number of areas. Nursing staff on some surgical wards, which accommodated medical patients, felt staffing levels and skill mix did not match the needs of this patient group and contributed towards failings in care. Although the majority of patients we spoke with were positive about staff, there was an acknowledgment that sometimes they were not as responsive as they would have liked because they were so busy. Allied health professionals in surgery mostly worked only Monday to Friday, although a weekend service was available for patients who needed mobilisation to get home.
- Not all staff were up to date with mandatory training in safety systems and processes. Compliance with trust targets for mandatory training had improved in most areas, although some further improvement was still needed, particularly for medical staff in the emergency department.
- We were not assured that staff always had access to up-to-date policies and protocols. In maternity and urgent and emergency care we found policies and protocols which were overdue for review.
- The trust's readmission rates for some surgical specialities were worse than the England average, which may be an indicator of sub-optimal care.
- Patients did not always receive care at the right time and in the right setting. The service did not meet national standards in respect of waiting times in the emergency department. Patients in the emergency department waited too long for their treatment to begin and for an inpatient bed to become available, once a decision had been to admit them. Five surgical specialties were below (worse than) the England average for referral to treatment times for patients admitted to hospital. The percentage of patients whose surgery was cancelled and were not treated within 28 days was worse than the England average.
- Demand and capacity were the hospital's biggest challenges and facilities and premises were not always suitable for the purposes for which they were used. Patients were often cared for on trolleys in the corridor in the emergency department and in inpatient assessment areas. This was not a comfortable or dignified experience. Inpatients were not always cared for in the most appropriate ward or in areas, which were designed for inpatient care and had

Summary of findings

suitable facilities. Some inpatients were moved frequently during their inpatient stay, sometimes at night, and accommodated in areas where single sex accommodation could not be provided. Some patients, particularly those who had waited overnight on trolleys or on chairs, expressed to us feelings of frustration, tiredness and told us how uncomfortable they were. On one ward patients complained that payphones and televisions were not working and use of wet rooms resulted in water seeping into ward bays. The trust took action to address this when we raised this with them.

- Governance arrangements in the planned care division were in development. Divisional performance meetings were not recorded so there were not adequate or informative records of discussion and decision making.

However:

- Staff understood how to protect patients from abuse. The service mostly managed medicines well and kept good care records. This had improved since our last inspection. The service managed patient safety incidents well.
- The service was taking sensible and creative steps to address staffing shortages. In the planned care division, a skill mix review had resulted in additional staff employed in areas identified as being at risk. In medical care, additional staff had been funded in the emergency department and acute medicine to reflect increased demand on the service. The trust was developing new roles to improve staffing and resilience
- Staff provided good care and treatment, gave patients enough to eat and drink and gave them pain relief when they needed it. Managers monitored the effectiveness of care and treatment. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Most key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. We heard examples where staff had 'gone the extra mile', for example staff had taken patients' washing home and given patients gifts at Christmas.
- The trust recognised demand and capacity were their biggest challenges and they were focused on making the most efficient use of the resources at their disposal to deal with the daily operational pressures these challenges presented. The site management team and operational and clinical managers had good oversight of patient activity, demand and flow. The risks associated with crowding were understood and leaders worked relentlessly to 'share the load' and to manage risks as far as possible. A full hospital protocol had been developed to inform decision making. The trust had developed a new 'stranded patients' initiative, which entailed a daily review, led by the trust's medical director, of all patients with a length of stay of seven days or more.
- The service was inclusive and took account of patients' individual needs and preferences. The service had 24-hour access to mental health liaison and specialist mental health support if staff were concerned about a patient's mental health. There was also a learning disabilities team. Staff used 'this is me' documentation and hospital passports to capture information about patients in vulnerable patient groups, such as patients living with dementia and patients with a learning disability. We heard examples where staff had taken extra steps to support anxious patients.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with staff.
- Leaders ran services well, using reliable information systems and supported staff to develop their skills. Leaders were visible and approachable, and staff felt well supported and valued by them. Staff were focused on the needs of patients receiving care and this remained their focus in spite of relentless operational pressures. Staff understood the service's vision and values, and how to apply them in their work. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Urgent and emergency services

Requires improvement   

Key facts and figures

Great Western Hospital provides urgent and emergency services for people living in Swindon and the surrounding area. The emergency department (ED) operates 24 hours a day, seven days a week. Facilities comprise of:

Majors area with 17 cubicles and an initial assessment area referred to as 'majors chairs' for 'fit to sit' patients.

