

Gloucestershire Hospitals NHS Foundation Trust

Inspection report

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

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

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

Ratings

Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

Are resources used productively?

Requires improvement 

Summary of findings

Combined quality and resource rating

Good 

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

Background to the trust

Gloucestershire Hospitals NHS Foundation Trust is one of the largest in the country. It was formed from Gloucestershire Hospitals NHS Trust, which was established following a reconfiguration of health services in Gloucestershire in 2002, and received authorisation on 1 July 2004.

The trust provides acute hospital services from two large district general hospitals, Cheltenham General Hospital and Gloucestershire Royal Hospital. Maternity Services are also provided at Stroud Maternity Hospital. Trust staff also provide outpatient clinics and some surgery from community hospitals throughout Gloucestershire.

Gloucestershire Hospitals is the major provider of secondary care services in the area; the trust has a £500m annual operating income, 960 beds, over 125,000 emergency attendances and nearly 800,000 outpatient appointments each year.

The trust has 8,000 members of staff who are committed to providing high quality acute elective and specialist services under its vision of 'Best Care For Everyone' to a diverse population of over 620,000.

Overall summary

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

What this trust does

Gloucestershire Royal Hospital provides general hospital services. Gloucestershire Royal Hospital has a 24-hour Emergency department, a state of the art Children's Centre and a women's centre. The hospital also has a range of operating theatres, inpatient wards and provides outpatient services from a dedicated outpatient department.

Cheltenham General Hospital provides general hospital services. Cheltenham has state-of-the-art critical care facilities and is home to the specialist Oncology Centre as well as breast screening facilities at the Thirlestaine Road clinic. This hospital also has an Interventional Radiology operating theatre; surgical robot used in treating prostate cancer and provides a wide range of outpatient services. Cheltenham Birth Centre is also located on the site.

The trust also provides services from community hospitals in Stroud, Berkeley Vale, Forest of Dean, Tewkesbury and North Cotswolds, Cirencester, Evesham and Ross on Wye and there is a midwife led birth centre in Stroud.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Summary of findings

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

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

What we inspected and why

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

On 9-12 October and 19 October 2018, we inspected four of the core services provided by this trust at both Gloucestershire Royal Hospital and Cheltenham General Hospital. At our last inspection, the urgent and emergency services, medical care, surgery and outpatients were rated as requires improvement and we decided to review these services on this inspection.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of the overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed Is this organisation well-led? We inspected the well-led key question on 13-15 November 2018.

What we found

Overall trust

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

Safe, effective, caring and well led were rated as good, however responsive remains requires improvement. We rated eight of the trust's 18 services, across two of its three sites. Our inspection of the core services covered both Gloucestershire Royal Hospital and Cheltenham General Hospital. We did not inspect Stroud Maternity Hospital. In rating the trust, we took into account the current ratings of the ten services not inspected this time.

We rated well-led for the trust overall as good.

- Urgent and emergency care was previously rated as requires improvement at both Gloucestershire Royal Hospital and Cheltenham General Hospital and had improved since the last inspection. The domain of Safe has improved at Gloucestershire Royal Hospital making them good overall. The domains of safe and responsive at Cheltenham General Hospital have improved making the service good overall. We found that staff had received up to date mandatory training and safeguarding training to protect patients from harm or abuse. Staff managed risks well for each patient. Staff were working based on best practice and evidence. There were audits to support performance. We found that staff managed pain well and nutritional and hydration need were met. Staff were compassionate and caring towards patients. Access to services required improvement at Gloucestershire Royal Hospital as some targets were not met. At Cheltenham General Hospital four hour targets and ambulance handover targets were consistently met month on month. At both sites we found the service had identified risks to high quality care.
- Medical care (including older people's care) was rated as good at both sites and had gone up one rating since its last inspection. On both sites safety was rated as good, which was an improvement since the last inspection. We found that there were good levels of mandatory training and that staff recognised abuse and knew how to report it. Staffing levels had improved and the service managed safety incidents well. The service delivered care and treatment in line with evidence-based practice, and managed nutrition and hydration well. Managers monitored the effectiveness of care and treatment and used their findings to improve them. Staff cared for patients with compassion. On both sites

Summary of findings

well led was rated as good, which was an improvement since the last inspection. Managers at all levels in the service had the right skills and abilities to run a service and strived to provide a good service and had a systematic approach to continually improve the quality of its services. The service was committed to improving services by learning from when things went wrong, promoting training, research and innovation.

- Surgery was rated as good at both sites and had gone up one rating since the last inspection. Safe had improved, staff completed and updated risk assessments for each patient, and there were processes to recognise and respond to a deteriorating patient. The World Health Organisation (WHO) surgical safety checklist was used in theatres and observations showed they were performed well and staff were engaged with the process. Effective stayed the same and was rated as good, treatment was based on national guidance and evidence of its effectiveness, and the trust generally performed well compared nationally when we reviewed data for audits. We found all staff provided excellent care to patients at both sites and rated caring as good. Responsive was requires improvement as waiting times for referral to treatment was delayed and not in line with good practice for some specialties, and improvement was required to promote flow and efficiency in theatres. Well-led was rated as good, the surgical division had strengthened its leadership with a new team. There were quality improvement projects which were key in proactively engaging and involving staff and patients, and to shape and improve services.
- Outpatient services were rated as good. We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. The service managed infection risk well. The service had suitable premises and equipment and looked after them well. Staff could identify and respond to a deteriorating patient within the outpatient environment, including medical emergencies. Staff kept appropriate records of patients' care and treatment. Patients were treated with compassion, kindness, dignity and respect. The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Leaders had the experience and skills to ensure that improving outpatient services were being delivered. The trust had produced a "Transformation Plan" for the outpatient's service in July 2018 aligned to the trust overall strategy of being on a "journey to outstanding". Managers across the trust promoted a positive culture that supported and valued staff. The transformation plan for the outpatient's service contained a number of ideas for the improved delivery of service.

Are services safe?

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

- We rated safety in urgent and emergency care at Gloucestershire Royal Hospital and Cheltenham General Hospital as good. This was because staff had received up to date mandatory training and safeguarding training to protect patients from harm or abuse. Staff managed risks well for each patient. Staff kept detailed records of patients' care and treatment. The service managed safety incidents well and used safety monitoring results well. The emergency department at Cheltenham General Hospital mostly prescribed, gave, recorded and stored medicines well. However, we found a high vacancy rate, but this was mitigated through good use of bank and agency staff.
- We rated safety in medicine at both Gloucestershire Royal Hospital and Cheltenham General Hospital as good. This was because most staff were compliant with their mandatory training updates. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The staffing levels had improved and the service managed patient safety incidents and used safety monitoring results well. However, the service did not control some infection risks consistently and staff did not always take appropriate actions when they identified deteriorating patients. At Cheltenham General Hospital staff did not always follow best practice when storing some medicines.
- We rated safety in surgery at both Gloucestershire Royal Hospital and Cheltenham General Hospital as good. This was because staff understood their responsibilities to protect patients from abuse and we found that standards of cleanliness minimised infection control risk. Staff could recognise a deteriorating patient and we found that surgical

Summary of findings

safety checklists were used effectively. The trust had reviewed their safety culture and human factors, and could demonstrate learning and improvements following never events. However, there were signs of wear and tear and some wards and theatres were cluttered. Medical gas oxygen cylinders were not being stored securely across wards and theatres. Staffing on wards was regularly at minimum staffing levels rather than at funded establishment.

- We rated safety in outpatients at Gloucestershire Royal Hospital as good. This was because staff were confident in identifying and responding to a deteriorating patient. Staff recognised safety incidents and reported them appropriately. Equipment was in good working order and clinical waste was managed well. However, the environment in Cheltenham General Hospital did not promote good infection control practices.

Are services effective?