A minors area (used overnight) with four cubicles and a procedure room.

Resuscitation area with four bays.

Observation unit with eight trolley spaces and two mental health assessment rooms.

A dedicated paediatric (children's) emergency department with a treatment area, four cubicles and a separate waiting area. This was open from 10am to 10pm.

There is a nurse-led urgent care centre (UCC), co-located within the hospital. This is open from 7am to midnight, seven days a week and provides urgent medical care from a team of nurses and paramedics, providing patients with a same day consultation when they are unable to see their GP.

The emergency department does not have a minors treatment area during the day time but refers most self-presenting patients to the urgent care centre.

There is a walk-in centre operated by the trust, but this is due to close at the end of March 2020 and did not form part of this inspection as it is a primary care facility.

The emergency department is a level 2 trauma centre, which means that it receives and treats all but the most seriously injured patients, who are stabilised before being transferred to a major trauma centre.

Attendances to the emergency department (ED) and the urgent care centre (UCC) are approximately 110,000 patients a year, of which approximately 25,200 (28%) are children and young people. The service has seen attendances increase by 6,000 attendances year-on-year for the past five years. There was a 15% increase in attendances in 2019/20 compared with 2017/18, which included a 20% increase in ambulance attendances.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

During the inspection, we visited majors, majors chairs area/minors, the resuscitation bay, the observation unit, the urgent care centre and spent time in the reception area.

We spoke with 16 patients receiving care in ED and three relatives. We spoke with 48 members of staff including consultants, doctors, nurses, allied health care professionals, porters, health care assistants and ambulance crews. We reviewed 14 patient records.

Summary of this service

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

Urgent and emergency services

- There were not always enough appropriately trained and skilled staff to care for children. Staff had training in key skills but not everyone had completed it. The emergency department was not big enough to meet increased number of patients and was frequently crowded. The service did not always control infection risk well. Staff assessed risks to patients, but they did not always do this swiftly on their arrival in the emergency department. Ambulance handover and initial assessment were sometimes delayed. Records were not always managed well.
- Managers did not always ensure that staff were competent. Staff were not required to complete competency-based training and assessment.
- Patients sometimes waited too long for treatment. The service was not meeting national targets in respect of waiting times.
- We were not assured there was enough oversight of risks to the services delivered.

However:

- Staff understood how to protect people from abuse and mostly managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff followed evidence-based clinical pathways and monitored the effectiveness of care and treatment they delivered. Staff worked well together for the benefit of patients and had regard for people living with mental health conditions.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs and helped them understand their individual conditions. They provided emotional support to patients, families and carers.
- The service planned and provided care to meet the needs of local people, took account of patients' individual needs as far as possible and made it easy to provide feedback.
- Leaders ran services well and supported staff to develop their skills. The service had a vision and strategy to improve service delivery to meet increasing demands. Staff felt respected, valued and supported. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and staff were committed to improving services continually. There were effective governance structures to ensure quality of care.

Is the service safe?

Requires improvement ● → ←

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

- The service provided mandatory training in key skills to all staff but did not make sure everyone completed it. Compliance rates for nursing staff had improved. However, medical staff did not meet trust target for compliance with mandatory training, although this had improved in some areas since our last inspection. Completion rates for level 3 safeguarding children training did not meet trust targets or comply with national guidance.
- The service did not always control infection risk well. Patients with communicable conditions were not always identified and nursed in isolation. Cleaning records were not consistently displayed in patient/public toilets. There was inconsistent use of 'I am clean' stickers on equipment.

Urgent and emergency services

- The design, maintenance and use of facilities, premises and equipment did not keep people safe. The emergency department was not big enough and was not designed to meet the increased number of people attending for care and treatment. This meant the department was crowded most of the time. Emergency equipment was not always checked daily as required.
- Although medicines were mostly managed well, fridge temperatures were not managed to ensure medicines were kept in the right conditions. There was no formal process to ensure patients who remained in the department for longer than four hours, were prescribed and given their usual medicines. There was a recognised risk that the systems used could lead to duplication of prescribing and administering medicines who were admitted to inpatient wards.
- The service did not meet national targets for ambulance handover or time to initial assessment, although this had improved. There was a lack of clarity about who had the authority to re-direct patients to the urgent care centre and there were not clear processes for staff to follow.
- There were not enough paediatric nurses employed to meet national guidance. However, nursing rotas confirmed there were always staff who had completed children's resuscitation training on duty.
- There was no medical cover for the urgent care centre at the time of our inspection.
- There was not a paediatric emergency medicine consultant to provide clinical leadership in the children's emergency department.
- Nursing documentation was not always completed in full. Medical staff did not record when they had offered advice about patients seen in the urgent care centre, although they had electronic access to their records.