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

- We rated effective in urgent and emergency care at Gloucestershire Royal Hospital and Cheltenham General Hospital as good. We found care and treatment was provided in line with best practice and evidence-based guidance which was supported by audits. Staff mostly assessed and monitor patients to see if they were in pain. Staff gave patients enough food and drink to meet their needs. The emergency department met the NHS England standards for seven-day service provision and staff understood how and when to assess whether a patient had the capacity to make decisions about their care. The service monitored the effectiveness of care and treatment and used the findings to improve them. Staff mostly had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- We rated effective in medicine at both Gloucestershire Royal Hospital and Cheltenham General Hospital as good. This was because the service provided care and treatment based on national guidance and nutrition and hydration met the needs of patient to improve their health. Staff with different skills and experience worked well together and staff were consistent in their approach to supporting people to live healthier lives. However, performance in national audits was variable and staff did not always complete malnutrition screening assessments consistently.
- We rated effective in surgery at both Gloucestershire Royal Hospital and Cheltenham General Hospital as good. Care and treatment was based on national guidance and the trust could evidence its effectiveness. Assessments for pain and nutrition were used to improve patient care. Staff of different disciplines and roles worked together as a team to benefit patients. The surgical service made sure staff were competent in their roles. However, staff demonstrated a limited understanding of the Mental Capacity Act. Deprivation of liberty safeguards applications did not adequately describe the treatment proposed or restrictions to be placed upon somebody and Compliance with the seven-day standards was not always consistent. At Cheltenham General Hospital there was still no formal out of hours interventional radiology rota for vascular, urology and gastro intestinal services.
- We did not rate effective in outpatients at Gloucestershire Royal Hospital or Cheltenham General Hospital. The physical, mental, and social needs of patients were holistically assessed. Patients who were in the departments for any length of time had access to food and drink sufficient to meet their needs. There was professional multi-disciplinary working throughout the outpatient's department. Staff worked together as a team to benefit patients. Outpatient services were primarily a five-day service. Whilst there were some early evening and occasional clinics being run on Saturday mornings.

Are services caring?

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

Summary of findings

- We rated caring in urgent and emergency care at Gloucestershire Royal Hospital and Cheltenham General Hospital as good. Staff provided compassionate care to patients and were able to support them emotionally. We saw good examples of staff involving carers in decisions. Feedback from patients confirmed that staff treated them well and with kindness.
- We rated caring in medicine at Gloucestershire Royal Hospital and Cheltenham General Hospital as good. This was because staff cared for patients with compassion and staff provided emotional support to patients and families to minimise their distress. Staff also involved patients and those close to them in decisions about their care and treatment.
- We rated caring in surgery at both Gloucestershire Royal Hospital and Cheltenham General Hospital as good. This was because all staff were committed to providing excellent care to their patients. Staff provided emotional support to patients to minimise their distress and staff involved patients and those close to them in decisions about their care and treatment. In Gloucestershire Royal Hospital therapy staff engaged patients in activities and provided compassionate care. However, it was not clear what emotional support was available for patients who had received amputations, or how they were supported to access further services.
- We rated caring in outpatients at both Gloucestershire Royal Hospital and Cheltenham General Hospital as good. This was because patients were treated with compassion, kindness, dignity and respect. Staff provided emotional support to patients to minimise their distress and we saw patients having treatments explained and discussed, and the options that were available.

Are services responsive?

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

- We rated responsive in urgent and emergency care at Gloucestershire Royal Hospital as requires improvement and Cheltenham General Hospital as good. At Cheltenham General Hospital we found that the four-hour target was consistently met and performed better than other trusts. Although targets were not met at Gloucestershire Royal Hospital, we saw vast improvement in pathways and streaming of patients since the last inspection. Both sites treated concerns and complaints seriously, investigated them, learned lessons from the results, and shared these with all staff. However, tools to improve care for vulnerable patients were not consistently used.
- We rated responsive in medicine at Gloucestershire Royal Hospital and Cheltenham General Hospital as requires improvement. This was because people could not always access services in a timely way. Waiting times from referral to treatment times failed to meet national targets and the trust data was not being reliably reported.
- We rated responsive in surgery at Gloucestershire Royal Hospital and Cheltenham General Hospital as requires improvement. This was because patients were not always able to access the service when they needed it. The trust was unable to deliver reporting on national waiting time standards. Performance of urology and general surgery, for patients waiting over 18 weeks from referral to treatment, was below the England average. The day surgery unit at Gloucestershire Royal Hospital was still not a suitable environment, however there were plans to improve the environment. The signage across both hospital sites did not help patients access and find services easily. However, the surgical service was reviewing and making changes to the way they delivered services across the two hospital sites. The flow through the hospital was now being monitored, evaluated and prioritised, with a focus on patient safety and quality improvement projects had helped to improve the service being delivered to patients.
- We rated responsive in outpatients at both Gloucestershire Royal Hospital and Cheltenham General Hospital as requires improvement. This was because Patients could not always access services when they needed them. The introduction of a new patient appointment booking system, had presented a number of difficulties in the delivery of services. There had been large increases in waiting times and a build-up of delayed clinic letters that needed to be sent out. However, the trust had a recovery programme, to address all the identified issues around data quality and

Summary of findings

the patient appointment issues. The service took account of patients' individual needs and considered different needs and preferences. Clinics generally started on time and patients were promptly informed of delays. At the time of the inspection the trust had recorded in total a 36% reduction in the number of complaints recorded from the previous year's 2017/18 total.

Are services well-led?

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

- We rated well led in urgent and emergency care at Gloucestershire Royal Hospital and Cheltenham General Hospital as good. This was because we found Leaders at both sites promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There was a systematic approach to continually improving the quality of its services and safeguarding high standards of care, by creating an environment in which excellence in clinical care would flourish. The department collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. There was a holistic understanding of departmental performance. Data was used to lead discussions about quality, operations and finances and there were effective systems for the collection, display and analysis of information to support the delivery of good care.
- We rated well led in medicine at both Gloucestershire Royal Hospital and Cheltenham General Hospital as good. This was because managers at all levels in the service had the right skills and abilities to run a service and strived to provide a good service. The service used a systematic approach to continually improve the quality of its services and the service collected, analysed, managed and used most information well. However, not all risks we identified during the inspection were recognised and mitigated by the service.
- We rated well led in surgery at both Gloucestershire Royal Hospital and Cheltenham General Hospital as good. This was because there was a new leadership team in many areas of the surgical division, and trust wide, to strengthen surgical leadership. They were knowledgeable about quality issues and priorities. The surgical division had a vision for what it wanted to achieve and workable plans to turn it into action. Overall, there was an optimistic culture within the surgical division. Quality improvement projects were key in proactively engaging and involving staff and patients, to shape and improve services. However, there were no review dates for risk registers, or a clear trail of dates of added and reviewed risks. The information used in reporting, performance management and delivery quality care were not always accurate, valid and reliable.
- We rated well led in outpatients at both Gloucestershire Royal Hospital and Cheltenham General Hospital as good. This was because the trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Nursing staff, healthcare staff, managers and reception and administration staff were positive about the support from their line managers. The trust had produced a "Transformation Plan" for the outpatient's service in July 2018 aligned to the trust overall strategy of being on a "journey to outstanding" and There were appropriate levels and structures of governance across outpatient services to ensure safety was monitored and improvements supported.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice trust wide in urgent and emergency care and in medical services.

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

Summary of findings

Areas for improvement

We found areas for improvement including four breaches of legal requirements that the trust must put right. We found 54 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

Action we have taken

We issued requirement notices to the trust. Our action related to breaches of no legal requirements at a trust-wide level and four in three core services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

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

Across the trust there was a fully embedded and systematic approach to improvement called the Gloucestershire Safety and Quality Improvement Academy (GSQIA). This framework empowered front line staff with the tools to support a change and implement a quality improvement project. Staff said that this had created a recognisable brand, and some described it as a “social movement”. Throughout all the focus groups there was a narrative on quality improvement and innovation. Staff at all levels were engaged in the process and could give examples where quality of care for patients had improved because of quality improvement projects.

In urgent and emergency care a specialist team pro-actively engaged with patients with learning disabilities to ensure their individual needs were understood and accommodated during emergency attendances. There was excellent support provided to families and a team designated to ensure challenges and concerns could be swiftly resolved.

In medical services at Gloucestershire Royal Hospital on ward 4B (general medical) a recent pilot study called ‘cheers ears’ had managed to reduce heel and device related pressure ulcers by 60% on ward 4B between October 2017 and March 2018. Staff achieved this using bedside laminated prompts, heel alert magnets, prophylactic dressings and regular audit. The team produced and shared findings with other external stakeholders and had travelled to other NHS trusts nationwide to present their findings.

On the stroke wards at Gloucestershire Royal Hospital, clinical psychologists provided extra support. In one discussion we heard, staff discussed a patient where the psychologists had been able to meet with the patient’s family separately as staff had identified they were not coping.

The brain injury team at Gloucestershire Royal Hospital had established an integrated care model which allowed therapists to continue treating patients after discharge. Patients could access the service through outpatient appointments to support their rehabilitation. The early discharge team visited patients at home to deliver specialist therapy. The model of care was an example of best practice and had been established for over ten years with support from NHS specialist commissioners.