However:

- 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.
- Facilities and equipment were well maintained safe and staff managed clinical waste well.
- Staff mostly used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- In the adult emergency department and the urgent care centre there were enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- The adult emergency department had enough medical staff to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- The service mostly used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.
- 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

Urgent and emergency services

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-based practice although we were not assured protocols were always reviewed and kept-up-to-date. Managers checked to make sure staff followed guidance. Staff protected the rights of patients' subject to the Mental Health Act 1983.
- Staff assessed and monitored patients to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- Managers appraised staff's work performance and provided support and development, but some medical staff had not received a recent appraisal.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were mostly available seven days a week to support timely patient care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

However:

- The service did not yet use a national framework to assess staff competencies, including competencies relating to children but there was a plan to implement this in the near future. However, managers appraised staff's work performance and provided support and development for staff.
- Staff ensured patients were given food and drink when they were in the emergency department for a long time.
- Alternative pain assessment tools were not used consistently by all staff when assessing pain in children or adults who were unable to communicate.

Is the service caring?

Good  → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.

Urgent and emergency services

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement ● → ←

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

- The service worked with others in the wider system and local organisations to plan care but increasing demand outstripped the capacity of the emergency department. Facilities were not designed to accommodate the number of attendances seen and the emergency department was frequently crowded, with patients often queueing on trolleys in the corridor. This impacted on their comfort, privacy and dignity.
- People did not always receive care and treatment when they needed it or in the right setting. Waiting times and arrangements to admit, treat and discharge patients did not meet national standards. There were differing opinions on how 'decision to admit' standards were interpreted and managed.

However:

- The service was inclusive and took account of patients' individual needs and preferences as far as possible. Staff coordinated care with other services and providers.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Good ● → ←

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- There were mostly effective governance processes, staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. There were effective systems to manage performance and leaders identified most risks and issues and identified actions to reduce their impact. There were plans to cope with unexpected events.
- The service collected reliable data and analysed it. Staff could mostly find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

Urgent and emergency services

- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients. However, leaders were not aware of the CQC Emergency Service, 2018 and had not used this information to identify where improvements could be made.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- We were not assured that there was sufficient oversight of risks as these were not consistently discussed in clinical governance meetings. Risks associated with service improvement were not identified on the service risk register.
- Clinical governance meetings were not always held monthly as intended and not all standard agenda items were regularly discussed. Mortality reviews did not include morbidity (patients presenting to the emergency department and transferred to another ward where they later died). The mortality review was not consultant-led, and the service did not use a national tool to review patient deaths.

Outstanding practice

- Staff were resilient and compassionate about delivering safe care to patients under continuous high operational pressures.
- Leaders were forward looking to ensure sustainable services could continue to be delivered to support the needs of the people they served.

Areas for improvement

Actions the service MUST take to improve:

- The trust must ensure there are standard operating procedures to support staff to re-direct patients to the urgent care centre are current and that sufficiently trained staff undertake this responsibility.
- The trust must improve competency-based training and assessment for all staff, including specific paediatric competencies.
- The trust must ensure medical staff continue to improve compliance with mandatory training and that all relevant staff complete level 3 children's safeguarding training.
- The trust must improve communication between healthcare professionals to ensure patients with known or suspected communicable diseases are identified and looked after in isolation to prevent the spread of infection.
- The trust must support the service to continue to work to improve waiting times, the four-hour standard, time to treatment and clarify and improve transfer to inpatient wards once a decision to admit has been made.
- The trust must review processes for the safe care and treatment of patients who remain in the emergency department for longer than four hours, including risk assessment, medicines management and meeting patients' individual needs.
- The trust must improve the way staff in the emergency department monitor, review and act in response to audits of daily checks of emergency equipment and safe storage of medicines stored in fridges, to improve practice.
- The trust must review processes for initial assessment of patients to ensure patients' dignity, privacy and confidentiality are protected.

Urgent and emergency services

Actions the service SHOULD take to improve:

- The trust should review the effectiveness and awareness of the standard operating procedure to identify when the emergency department is crowded, and safe patient care is at risk.
- The trust should consider how the emergency department can learn from participating in morbidity reviews
- The trust should review processes in the emergency department to provide procedural sedation to ensure national guidance is followed.
- The trust should seek to employ more paediatric nurses and consider the benefits of a play specialist in the emergency department, in line with national guidance. The service should continue to seek to recruit a consultant in paediatric emergency medicine.
- The trust should consider the workload of nursing staff in the emergency department to ensure they have sufficient time and support to carry out additional responsibilities associated with their role, including the children's safeguarding lead and the practice educator.
- The trust should display cleaning records in patient toilets, review storage of consumables on floors in storerooms and be consistent in the use of 'I am clean' stickers in the emergency department, to demonstrate equipment is clean and ready for use.
- The trust should review processes in the urgent care centre, to ensure doctors' verbal advice about treatment is documented efficiently to support nursing staff.
- The trust should continue to monitor and improve compliance with completion and recording of vital observations to ensure safe care and treatment.
- The trust should review the use of incident investigation templates to ensure actions to comply with duty of candour are person-centred and documented, including the reasons if duty of candour is not applicable.
- The trust should work to further embed the use of alternative pain assessment tools by all staff.
- The trust should consider adding sufficient information when clinical guidelines and pathways are reviewed to ensure they are up-to-date, version controlled, referenced and reviewed in a timely manner.
- The trust should consider a consistent approach to assess, highlight and share information about patients' individual additional needs, such as communication needs, in line with national guidance.
- The trust should review processes to gain oversight of risks and quality data in clinical governance meetings.
- The trust should purchase scales to enable staff to monitor urine output in babies.
- The trust should improve signposting to current information about how to provide feedback, including complaints, about the care and treatment they receive.
- The trust should consider ways to keep patients informed of waiting times.

Medical care (including older people's care)

Good  

Key facts and figures

Medical care sits in the unscheduled care division. There are 320 beds, located across 11 wards:

- Acute Cardiac Unit
- Acute stroke unit (Falcon)
- Dove ward - cancer services
- Jupiter Ward - care of the elderly - refurbished in 2014 to create a dementia-friendly environment
- Kingfisher ward - short stay medical ward
- Linnet Acute Medical Unit (LAMU), including the medical Expected Unit (MEU)
- Mercury ward - cardiac and endocrinology
- Neptune ward - gastroenterology
- Saturn ward - respiratory
- Teal ward - general medicine. Teal Older Persons Short Stay Unit (TOPSSU) provides high intensity therapies and medical care to support earlier discharge for appropriate patient groups
- Woodpecker ward - general medicine (with a dedicated team of ortho-geriatricians).

In addition, there are the following services:

- Cardiac Catheter Suite and Cardiac Rehabilitation Service
- Dorcan unit is a short stay ward, which provides extra capacity at busy times. It cares for patients who are well enough to leave hospital but are waiting for their out-of-hospital care package to be finalised.
- Orchard ward- Normally a 'step up ward' to avoid the need for admission, this is a temporary medical outlier ward
- There is a discharge lounge open from Monday to Friday 8am to 6pm
- Day therapy Centre - chemotherapy
- Endoscopy unit
- Front door frailty team
- Ambulatory Care and Triage (ACAT) opened Dec 2018

The medical care service was provided for adults of all ages. The trust had 48,722 medical admissions from July 2018 to June 2019. Emergency admissions accounted for 24,123 (49.5 %), 1,279 (2.6 %) were elective, and the remaining 23,320 (47.9%) were day case.

Admissions for the top three medical specialties were:

- General Medicine – 24,458
- Gastroenterology – 5,589

Medical care (including older people's care)

- Medical oncology – 5,174

(Source: Hospital Episode Statistics)

During our inspection, we visited 14 wards which included medical wards, therapy areas and wards where medical patients were cared for when medical wards were full. We spoke with 34 patients or their relatives and 68 staff including; junior and senior nurses, health care assistants, junior and senior doctors, allied health professionals, bank and agency nursing staff, pharmacy staff, administrative and clerical staff and volunteers.

We observed interactions between patients, their relatives and staff, considered the environment and looked at 22 medical and nursing care records. Before our inspection we reviewed performance information from and about the hospital.

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well, using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- At times of high demand, patients were not always cared for in the right setting and many patients experienced multiple moves within the hospital.

Is the service safe?