Summary of findings

The medical service at Cheltenham General Hospital had completed a pilot study called 'cheers ears' which had reduced heel and device pressure areas by 100% on Avening ward at Cheltenham General Hospital between October 2017 and March 2018. Staff achieved this using bedside laminated prompts, heel alert magnets, prophylactic dressings and regular audit. The team produced and shared findings with other external stakeholders and had travelled to other NHS trusts nationwide to present their findings.

The surgical service at Cheltenham General Hospital was one of a few trusts in the UK offering partial knee replacement surgery as a day case (in which the trust had been recognised nationally by the Getting it Right First Time team). The day case pathway was introduced 12 months ago by a consultant orthopaedic surgeon and consultant anaesthetist and was being performed at Cheltenham General Elective Orthopaedic Unit, working alongside the multidisciplinary team. Surgical techniques for partial knee replacements and methods of pain relief using ultrasound guided nerve blocked were being used. This enabled patients to mobilise early and be discharged on the same day to recover at home. Results showed seven out of ten patients who had the day case pathway went home on the day of surgery.

There was a keenness for the surgical service to learn from other healthcare providers and stakeholders to help develop its service. This included Getting It Right First Time (GIRFT), a national clinical programme working with frontline clinicians to identify and reduce unwarranted variations in service delivery and clinical practice. Also measuring the quality of nursing care by participating in the nationally recognised nursing assessment and accreditation system (NAAAS). The surgical division promoted learning, continuous improvement and innovation. Staff were passionate about quality improvement projects and quality improvement appeared well embedded. Staff were provided with quality improvement bronze training and understanding, and then would move to quality improvement silver projects. During 2018, 164 members of the surgical division completed their bronze quality improvement training. There were ten members of the surgical division who had completed their silver quality improvement training and improvement projects related to safety, experience and effectiveness. There were 27 improvement projects being undertaken in the surgical division.

The trust commenced a programme of work in November 18 to move towards an acute floor model with the aim of creating clinical adjacencies for the ED, ambulatory and assessment centres. The trust created a single acute medical assessment unit whereby patients move through the unscheduled care pathway and treated in areas more appropriate to their needs and presentations. This enabled the trust to deploy the unscheduled care workforce with more agility, using advanced practitioners and emergency department consultant assistants as one workforce across multiple pathways. The acute floor also enables the trust to manage GP expected patients in the right environment utilising a GP workforce and seeing patients in a timelier manner.

Areas for improvement

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

Action the trust **MUST** take to improve

We told the trust that it must act to bring services into line with four legal requirements. This action related to three services.

Urgent and emergency care

- The trust must ensure patients in the emergency department commence their treatment within an hour in line with national performance targets.

Medical care

Summary of findings

Gloucestershire Royal Hospital

- The trust must ensure staff follow legislation on Control of Substances Hazardous to Health (COSHH). (Regulation 12 (2e))
- The trust must ensure staff complete checks of emergency equipment in line with trust policy. (Regulation 12 (2e))
- The trust must ensure medicines are managed safely and stored at appropriate temperatures. (Regulation 12 (2g))
- The trust must ensure oxygen cylinders are stored securely. (Regulation 12 (2g))
- The trust must ensure risks relating to the health, safety and welfare of services users are assessed, monitored and mitigated. (Regulation 17 (2b))

Cheltenham General Hospital

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- The trust must ensure staff complete checks of emergency equipment in line with trust policy. (Regulation 12 (2e))
- The trust must ensure medicines are managed safely and stored at appropriate temperatures. (Regulation 12 (2g))
- The trust must ensure oxygen cylinders are stored securely. (Regulation 12 (2g))
- The trust must ensure all recorded risks are assessed, monitored and mitigated effectively through use of risk registers. (Regulation 17 (2b))
- The trust must ensure plans to reconfigure cardiology services are progressed.

Surgery

Gloucestershire Royal Hospital

- The trust must ensure oxygen cylinders are being stored securely across surgical wards and theatres. Regulation 12(2)(g).
- The trust must ensure staff who obtain consent of patients are familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005, and are able to apply those when appropriate, for any patient they are caring for. The trust must ensure staff working for the surgical service understand the Mental Capacity Act and apply this correctly. Regulation 11(3).
- The trust must ensure they act in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards: Code of Practice and the Mental Capacity Act 2005 Code of Practice. The trust must ensure staff are competent in completing applications to deprive patients of their liberty. Regulation 13(5).

Cheltenham General Hospital

- The trust must ensure oxygen cylinders are being stored securely across surgical wards and theatres. Regulations 12(2)(g).
- The trust must ensure staff who obtain consent of patients are familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005, and are able to apply those when appropriate, for any patient they are caring for. The trust must ensure staff working for the surgical service understand the Mental Capacity Act and apply this correctly. Regulation 11(3).

Summary of findings

- The trust must ensure they act in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards: Code of Practice and the Mental Capacity Act 2005 Code of Practice. The trust must ensure staff are competent in completing applications to deprive patients of their liberty. Regulation 13(5)
- The trust must ensure if staff use restraint on patients this is in line with current national guidance and good practice. The trust must ensure staff are educated and supported to manage patients living with mental health needs safely. Regulation 13(4)(b).

Action the trust **SHOULD** take to improve

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

Urgent and emergency care

- The trust should take steps to improve patient confidentiality for patients booking in at the emergency department reception.
- The trust should ensure premises emergency department premises are properly maintained and kept in a tidy condition.
- The trust should work on recruitment to ensure there are sufficient nursing and medical staff employed in the emergency department.
- The trust should review how portable medical gas cylinders are stored in the emergency department to ensure people are not put at risk and relevant safety guidance is followed.
- The trust should ensure staff in the emergency department receive appropriate training or information about the use of panic alarms.
- The trust should ensure the assessment notes for patients receiving mental health assessment are accessible by hospital staff when they are needed.
- The trust should ensure there is a system to review guidelines displayed in the emergency department to ensure they are current.
- The trust should ensure triage assessments are not interrupted.
- The trust should explore ways of improving access for wheelchair users or frail people who may find the steep slope on the approach to the emergency department difficult.
- The trust should improve publicity about important changes to the service to ensure the local population is well informed and to prevent inappropriate attendances at the emergency department.
- The trust should ensure there is a clear vision for the emergency department and that staff are engaged and understand their role in delivering the agreed priorities for the service.
- The trust should improve how the service engages with patients and the public and uses the information to improve service delivery.

Medical care

Gloucestershire Royal Hospital

- The trust should ensure medical staff compliance with mandatory training modules improves.
- The trust should ensure staff complete cannula assessments consistently.

Summary of findings

- The trust should ensure staff complete malnutrition and universal screening tool consistently.
- The trust should ensure Patient Group Directions are up to date.
- The trust should ensure staff receive an appraisal every year.
- The trust should ensure nurses have access to formal clinical supervision and this is recorded.
- The trust should ensure referral to treatment times for medical patients improve.
- The trust should ensure staff lock computers when not in use to protect patient confidentiality.

Cheltenham General Hospital

- The trust should ensure medical staff compliance with mandatory training modules improves.
- The trust should ensure staff complete cannula assessments consistently.
- The trust should ensure staff complete patient fluid charts consistently.
- The trust should ensure Patient Group Directions are up to date.
- The trust should ensure staff receive an appraisal every year.
- The trust should ensure nurses have access to formal clinical supervision and this is recorded.
- The trust should ensure referral to treatment times for medical patients improve.
- The trust should ensure staff lock computers when not in use to protect patient confidentiality.

Surgery

Gloucestershire Royal Hospital

- The trust should consider how they are assuring themselves patients are being screened for MRSA pre-operatively.
- The trust should review the storage of equipment across surgical wards and theatre to ensure areas do not pose a risk to health and safety or infection control.
- The trust should ensure consistent checking procedures for equipment and medicines across surgical wards and theatres. For example; anaesthetic equipment, resuscitation equipment, fridge temperatures, out of date medicines, and controlled drugs.
- The trust should consider reviewing how they are collecting sepsis performance data to enable them to specifically capture data for surgical wards and see how different areas are performing.
- The trust should review their funded and minimum staffing levels across surgical wards, to ensure staffing is safe and not detrimental to staff well-being.
- The trust should be able to accurately report their current surgical medical vacancies.
- The trust should review record keeping and remind all staff to maintain records which are clear, up-to-date and easily accessible. The trust should also ensure staff clearly record when PRN (as required) medications are offered but not given.
- The trust should ensure the surgery site is clearly stated on the operating lists and operating lists are correct, to reduce the risk of a never event occurring.
- The trust should consider how they provide emotional support to patients who have received surgical amputation.

Summary of findings

- The trust should ensure family members are not being used to translate for patients where English is not their first language.
- The trust should ensure they improve access to services for patients who are waiting over 18 weeks, and breaching 52 weeks, from referral to treatment.
- The trust should be able to evidence how they monitor patients with cancer whose operations are cancelled and show they are rebooked within 28 days.
- The trust should review and improve the signage to access day surgery units.
- The trust should record date of added risks and dates of review of risks to their risk registers.

Cheltenham General Hospital

- The trust should consider how they are assuring themselves patients are being screened for MRSA pre-operatively.
- The trust should review the storage of equipment across surgical wards and theatre to ensure areas do not pose a risk to health and safety or infection control. The trust should ensure consistent checking procedures for equipment and medicines across surgical wards and theatres. For example; anaesthetic equipment, resuscitation equipment, fridge temperatures, out of date medicines, and controlled drugs.
- The trust should consider reviewing how they are collecting sepsis performance data to enable them to specifically capture data for surgical wards and see how different areas are performing.
- The trust should review their funded and minimum staffing levels across surgical wards, to ensure staffing is safe and not detrimental to staff well-being.
- The trust should be able to accurately report their current surgical medical vacancies.
- The trust should review record keeping and remind all staff to maintain records which are clear, up-to-date and easily accessible. The trust should also ensure staff clearly record when PRN (as required) medications are offered but not given.
- The trust should review the timeliness of the pre-assessment unit receiving patient records ahead of the patient appointment at Cheltenham General Hospital.
- The trust should ensure the surgery site is clearly stated on the operating lists and operating lists are correct, to reduce the risk of a never event occurring.
- The trust should ensure they improve access to services for patients who are waiting over 18 weeks, and breaching 52 weeks, from referral to treatment.
- The trust should be able to evidence how they monitor patients with cancer whose operations are cancelled and show they are rebooked within 28 days.
- The trust should review and improve the signage to access day surgery units.
- The trust should record date of added risks and dates of review of risks to their risk registers.

Outpatients

Gloucestershire Royal Hospital

- The trust should ensure patient records are always secured when not in use.
- The trust should incorporate seven-day services within the future planning of outpatient services.
- The trust should ensure that patients have timely access to care and treatment.

Summary of findings

- The trust should ensure that clinics are meeting national targets in relation to appointment waiting times.
- The trust should ensure that referral to treatment times are reported in line with national guidance.

Cheltenham General Hospital

- The trust should ensure patient records are always secured when not in use.
- The trust should incorporate seven-day services within the future planning of outpatient services.
- The trust should ensure that patients have timely access to care and treatment
- The trust should ensure that clinics are meeting national targets in relation to appointment waiting times.
- The trust should ensure that referral to treatment times are reported in line with national guidance.

Is this organisation well-led?

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

We rated well-led at the trust as good because:

- The trust's leadership team had the experience, capacity, capability and integrity to manage a well-led organisation.
- The executive team had an appropriate range of skills, knowledge and experience.
- It was apparent to us that all appointments had been made in close alignment with the trust's priorities and were values-based appointments.
- The non-executive director (NED) appointments had been drawn from a wide and relevant range of expertise and experience and again had been carefully selected in alignment with the trust's priorities and values.
- In Spring 2018, NHS Improvement carried out a review of actions taken and were satisfied the trust had taken appropriate steps to improve financial governance.
- The trust board had a sound understanding of and approach to the trust's financial position and areas of opportunity.
- The trust had created an associate NED role and was actively promoting this to Black Minority Ethnic (BME) underrepresented groups.
- The council of governors was an established group, and had a positive impact on the way the trust communicated with the local community, although further work was required around member engagement, which was acknowledged by the trust and actions to address this were underway.
- There were opportunities and programmes running for development in senior leadership, including opportunities for staff below team manager level.
- Succession planning was in place throughout the trust.
- The trust met its obligations to ensure directors were fit and proper persons.
- Leaders at all levels were visible and approachable for their patients and staff. Most staff we spoke to in focus groups knew who the executive team were and could mostly name them.

Summary of findings

- The leadership team understood the challenges to quality and sustainability and they could identify the actions needed to address them.
- The trust had a clear vision and set of values with quality and sustainability as the top priorities. After listening to patients and staff the trust had identified six core values, which were described in the words of patients.
- There was a realistic strategy for achieving the priorities and delivering good quality sustainable care.
- There was cooperative working with external partners to develop an integrated care system in the county of Gloucestershire.
- Staff knew and understood the trust's vision, values and strategy and how achievement of these applied to the work of their team.
- Staff felt respected, supported and valued and as a result felt positive and proud to work for the organisation.
- Response rates to the 2017 NHS staff survey were better than the average for trusts in England.
- There was an emphasis in the trust on the safety and wellbeing of staff. There were numerous benefits available to provide opportunities for staff to maintain and improve their health.
- The trust had appointed a Freedom to Speak Up Guardian and provided them with sufficient resources and support to help staff to raise concerns.
- Staff felt able to raise concerns. Students felt they were supported and were able to speak up.
- Equality and diversity were promoted within and beyond the organisation.
- There were plans in place for unexpected events. For example, adverse weather, a flu outbreak or a disruption to business continuity over the winter period.
- The board received holistic information on service quality and sustainability.
- At the time of the inspection, the trust were not submitting data to external bodies as required, however they were testing data collection for submission from February 2019.
- The trust was leading in the development of a system wide patient information record and was working with external stakeholders and other providers to achieve this.
- Communication systems such as the intranet and newsletters were in place to ensure staff had access to up to date information about the work of the trust and the services they used.
- Staff in focus groups who worked in lower bandings felt that there had been a change in focus by the board into developing these staff groups.
- The council of governors had opportunities to raise concerns, risks and issues with performance and had additional time with the board where required.
- There were positive and collaborative relationship with Gloucestershire Managed Services and the establishment of the subsidiary company was managed well.
- There was a fully embedded and systematic approach to improvement with some describing it as a "social movement".
- Quality improvement methodology was seen as the way to deal with performance and for the organisation to learn. There was clear evidence of improvements to patient care.

Summary of findings

- Improvement methods and skills were available and used across the organisation to empower staff to lead and deliver change.
- There was consistent use of a recognised improvement methodology.
- The work conducted by the trust on quality improvement had been presented nationally and had received national and international recognition.
- The trust was working collaboratively with the West of England Genomics Partnership to participate in the 100,000 genomes project.
- The trust had invited external bodies into the hospitals to assess them against set criteria to achieve accreditation.

However:

- Some of the executive team recognised that the pace of change could at times be difficult for staff.
- Cooperation with trade unions needed to improve.
- Not all staff had the opportunity to discuss their learning and career development needs at appraisal.
- The turnover of staff had been stable between September 2017 and September 2018 and was improving but had consistently been worse than the trust target of less than 11%.
- Staff in some focus groups felt that risks were not always escalated properly and that when they raised concerns no or limited action was taken.
- IT systems were not effective to monitor and improve the quality of care, although plans to resolve this were progressing well.
- Staff did not always have access to the IT equipment and systems needed to do their work and were burdensome for front line staff.
- Some staff working operationally on wards felt ill-informed of the winter plan and did not feel engaged in its development.
- Further work was required to support the council of governors to engage with the trust membership and engagement with patients and the public.
- The complaints team often felt overwhelmed by the workload they were under.

Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating.

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
Good ↑ Jan 2019	Good ↑ Jan 2019	Good →← Jan 2019	Requires improvement →← Jan 2019	Good →← Jan 2019	Good ↑ Jan 2019

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

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Gloucestershire Royal Hospital	Good ↑ Jan 2019	Good ↑ Jan 2019	Good ↔ Jan 2019	Requires improvement ↔ Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019
Cheltenham General Hospital	Good ↑ Jan 2019	Good ↑ Jan 2019	Good ↔ Jan 2019	Requires improvement ↔ Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019
Stroud Maternity Hospital	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015
Overall trust	Good ↑ Jan 2019	Good ↑ Jan 2019	Good ↔ Jan 2019	Requires improvement ↔ Jan 2019	Good ↔ Jan 2019	Good ↑ Jan 2019

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

Ratings for Gloucestershire Royal Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Jan 2019	Good →↔ Jan 2019	Good →↔ Jan 2019	Requires improvement →↔ Jan 2019	Good →↔ Jan 2019	Good ↑ Jan 2019
Medical care (including older people's care)	Good ↑ Jan 2019	Good ↑ Jan 2019	Good →↔ Jan 2019	Requires improvement →↔ Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019
Surgery	Good ↑ Jan 2019	Good →↔ Jan 2019	Good →↔ Jan 2019	Requires improvement →↔ Jan 2019	Good →↔ Jan 2019	Good ↑ Jan 2019
Critical care	Good Jun 2015	Outstanding Jun 2015	Outstanding Jun 2015	Good Jun 2015	Outstanding Jun 2015	Outstanding Jun 2017
Maternity	Requires improvement Jul 2017	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015
Services for children and young people	Good Jul 2017	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015
End of life care	Good Jul 2017	Good Jul 2017	Good Jul 2017	Good Jul 2017	Good Jul 2017	Good Jul 2017
Outpatients	Good Jan 2019	N/A	Good Jan 2019	Requires improvement Jan 2019	Good Jan 2019	Good Jan 2019
Overall*	Good ↑ Jan 2019	Good ↑ Jan 2019	Good →↔ Jan 2019	Requires improvement →↔ Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019

*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.