Good  

Medical care (including older people's care)

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 most of the time. Staff compliance had improved since our previous inspection. Managers monitored and encouraged staff to attend training modules to improve compliance.
- 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 service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean in most areas.
- The design, maintenance and use of facilities, premises and equipment kept people safe in most areas. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration. An electronic system supported staff to assess and respond to patient risks promptly.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, most were up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record medicines. Storage of medicines was mostly safe.
- The service managed patient safety incidents well. Staff recognised incidents and near misses 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- We found some fixtures and fittings looked in need of cleaning in one area of the service we visited: the medical assessment unit.
- Congested ward areas in the medical expected unit, at time of high demand created a fire evacuation risk, although this was being closely monitored and discussed with fire safety officers and at trust board level.
- Some of the care records we reviewed did not provide assurance that patients' comfort and skin condition had been reviewed in line with their plan of care. This was because they had not been completed at the advised times. This was particularly an issue for patients cared for in the corridor on the medical expected unit, where care rounding forms were not completed consistently or regularly and the frequency of rounding required was not documented.

Is the service effective?

Good  

Medical care (including older people's care)

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

- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system they could all update.
- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Dietitians supported nutritional needs for special feeding regimes and staff supported patients at meal times.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way, most of the time. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- 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 development. Staff were positive about the support they received from senior staff and felt able to access additional training courses to enhance their skills.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Therapists, social workers, nurses and medical staff contributed to assessing and providing care for patients.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead their lives in as healthy a way as possible. Information was provided to support patients to stay at home and know when to seek further medical support.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patient's consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limited patients' liberty to the least degree needed.

However:

- Some patients told us they had a longer wait for pain relief medication when nursing staff had been busy.
- In three of eight records we reviewed, best interests decisions for patients who lacked mental capacity had not been fully documented.

Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from patients who used the service and those close to them, was positive about the way staff treated them.

Medical care (including older people's care)

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs and tried to support these where possible.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment. Most patients told us they felt well informed about their conditions.

Is the service responsive?

Requires improvement ● → ←

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

- The service could not always provide care in the way it was planned due to restrictions of bed availability. At times of high demand, patients were cared for in areas not designed for inpatient care. This included theatre recovery, day surgery unit and the endoscopy unit. Although patients were risk assessed for suitability, it impacted on patients' experiences.
- The service was unable to meet the standards for maintaining single sex accommodation at times of extremely high demand. This led to a high number of mixed sex breaches being reported.
- Facilities and premises were not wholly appropriate for the services being delivered. At times of escalation in demand, patients were cared for in ward areas that did not have adequate dedicated patient space, bathroom facilities or sluice areas to meet patients' needs.
- Patients were frequently moved during their stay including at night, for reasons that were non-clinical. This was due to lack of capacity within the hospital for the number of patients needing care. Not all patients felt fully informed about the reasons for their move.
- Some specialities were below the England average for referral to treatment times.

However:

- The service planned care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. Staff used methods to include patients with cognitive, problems or disabilities to understand care and make choices about their care.
- People could access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. Staff gave us examples of changes made as a response to investigated complaints and concerns.

Is the service well-led?

Good ● ↑

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

Medical care (including older people's care)

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding practice

We found examples of outstanding practice in this service.

- Patients had serious health risks assessed promptly and hospital admissions were reduced due to the use of 'point of care' analysers. These were systems to test patients for conditions such as influenza, community acquired pneumonia and neutropenic sepsis. Tests gave immediate results and allowed the most appropriate treatment to be prescribed for patients without having to wait for laboratory testing.

Areas for improvement

Actions the service **MUST** take to improve:

- The trust must ensure patients are cared for in a suitable environment and reduce the number of times patients are moved during their inpatient stay.

Actions the service **SHOULD** take to improve:

- The trust should continue to improve medical staff compliance with mandatory training to meet trust targets.
- The trust should provide facilities and equipment in all areas, including the medical assessment unit, which are in good repair and can be sanitised adequately to protect patients from infection.

Medical care (including older people's care)

- The trust should take steps to reduce crowding and congestion in the acute medical assessment unit and ensure there is a method of safe fire evacuation at times of high demand.
- The trust should ensure staff consistently complete care rounding records, particularly when caring for patients in corridors.
- The trust should review and monitor systems and processes used to document how best interests decisions are made for patients who lack capacity.
- The trust should review systems and processes to keep patients fully informed of the reasons for them to move wards when this is essential.
- The trust should investigate methods to improve referral to treatment times for patients admitted for general medicine and rheumatology specialties.

Surgery

Requires improvement   

Key facts and figures

The trust's planned care division manages the surgery core service at Great Western Hospital. The surgical service lines sitting under the planned care division are as follows:

- general surgery
- head and neck (ear, nose and throat ('ENT'), ophthalmology, and dental)
- trauma and orthopaedics; and
- urology
- The hospital has 134 inpatient beds located across eight wards/departments:
 - Aldbourne ward
 - Ampney ward
 - Cherwell unit
 - Meldon ward
 - Shalbourne suite
 - Surgical assessment unit (SAU)
 - Surgical discharge lounge
 - Trauma unit

The trust has 15 operating theatres including day case which provides care for people undergoing a range of surgical procedures do not requiring an overnight stay.

(Source: Routine Provider Information Request (RPIR) – Sites tab)

From July 2018 to June 2019, the trust had 30,863 surgical admissions. A breakdown of these admissions by type is shown below:

- Emergency admissions - 12,174 (39.4%)
- Day case admissions - 14,811 (48%)
- Planned (i.e. elective) admissions – 3,878 (12.6%)

(Source: Hospital Episode Statistics)

On this inspection, we visited all areas listed above. We spoke with over 70 members of staff in various roles, including divisional leaders, senior managers, medical staff, nurses, healthcare assistants, therapy staff and domestic staff.

We spoke with over 10 patients and patients' friends and family. We also observed interactions between staff, and between staff and patients.

Surgery

We reviewed patients' records, observed various meetings, including multidisciplinary staff meetings, ward rounds and hospital-wide bed management meetings.

We looked at medicines management, checked equipment, medical devices and consumables.

Summary of this service

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

We rated safe and responsive as requires improvement. We rated effective, caring and well-led as good.

- Some areas were not fully staffed, although the trust was taking steps to address shortages.
- The service did not always control infection risk well. The design, maintenance and use of facilities, premises and equipment did not always keep people safe.
- The audit process for completion of the World health Organisation's surgical safety checklist did not provide effective assurance.
- Not all key services were available seven days a week.
- People could not always access the service when they needed it or receive the right care promptly and in the right setting.
- Leaders did not always operate governance processes in accordance with trust policy.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff kept good care records, managed patient safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink and gave them pain relief when they needed it. Managers monitored the effectiveness of the service. Staff worked well together for the benefit patients, advised them on how to lead healthier lives, and supported them to make decisions about their care and treatment.
- Staff mostly treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. They provided emotional support to patients, families and carers.
- The service mostly took account patients' individual needs made it easy for people to give feedback.
- Leaders ran services well, using reliable information systems and supported staff to develop their skills. They understood and sought to manage the priorities and issues the service faced. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service engaged with patients and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Requires improvement ● → ←

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

Surgery

- The service did not always control infection risk well. Staff did not always use equipment and control measures to protect patients, themselves and others from infection. They did not always keep equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Due to operational pressures, patients were placed in areas of escalation that were not always suitable.
- The service's process for auditing compliance with the world health organisation's surgical safety list did not provide effective assurance.

However:

- The service provided training in key skills. Compliance with mandatory training had improved since our last inspection, although further improvement was still required to meet trust targets, particularly in the medical staff group.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff mostly kept up-to-date with training on how to recognise and report abuse, and they knew how to apply it.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and easily available to all staff providing care. Records were mostly stored securely.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

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-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However:

Surgery

- The service had a higher than expected risk of readmission for planned and emergency care than the England average, which was an indicator of the outcome for these patients being suboptimal.
- Managers appraised staff's work performance and held supervision meetings with them to provide support and development, however, not all medical staff had received an appraisal.
- Not all key services were not available seven days a week to support timely patient care.

Is the service caring?

Good ● → ←

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

- Staff mostly treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement ● → ←

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

- People could not always access the service when they needed it or receive the right care promptly or in the right setting. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.
- The percentage of patients whose operation was cancelled and were not treated within 28 days was higher (i.e. worse) than the England average.
- Due to operational pressures, patients were placed in areas of escalation where their privacy and dignity were not always maintained, and single sex accommodation was not provided.

However:

- The service was mostly inclusive and sought to take account of patients' individual needs and preferences. Staff often made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Managers and staff worked to make sure patients did not stay longer than they needed to. The service had a shorter length of stay than the England average for both planned and emergency care.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Surgery

Is the service well-led?

Good   

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

- Leaders had the skills and abilities to run the service. They understood and sought to manage the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Leaders did not always operate effective governance processes. Monthly divisional performance meetings and the divisional leadership team's monthly meetings with the trust leadership team were not minuted. Although minutes were produced following service line clinical governance and mortality and morbidity meetings, these were not standardised, impacting on their ability to disseminate learning across the service.
- Operational pressures and staffing shortages were having detrimental effects on staff morale.
- Staff were not always aware of staff engagement activities or receive feedback on actions taken following staff engagement initiatives.