Ratings for Cheltenham General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Good ↑ Jan 2019	Good →← Jan 2019	Good ↑ Jan 2019
Medical care (including older people's care)	Good ↑ Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019	Requires improvement →← Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019
Surgery	Good ↑ Jan 2019	Good →← Jan 2019	Good →← Jan 2019	Requires improvement →← Jan 2019	Good →← Jan 2019	Good ↑ Jan 2019
Critical care	Good Jun 2015	Outstanding Jun 2015	Outstanding Jun 2015	Good Jun 2015	Outstanding Jun 2015	Outstanding Jun 2015
Maternity	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015
End of life care	Good Jul 2017	Good Jul 2017	Good Jul 2017	Good Jul 2017	Good Jul 2017	Good Jul 2017
Outpatients	Good Jan 2019	N/A	Good Jan 2019	Requires improvement Jan 2019	Good Jan 2019	Good Jan 2019
Diagnostic imaging						
Overall*	Good ↑ Jan 2019	Good ↑ Jan 2019	Good →← Jan 2019	Requires improvement →← Jan 2019	Good ↑ Jan 2019	Good ↑ Jan 2019

*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.

Ratings for Stroud Maternity Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015
Overall*	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015	Good Jun 2015

*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.

Gloucestershire Royal Hospital

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Key facts and figures

Gloucestershire Hospitals NHS Foundation Trust is one of the largest in the country. It was formed from Gloucestershire Hospitals NHS Trust, which was established following a reconfiguration of health services in Gloucestershire in 2002, and received authorisation on 1 July 2004.

The Trust provides acute hospital services from two large district general hospitals, Cheltenham General Hospital and Gloucestershire Royal Hospital. Maternity Services are also provided at Stroud Maternity Hospital. Trust staff also provide outpatient clinics and some surgery from community hospitals throughout Gloucestershire.

Gloucestershire Royal Hospital provides general hospital services. Gloucestershire Royal Hospital has a 24-hour Emergency department, a state of the art Children's Centre and a women's centre. The hospital also has a range of operating theatres, inpatient wards and provides outpatient services from a dedicated outpatient department.

Summary of services at Gloucestershire Royal Hospital

Good  

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

- In urgent and emergency care staff complied with systems and processes designed to keep people safe from avoidable harm including the management of safeguarding risks. Records, incidents, infection control, and changing risks of patients, including those of a deteriorating patient, were managed well. We found that patients needs were met in relation to pain management, and services were planned and delivered in line with best practice. Staff understood their responsibilities to mental capacity, and spoke to patients with compassion, dignity and respect. Although the department was busy, there had been innovative changes to patient pathways and streaming since our last inspection. There were concerns over local operational leadership at the hospital.
- In medical care staff understood how to protect patients from abuse, completed relevant risk assessments and kept clear and legible records of patient care. The service used audit processes to monitor patient outcomes and used this information to improve services. The care provided by staff continued to be good. People were supported, treated with dignity and respect, and were involved as partners in their care. The service met the needs of people it supported. The management of the service had improved since the last inspection.

Summary of findings

- Staff in surgical services understood how to protect patients from abuse and the service worked with other agencies to do so. Staff completed and updated risk assessments for each patient. The surgical division participated in both national and local audits to monitor people's care and treatment outcomes and compare with other similar services. All staff were committed to providing excellent care to their patients. Quality improvement projects had helped to improve the service being delivered to patients, however some projects were in their infancy.
- Staff in outpatients understood how to protect patients from abuse and there were clear processes for reporting safeguarding concerns. There were systems in place to manage maintenance of equipment and repair faults when identified. Staff kept appropriate records of patients care and treatment. The service made sure staff were competent for their roles. Patients were treated with compassion, kindness, dignity and respect throughout their visits to outpatient services. Staff within outpatients worked hard to ensure people with learning disabilities were able to access services. The trust identified where a system-wide approach was needed to meet the needs of the local population. Staff supported patients with additional needs such as patients living with dementia. The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There was a positive culture within outpatient services. The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and patients.

However:

- In the emergency department there was a continuing shortage of middle grade medical staff and heavy reliance on temporary staff. Also, the management of medicines could have been improved. We found the department was frequently crowded which meant that individual needs could not always be met. During busy times, we found that some patients felt their care was rushed. We found there was poor day-to-day operational oversight of the department. There was little engagement with patient groups.
- Although the timeliness of some elements of care provision had improved, patients did not always receive care and treatment within an acceptable timeframe and in the right place. Patient's dignity and privacy were not always maintained and patients who became agitated did not always receive compassionate care from nursing staff.
- In medical care, systems and processes to keep people safe were not always followed in relation to infection control and medicines management and performance in national audits was variable and outcomes for stroke patients needed improvement. National targets for referral to treatment times were not met for most medical specialities. Risk management processes needed to be improved as risks were not always graded, mitigated and reviewed appropriately
- Although we found the surgical service had improved, the division still needed time to embed processes and practice, and improve certain areas, under new leadership. Medical gas oxygen cylinders were not being stored securely across surgical wards and theatres. Staff required some additional support to manage patients living with mental health needs safely. Staffing on wards was regularly at minimum staffing levels rather than at funded establishment, particularly at night times. A shortage of radiologists made it difficult to provide 24-hour cover. Staff demonstrated a limited understanding of the Mental Capacity Act. Systems used by the trust did not help promote flow and efficiency in theatres and risked the safety of patients.
- Outpatient services were primarily a five-day service. The introduction of a new patient appointment booking system, had presented a number of difficulties in the delivery of services. The trust has been unable to report referral to treatment data to NHS England since November 2016 because of data quality issues following the introduction of a new electronic patient record system in December 2016. Patients could not always access services when they needed them.

Urgent and emergency services

Good  

Key facts and figures

Gloucestershire Royal Hospital Emergency Department is operated by Gloucestershire Hospitals NHS Foundation Trust. The trust operates two emergency departments, the other being at Cheltenham General Hospital. The two hospitals share a divisional management team including Director of Unscheduled Care, Deputy Director of Unscheduled Care, Capacity and Flow, Specialty Director/Deputy Chief of Service, Clinical Lead, Matron and an Assistant General Manager. Medical staff also rotate between the two sites, but there is a matron at each site.

The emergency department is located on the main hospital site in the centre of Gloucester and serves the local population of Gloucestershire. The emergency department accepts patients conveyed by ambulance or those who self-present. It is open 24 hours a day, seven days a week. The hospital is a trauma unit, which means major trauma patients are stabilised and transferred to the nearest trauma centre in North Bristol where specialist care is provided.

The emergency department is split into three areas, majors and minors and the children's department. From July 2017 to June 2018, there were approximately 97,000 attendances at the hospital's emergency department, of which 20,500 were children.

At our last inspection in January 2017, we rated the service as requires improvement. We were concerned about the safety of the emergency department when it was crowded and there were and patients did not receive assessment or treatment within the expected timeframe. There were also concerns about how records were maintained and the support given to those attending with mental health illness.

This inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

We visited the emergency department at Gloucestershire Royal Hospital on 9, 10, 12 and 19 October 2018. We talked to 15 patients and 42 staff members including medical, nursing and ambulance staff. We also observed episodes of care and reviewed 10 patient records and spoke with members of the management team.

As part of the inspection we reviewed processes, systems and leadership for the emergency department, which formed part of the unscheduled care division. Because much of the urgent and emergency services at Gloucestershire Royal Hospital and Cheltenham General Hospital are led by one management team, it is inevitable there will be some duplication between the two reports.

Summary of this service

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

- Staff complied with systems and processes designed to keep people safe from avoidable harm including the management of safeguarding risks.