Outstanding practice

The trust had been involved in the Hip Fracture Quality Improvement Programme (HipQIP), a quality improvement (QI) project involving multiple partners, including other trusts. Based on the latest evidence and best practice, the project sought to provide high-quality hip fracture care using pathways to ensure consistent care. The project involved giving patients additional nutrition, along with other interventions such as early mobilisation, prompt surgery, consistent pain relief and standardisation of care.

The project supported a reduction in mortality rates for patients with hip fractures, dropping from 11.5% to 5.4 in the 2018 audit.

The service received an award for their new approach to care, which significantly reduced mortality rates and improved the quality of life for patients who have suffered a broken hip. In December 2019, the hospital held an open event inviting other trusts to attend to learn more about the positive results of this QI project.

Areas for improvement

Actions the service MUST take to improve:

Surgery

- The trust must improve infection control processes and procedures and record keeping for infection prevention and control.
- The trust must ensure standard operational procedures are adhered to during operational pressures so that patient safety is not compromised.
- The trust must ensure improvements in correct completion of the World Health Organisation's surgical safety checklist and ensure that the processes for auditing of local and general procedures are effective.
- The trust must ensure patient privacy and dignity are not compromised during operational pressures and prevent mixed-sex breaches.
- The trust must improve referral to treatment times (RTT) to ensure people can access the service when they need it.

Actions the service SHOULD take to improve:

- The trust should continue to improve mandatory training compliance for medical staff to meet trust targets.
- The trust should continue to improve staffing levels so there are always enough nursing and support staff with the right qualifications, skills training and experience to provide the right care and treatment.
- The trust should improve (i.e. reduce) the percentage of patients whose operation is cancelled and not treated within 28 days.
- The trust should improve the provision of key services seven days a week to support timely patient care.
- The trust should take steps to address staff morale and wellbeing impacted by operational pressures.
- The trust should review and take steps to improve the service's risk of patient readmission.
- The trust should improve the documentation of Mental Capacity Act assessments to ensure they provide an appropriate and clear basis for decisions.
- The trust should improve areas used for escalation, so they are suitable for the purposes for which they are used.
- The trust should improve documentation of daily checks of equipment, including anaesthetic machines.
- The trust should continue with proposed work to showers in wet rooms on wards to ensure they do not pose a risk to patients, visitors and staff.
- The trust should improve safe disposal of clinical waste, including correct signing and dating of sharps containers.
- The trust should ensure equipment is fit for purpose, including protective gowns/aprons.
- The trust should record minutes of monthly divisional performance meetings and monthly meetings between the divisional and trust leadership teams to provide an effective record of discussion and decision making.
- The trust should standardise speciality/service line clinical governance meetings and mortality and morbidity meetings.

Maternity

Good 

Key facts and figures

Great Western Hospital provides a range of antenatal, intrapartum and postnatal maternity services in the hospital in Swindon and the wider community.

Acute maternity services comprise of a high-risk labour ward with two dedicated obstetric theatres, a bereavement suite and a combined ante and postnatal ward with six neonatal transitional care beds. There is an alongside midwifery led birth unit; a total of 48 beds.

Services include antenatal clinics, ultrasound scanning, a day assessment unit and intrapartum and postnatal provision. Midwifery led antenatal and postnatal care is also provided by community midwifery teams. Staff work in their dedicated areas but also rotated from the community to hospital to maintain their skills. There are specialist midwives leading in different areas, such as staff education, safeguarding lead midwife, bereavement support and the service had just recruited a research midwife.

For those who wish to have a home birth, perinatal midwifery led services are provided by the community midwifery teams. There are approximately 40 community midwives employed in four geographical zones.

Doctors and midwives are supported by maternity care assistants and healthcare assistants, to provide care for the women and their babies. Women have access to other specialist support services within the trust as required.

We observed care provided by staff and spoke with 21 women about their care and treatment. We spoke with 48 staff, including a range of medical, midwifery, administrative and domestic staff.

During our inspection we reviewed seven sets of clinical records of women who had received maternity services and reviewed data provided to us by the trust. We also reviewed the trusts' performance data.