Urgent and emergency services

- Infection risk was controlled well.
- The utilisation of the environment had improved since the last inspection.
- Staffing had greatly improved since the last inspection and shift fill rates were high.
- There were good practices in place to manage the safety of children in the department.
- Ambulance handovers were positive and initial assessment times were better than the England average.
- Staff responded well to the changing risks of patients, including identifying the deteriorating patient.
- Records were managed well.
- Incidents were managed well and lessons were learnt when something went wrong.
- Patients received care from staff with the right skills, experience and knowledge.
- Pain, nutrition and hydration were managed well.
- The department provided care in line with evidence-based guidelines and evidence and were comparable with other sites when looking at audit results.
- Staff from different teams and divisions worked effectively together as a team to benefit patients.
- Staff mostly had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- When staff spoke with patients and those close to them, it was in a respectful and considerate way.
- Staff responded in a compassionate, timely and appropriate way when people experienced physical pain, discomfort or emotional distress.
- Medical assessments at both hospitals were unrushed and staff took extra time to allow patients with cognitive impairment to understand and cooperate with their examinations.

However:

- Mandatory training rates could have been better.
- Concerns raised by CQC regarding the security of the children's area could have been managed quicker.
- The management of medicines could have been improved.
- Staff sometimes needed to improve how they provided compassionate care to patients and others needed to provide better emotional support to minimise distress.
- The service did not consistently take account of patients' individual needs when they were in vulnerable circumstances.
- Patients could not always access care and treatment when they needed it and in the right setting.
- There was poor day to day oversight in the department which was impacting on patient safety.
- The service had identified risks to high quality care, but in some areas, there were limited plans for addressing them.
- There was little evidence of engagement with patient groups.

Urgent and emergency services

Is the service safe?

Good  

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

- Almost all staff had received training on how to recognise and report abuse.
- There were systems and process in place to manage infection control risk well and these were adhered to. However, cleaning of floors and some cubicles required better cleaning.
- The department had come a long way since the last inspection to improve the environment and to make best use of the space.
- Ambulance handovers had improved since the last inspection and significant delays were now scarce. The number of black breaches were low compared with national comparators. Initial assessment times were better than the England average.
- Staffing had greatly improved since the last inspection and shift fill rates were high.
- There were good practices in place to manage the safety of children in the department.
- Staff responded well to the changing risks to patients, including deterioration in their condition.
- Staff kept detailed records of patients' care and treatment. Medical and nursing records were well-maintained, legible and stored securely.
- The service managed safety incidents well. There were appropriate systems and processes which supported staff to report incidents and the service acted to investigate and learn from incidents.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

However:

- The service provided mandatory training in key safety systems and processes at induction, but some completion rates for updates could have been improved.
- Concerns raised by CQC regarding the security of the children's area could have been managed quicker.
- The service did not always follow best practice when recording and storing medicines. We found prescription pads not stored securely, controlled drug records not fully completed and out of date medicines available for use.

Is the service effective?

Good   

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

- Staff managed pain appropriately.
- People received care and treatment from staff with the right skills, experience and knowledge.
- The department provided care in line with evidence-based guidelines and evidence and were comparable with other sites when looking at audit results.

Urgent and emergency services

- Staff gave patients enough food and drink to meet their needs. Patients had their nutrition and hydration needs considered and were offered food, drink or administered fluids when they were needed.
- Staff from different teams and divisions worked effectively together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The emergency department met the NHS England standards for seven-day service provision.
- Staff mostly had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update, although there were issues in access to mental health assessments.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

Is the service caring?

Good   

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

- When staff spoke with patients and those close to them, it was in a respectful and considerate way.
- From April 2017 to March 2018 Gloucestershire Royal Hospital received 950 compliments, with comments including: "staff could not be more caring or considerate".
- Staff responded in a compassionate, timely and appropriate way when people experienced physical pain, discomfort or emotional distress.
- We observed 10 episodes of patient care and spoke with 15 patients and carers. Staff respected the personal, cultural, social and religious needs of people.
- Medical assessments at both hospitals were unrushed and staff took extra time to allow patients with cognitive impairment to understand and cooperate with their examinations.
- People who had suffered bereavement received emotional support from nursing staff.

However:

Staff sometimes needed to improve how they provided compassionate care to patients and others needed to provide better emotional support to minimise distress.

Is the service responsive?

Requires improvement   

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

- As a result of pathway changes in the past 12 months and innovative streaming processes there have been fewer incidents of crowding. However, during the inspection we still found times of crowding in department.
- Patients could not always access care and treatment when they needed it and in the right setting. Although waiting times in the emergency department had significantly improved since our last inspection, patients were still not always able to access care and treatment in a timely way and in the right setting.

Urgent and emergency services

- The trust was still failing to meet national standards in relation to the time patients spent in the emergency department, and the time they waited for their treatment to begin.
- The service did not consistently take account of patients' individual needs when they were in vulnerable circumstances.

However

- The service treated concerns and complaints seriously, investigated them, learned lessons from the results, and shared these with all staff.
- The service provided positive support to those who were most vulnerable. This included 'This is me' documents and purple butterflies.
- There were innovative co-location processes in place throughout the unscheduled care pathway to ensure patients were seen and treated in the most appropriate place.

Is the service well-led?

Good  ➔ ➜

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

- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were professional and positive at work and felt well-supported and a close-knit team. The department had developed a culture where people felt comfortable reporting things that had gone wrong.
- There was a systematic approach to continually improving the quality of its services and safeguarding high standards of care, by creating an environment in which excellence in clinical care would flourish. The management had good oversight and knew where they needed to improve. The governance framework used in the department seemed to interact effectively at the different levels, although we were unable to fully evaluate the clinical governance process.
- There had been significant progress over the previous 12 months and success in delivering improvements, supporting the current and future vision for the department.
- The department collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. There was a holistic understanding of departmental performance. Data was used to lead discussions about quality, operations and finances and there were effective systems for the collection, display and analysis of information to support the delivery of good care.
- The management team was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. There was an excellent system of quality improvement that linked in well with other assurance and improvement process such as audit and incident reporting. The department was actively engaged in research promoted innovation.

Medical care (including older people's care)

Good  

Key facts and figures

Medical care (including older people's care) includes a wide range of specialities which were managed by the trust's medicine clinical division.

Gloucestershire Royal Hospital had 320 inpatient beds across 13 wards at the time of inspection.

During our inspection we visited the follow wards and units -

- Ambulatory Emergency Care unit (AEC)
- Acute Medical Unit (AMU)
- Cardiology and coronary care unit
- Endoscopy unit
- 4A (general medical ward)
- 4B (general medical and older people's care)
- 6A and 6B (stroke unit)
- 7A (gastroenterology ward)
- 7B (renal ward)
- 8A (neurology and stroke)
- 9B (older people's care)
- Medical day unit (MDU)

We inspected the service this time to review improvements following a rating of requires improvement overall at the last inspection. We inspected all five key questions.

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

Before we inspected we reviewed data provided by trust.

During the inspection visit, the inspection team:

- spoke with 60 staff which included consultants, matrons, doctors, nurses, allied healthcare professionals and managers.
- observed interactions between staff and patients and spoke with relatives and carers.
- reviewed 12 patient records and attended trust wide bed management meetings.

Summary of this service

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

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

Medical care (including older people's care)

- Staff understood how to protect patients from abuse, completed relevant risk assessments and kept clear and legible records of patient care.
- The effectiveness of the service had improved since the last inspection. The service used audit processes to monitor patient outcomes and used this information to improve services. Patients pain was well managed, staff worked together for the benefit of patients and the trust ensured staff were competent for their roles.
- The care provided by staff continued to be good. People were supported, treated with dignity and respect, and were involved as partners in their care.
- The service met the needs of people it supported. Staff treated patients as individuals and supported patients living with dementia or a learning disability well.
- The management of the service had improved since the last inspection. We found the leadership, governance and culture supported the delivery of high-quality care. There were clear governance processes from ward level up to the trust board. Staff were well engaged with quality improvement projects.

However:

- Systems and processes to keep people safe were not always followed in relation to infection control and medicines management. Compliance with mandatory training for medical staff needed to improve and the environment of some areas did not always ensure people were safe.
- Performance in national audits was variable and outcomes for stroke patients needed improvement.
- The responsiveness of the service required improvement as national targets for referral to treatment times were not met for most medical specialities and the trust was not producing reliable data on referral to treatment times.
- In well-led, risk management processes needed to be improved as risks were not always graded, mitigated and reviewed appropriately.

Is the service safe?