From July 2018 to June 2019 there were 4,036 deliveries at the trust.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

The service mostly had enough staff to care for patients and keep them safe. The midwife to birth ratio had improved since our last inspection. Staff understood how to protect patients from abuse and managed safety well. Staff assessed risks to patients and mostly acted on them promptly. The service controlled infection risk well and mostly managed medicines well. The service managed patient safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

- Staff provided good care and treatment, gave women enough to eat and drink and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent for their roles. Staff worked well together as a team to benefit women, advised them on how to live healthier lives, and supported them to make decisions about their care. Key services were available seven days a week.

Maternity

- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs and helped them understand their conditions. They provided emotional support to women and families.
- The service planned and provided care in a way that met the needs of local women, took account of women's individual needs and made it easy for people to give feedback. Women could access the service when they needed it and usually received the right care promptly.
- Leaders ran services well, using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The service provided mandatory training in key skills to all staff but not everyone completed it. Staff kept detailed records of women's care and treatment, but records were not always clear, up-to-date, stored securely and not always easily available to all staff providing care.

Is the service safe?

Good 

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The service provided training in key skills and most staff had completed it. Compliance with mandatory training had improved since our last inspection, although further improvement was still required to meet trust targets, particularly in the medical staff group.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. Staff managed clinical waste well. Staff collected safety information and used it to improve the service.
- The service mostly had enough maternity staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave bank staff a full induction. The service also improved the midwife to birth ratio. These were improvements on the last inspection in 2016.
- The service mostly used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

Maternity

- There was not always reception cover 24 hours a day on the delivery suite which, could impact on unwell women attending out of hours. However, the trust took prompt action to address this following our inspection.
- Staff kept detailed records of women's care and treatment. However, records were not always clear, up-to-date, stored securely and not always easily available to all staff providing care.

Is the service effective?

Good ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff protected the rights of women subject to the Mental Health Act 1983 and followed the Code of Practice.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- 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 development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.
- Key services were available seven days a week to support timely care for women.
- Staff gave women practical support and advice to lead healthier lives.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain patient's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- The service provided care and treatment based on national guidance and evidence-based practice, but policies and guidelines were not always up to date.

Is the service caring?

Good ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

Maternity

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The service planned and provided care in a way that met the needs of local women and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and usually took account of women's individual needs and preferences. Staff usually made reasonable adjustments to help women access services. They coordinated care with other services and providers.
- The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. However,
- Women could usually access the service when they needed it and received the right care. Waiting times from referral to treatment and arrangements to admit, treat and discharge women were not always in line with national standards.
- Cancelled antenatal clinics were not monitored at a divisional level or trends for cancellation identified through divisional governance meetings.

Is the service well-led?

Good ●

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Maternity

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and staff actively and openly engaged with women, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with women, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women.

However:

- The service collected reliable data and analysed it, but staff could not always find the data they needed. The information systems were not integrated but were secure.

Outstanding practice

Areas for improvement

- We found areas for improvement in this service.
- Actions the service SHOULD take:
- The trust should continue to improve mandatory training compliance to meet trust targets.
- The trust should implement the new triage system on the delivery suite as planned and provide 24-hour reception cover on the delivery suite.
- The trust should monitor and review policies more closely to prevent them becoming out of date. This includes, Prevention and Management of Baby/Child Abduction Policy, Intrapartum guidelines, trust wide policy for admission, transfer and discharge for adult patients in the acute trust which mention pregnant women.
- The trust should install appropriate ventilation and scavenger units as soon as possible for the delivery suite rooms that have nitrous oxide.
- The trust should participate in the wider trust sepsis group to monitor women who should have a sepsis screen when triggering MEOWS, according to trust policy.
- The trust should take steps to improve and maintain compliance with the WHO checklist in obstetric theatres
- The trust should continue to improve staff access, through the digital midwife and training, to electronic records and continue the move to paper-free records in a timelier manner, thus improving accessibility to records.
- The trust should continue to work to improve interaction of the electronic maternity records system with other hospital electronic systems. Also, work with the mental health team to organise access for maternity staff to their electronic recording system.
- The trust should store baby records on Hazel ward more securely.

Maternity

- The trust should devise a policy or standard operating procedure for pregnant woman who are admitted to hospital with a non-pregnancy related problem to make sure they do not miss out on routine antenatal care when an inpatient.
- The trust should improve access and flow for women who need a planned induction of labour.
- The trust should monitor and identify themes for cancellation of antenatal clinics.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

Our inspection team

Julie Foster, Inspection Manager led this inspection.

The team included nine inspectors and eight specialist advisers. Specialist advisers are experts in their field who we do not directly employ.