Good  

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

- The trust provided mandatory training in key skills to all staff and had processes to ensure staff completed it. Most staff were compliant with their mandatory training updates, although not all courses were meeting the trust target.
- 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 staffing levels had improved and the service had enough nursing and medical staff with the right qualifications, skills training and experience to keep people safe from avoidable harm and to provide the right care and treatment most of the time.
- Staff understood safeguarding processes, assessed and responded to patient risks and kept detailed records of patients' care and treatment.
- The service managed patient safety incidents and used safety monitoring results well.

However:

Medical care (including older people's care)

- The service did not control some infection risks consistently well. Hospital acquired infection rates for some bacteraemia's were already above annual targets and clostridium difficile infections had been under-reported.
- Staff did not always complete daily checks of emergency equipment.
- Staff did not always take appropriate actions when they identified deteriorating patients.
- The service still did not always follow best practice when storing some medicines.

Is the service effective?

Good ● ↑

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff managed patients' nutrition and hydration to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain.
- The service made sure staff were competent for their roles.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff with different skills and experience worked well together as a team to benefit patients.
- Staff were consistent in their approach to supporting people to live healthier lives.

However:

- Performance in national audits was variable and outcomes for stroke patients needed improvement.
- Staff did not always complete malnutrition screening assessments consistently.
- The service did not have formal arrangements for clinical supervision for nursing staff

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. All staff showed a patient-centred attitude and were sensitive to patient's needs.
- Staff provided emotional support to patients and families to minimise their distress. Patient's had access to emotional and spiritual support.
- Staff involved patients and those close to them in decisions about their care and treatment. Doctors and nurses explained treatment plans clearly and patients had opportunities to ask questions about their care.

Medical care (including older people's care)

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 services in a timely way. Waiting times from referral to treatment times failed to meet national targets and the trust data was not being reliably reported.

However:

- The service took account of patients' individual needs and treated complaints seriously.

Is the service well-led?

Good  

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

- Managers at all levels in the service had the right skills and abilities to run a service and strived to provide a good service.
- Managers across the service promoted a positive culture that supported and valued staff, creating a common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services and safeguarding high standards of care.
- The service collected, analysed, managed and used most information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, the public and local organisations to plan and manage appropriate services. The service engaged well with staff most of the time.
- The service was committed to improving services by learning from when things went wrong, promoting training, research and innovation. Staff at all levels of the organisation were engaged with quality improvement.
- The medical division was in the process of developing a formal divisional strategy at the time of the inspection.

However:

- Not all risks we identified during the inspection were recognised and mitigated by the service. The risk management approach was applied inconsistently.

Surgery

Good  

Key facts and figures

Surgical services provided by Gloucestershire Hospitals NHS Foundation Trust are carried out mostly at two hospital sites; Gloucestershire Royal Hospital and Cheltenham General Hospital. The services are managed at both hospital sites by the surgical division. Day theatre is also provided at Cirencester, Stroud and Tewkesbury Hospitals.

The surgical division consists of six service lines:

- **Trauma and Orthopaedics;** trauma, orthopaedics, and orthotics.
- **Head and Neck;** oral maxillofacial, ears nose and throat, orthodontics, and audiology.
- **Ophthalmology;** ophthalmology, orthoptics, optometry, diabetic retinal screening, and medical photography.
- **General Surgery;** urology, breast, vascular, upper gastrointestinal, colorectal, bariatric surgery, urology, and abdominal aortic aneurysm screening.
- **Theatres;** theatres and day surgery.
- **Anaesthetics;** anaesthetics, chronic and acute pain, pre-assessment, acute care response, and critical care.

Both Gloucestershire Royal Hospital and Cheltenham General Hospital provide emergency, elective and day case surgery. The trust is in the process of reviewing and changing the reconfiguration of sites to provide an urgent and emergency centre at Gloucestershire Royal Hospital, and a planned elective site at Cheltenham General Hospital. Currently all trauma surgery is now completed at Gloucestershire, with elective orthopaedic at Cheltenham.

Gloucestershire Royal Hospital has seven wards with a total of 154 beds. There are 14 theatres all located in the main theatre suite.

(Source: Acute Routine Provider Information Request (RPIR) –P2 Sites)

The trust had 48,373 surgical admissions from March 2017 to February 2018. Emergency admissions accounted for 12,091 (25%), 28,126 (58%) were day case, and the remaining 8,156 (17%) were elective. On a single day there were approximately 192 day cases and 147 patient operations.

(Source: Hospital Episode Statistics)

At the last inspection in January 2017, the service had three key questions (safe, effective and responsive) rated: effective was good and safe and responsive were rated as requires improvement.

This inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. As part of this unannounced inspection we reviewed trust wide processes, systems and leadership for the surgical division. We inspected at the two sites Gloucestershire Royal Hospital, and Cheltenham General Hospital.

Gloucestershire Royal Hospital and Cheltenham General Hospital have been rated separately, and therefore two reports produced. However, we found the good practice and areas for improvement were generally consistent across the two sites, and reflective of the surgical division. Therefore, there is a high amount of duplication in both reports.

Summary of this service

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

Surgery

- We rated safe, effective, caring and well-led as good, and responsive as requires improvement.
- We found the service had improved, but the surgical division still needed time to embed processes and practice, and improve certain areas, under new leadership.
- Staff understood how to protect patients from abuse and the service worked with other agencies to do so.
- Staff completed and updated risk assessments for each patient.
- There were processes to recognise and respond to a deteriorating patient. A sepsis care bundle was used for the management of patients with presumed or confirmed sepsis.
- The World Health Organisation (WHO) surgical safety checklist was used in theatres. Observations in theatre showed this was performed well and staff were engaged in the process.
- The surgical service provided care and treatment based on national guidance and evidence of its effectiveness.
- The surgical division participated in both national and local audits to monitor people's care and treatment outcomes and compare with other similar services. Reviewing data for audits, the trust was generally performing well or as expected when benchmarked nationally.
- Staff of different roles and disciplines worked together as a team to benefit patients. Effective multidisciplinary team working was evident on all wards, theatres and units.
- All staff were committed to providing excellent care to their patients. There was a patient centred culture and staff preserved patient privacy and dignity.
- The trust did not need to cancel elective patients at the start of the 2018 year when operational pressures were high nationally, and there was a national directive to cancel elective patients.
- There was a new leadership team in many areas of the surgical division, and trust wide, to strengthen surgical leadership, but time was required for embedding change and actively shaping culture.
- Quality improvement projects had helped to improve the service being delivered to patients, however some projects were in their infancy.
- The surgical division had a vision for what it wanted to achieve and workable plans to turn it into action.
- There was a clear divisional risk management and governance structure for the surgical division.
- Quality improvement projects were key in proactively engaging and involving staff and patients, to shape and improve services.
- The surgical division promoted learning, continuous improvement and innovation. Staff were passionate about quality improvement projects and quality improvement appeared well embedded.

However:

- Medical gas oxygen cylinders were not being stored securely across surgical wards and theatres.
- Staff required some additional support to manage patients living with mental health needs safely.
- Staffing on wards was regularly at minimum staffing levels rather than at funded establishment, particularly at night times. We were unable to identify any impact on safety of the low staffing numbers. However, this was detrimental to the well-being of staff who regularly felt they were overworked, exhausted and not always getting enough breaks.
- There were gaps in rotas for non-consultant medical staffing.

Surgery

- Staff demonstrated a limited understanding of the Mental Capacity Act. We observed assessments which were not decision specific. However, staff were compliant with training for Mental Capacity Act.
- Deprivation of liberty safeguards applications did not adequately describe the treatment proposed or restrictions to be placed upon somebody.
- A shortage of radiologists made it difficult to provide 24-hour cover. There was still no formal out of hours interventional radiology rota for vascular, urology and gastro intestinal services. There was a risk to patient safety in treating patients in a timely manner in an emergency. However, the trust told us they established an interventional radiology service on the 19 November 2018, following our inspection.
- Patients were not always able to access the service when they needed it. Waiting times from referral to treatment was delayed and not in line with good practice for some specialties.
- Systems used by the trust did not help promote flow and efficiency in theatres and risked the safety of patients. However, this was well known to the trust and being reviewed and improved at the time of our inspection via the theatre transformation project.
- The pre-operative assessment clinic had a backlog of patients to be assessed. This risked patients not being properly assessed and cancelling their operations. However, Saturday clinics were being held to address the backlog.
- The signage across both hospital sites did not help patients access and find services easily, in particular the day surgery units. This was also not always clearly indicated on surgical appointment letters received by patients. This was being addressed by the trust.
- There were no review dates for risk registers, or a clear trail of dates of added and reviewed risks.
- The information used in reporting, performance management and delivery quality care was not always accurate, valid and reliable. The trust had suspended national reporting of their referral to treatment times and cancellations since November 2016 due to problems with data quality.

Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff. Compliance with training was close to trust targets and anticipated to be met by the financial year end.
- Staff understood how to protect patients from abuse and the service worked with other agencies to do so.
- Standards of cleanliness and hygiene were maintained and there were systems to protect people from healthcare associated infections. However, some wards were less clean.
- There were improvements with surgical site infection (SSI) rates, although orthopaedic surgery was still performing worse when compared nationally.
- Staff completed and updated risk assessments for each patient.
- There were processes to recognise and respond to a deteriorating patient. A sepsis care bundle was used for the management of patients with presumed or confirmed sepsis.
- The World Health Organisation (WHO) surgical safety checklist was used in theatres. Observations in theatre showed this was performed well and staff were engaged in the process.

Surgery

- There were arrangements for handovers to ensure important information was shared to keep patients safe.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.
- The surgical division had reported four new never events between August 2017 and July 2018. To address the never events in theatres the trust commissioned an independent review of theatre culture and human factors, and could demonstrate learning and improvements.

However:

- The design, maintenance and use of facilities were adequate to meet the needs of patients although some of the wards were old and displayed signs of wear and tear, which risked impacting infection control. Some theatres and wards were cluttered due to the lack of space, which added an infection control and health and safety risk in these environments.
- Checking procedures were not consistently followed, or appropriate escalation was not completed. For example, across wards and theatres we saw gaps in daily resuscitation and defibrillator checks. There were some omissions with anaesthetic machine checks. Fridge temperature checks which were recorded out of range were not followed up.
- The trust was not able to provide sepsis performance data specifically for surgical wards, and therefore were unable to see how specific areas were performing.
- Staffing on wards was regularly at minimum staffing levels rather than at funded establishment, particularly at night times. We were unable to identify any impact on safety of the low staffing numbers. However, this was detrimental to the well-being of staff who regularly felt they were overworked, exhausted and not always getting enough breaks.
- There were gaps in rotas for non-consultant medical staffing.
- Records were not always well organised and were sometimes incomplete.
- Medical gas oxygen cylinders were not being stored securely across surgical wards and theatres.
- Staff were not always recording in the prescription record when PRN (as required) medication had been offered to patients.
- There were some risks to the likelihood of never events which were not well managed, for example clearly stating the operating side for the patient's surgery on the theatre operating lists.

Is the service effective?

Good   

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

- The surgical service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Nutrition assistants had been employed on hip fracture wards, they were used to improve the patients nutritional state which aimed to reduce patient length of stay and mortality.
- Staff assessed and monitored patients regularly to see if they were in pain.

Surgery

- The surgical division participated in both national and local audits to monitor people's care and treatment outcomes, and compare with other similar services. Reviewing data for audits, the trust was generally performing well or as expected when benchmarked nationally.
- Patients at Gloucestershire Royal Hospital had a lower expected risk of readmission for elective and non-elective admissions when compared to the England average (May 2017 to April 2018).
- The surgical service made sure staff were competent in their roles. Managers appraised staff work performance and reviewed their competencies. However, appraisal rates were not always meeting trust targets.
- Staff of different disciplines and roles worked together as a team to benefit patients. Effective multidisciplinary team working was evident on all wards, theatres and units.
- Health promotion was considered throughout the patient's care with the surgical service.

However:

- Staff demonstrated a limited understanding of the Mental Capacity Act. We observed assessments which were not decision specific. However, staff were compliant with training for Mental Capacity Act.
- Deprivation of liberty safeguards applications did not adequately describe the treatment proposed or restrictions to be placed upon somebody.
- Nursing staff understanding of sepsis was sometimes limited. Although all staff had been trained in identifying the deteriorating patient and escalating to the medical team or acute care response team.
- Acute and emergency services were available seven days a week at both Gloucestershire Royal Hospital and Cheltenham General Hospital. However, compliance with the seven-day standards was not always consistent across specialties and access to diagnostics was sometimes difficult at weekends.
- A shortage of radiologists made it difficult to provide 24-hour cover. There was still no formal out of hours interventional radiology rota for vascular, urology and gastro intestinal services. There was a risk to patient safety in treating patients in a timely manner in an emergency. However, the trust told us they established an interventional radiology service on the 19 November 2018, following our inspection.

Is the service caring?

Good   

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

- All staff were committed to providing excellent care to their patients. There was a patient centred culture and staff preserved patient privacy and dignity.
- We spoke with seven patients, each commented on their positive experience with the care and treatment they had been provided.
- Therapy staff engaged with patients both to engage them in activities, provide them with compassionate care, and assess their health and wellbeing.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

However:

Surgery

- It was not clear what emotional support was available for patients who had received amputations, or how they were supported to access further services.

Is the service responsive?

Requires improvement   

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

- Patients were not always able to access the service when they needed it. Waiting times from referral to treatment was delayed and not in line with good practice for some specialties.
- In September 2018 there were 106 breaches for patients waiting over 52 weeks to be seen for their surgery. The highest number of breaches were in general surgery, upper gastrointestinal surgery, colorectal surgery, and trauma and orthopaedics.
- The trust was unable to deliver reporting on national waiting time standards due to data quality issues following migration to a new electronic patient records system. It was reported to board how they will continue to see 52-week breaches until the full data cleansing exercise was complete.
- Performance of urology and general surgery, for patients waiting over 18 weeks from referral to treatment, was below the England average when comparing the trust unvalidated data.
- We asked for data to show how the trust were monitoring patients with cancer whose operations were cancelled, and to evidence they were rebooked within 28 days. This data was not provided to us and therefore we cannot be assured this was currently being monitored.
- Systems used by the trust did not help promote flow and efficiency in theatres, and risked the safety of patients. However, this was well known to the trust and being reviewed and improved at the time of our inspection via the theatre transformation project.
- The availability of porters sometimes impacted on the flow within the surgical service at Gloucestershire Royal Hospital.
- There were delays with patients being discharged from recovery due to a lack of beds in the hospital. The trust had started to monitor this.
- The pre-operative assessment clinic had a backlog of patients to be assessed. This risked patients not being properly assessed and cancelling their operations. However, Saturday clinics were being held to address the backlog.
- The day surgery unit at Gloucestershire Royal Hospital was still not a suitable environment. It was cramped and did not promote privacy and dignity to patients. However, there were plans to improve the environment.
- The signage across both hospital sites did not help patients access and find services easily, in particular the day surgery units. This was also not always clearly indicated on surgical appointment letters received by patients. This was being addressed by the trust.
- In two instances staff indicated they used family members to pass on information to patients whose first language was not English. This is not recommended best practice.

However:

- The surgical service was reviewing and making changes to the way they delivered services across the two hospital sites.

Surgery

- The flow through the hospital was now being monitored, evaluated and prioritised, with a focus on patient safety. However, the system was challenged due to the number of patients who required admission exceeding available beds, and delays in discharging medically fit patients.
- The day surgery unit had 'ring fenced' beds and therefore was now not being regularly used for outlying inpatients and was only used for surgical day case patients. From 1 June 2018 the day surgery unit had been ring fenced and no patients had been bedded on the unit preserving the elective workstream. As a result, the trust had seen a reduction in the number of complaints, an increase in positive friends and family test scores and patient feedback, and a reduction in the number of temporary staff used.
- The trust did not need to cancel elective patients at the start of the 2018 year when operational pressures were high nationally, and there was a national directive to cancel elective patients.
- The average length of stay for elective patients was performing better than the England average, and was similar to the England average for non-elective patients.
- Quality improvement projects had helped to improve the service being delivered to patients, however some projects were in their infancy.
- The service took account of patient individual needs and delivered basic arrangements for this.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Good   

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

- There was a new leadership team in many areas of the surgical division, and trust wide, to strengthen surgical leadership, but time was required for embedding change and actively shaping culture.
- The new leadership team were knowledgeable about quality issues and priorities, and understood what their challenges were, and the actions needed to address these.
- The surgical division had a vision for what it wanted to achieve and workable plans to turn it into action.
- Overall, there was an optimistic culture within the surgical division. Staff spoke positively about their colleagues and the team work across the hospital.
- There was a clear divisional risk management and governance structure for the surgical division.
- The surgical division promoted learning, continuous improvement and innovation. Staff were passionate about quality improvement projects and quality improvement appeared well embedded. Quality improvement projects were key in proactively engaging and involving staff and patients, to shape and improve services.
- There was a keenness to learn from other healthcare providers and stakeholders to help develop surgical services.

However:

- There were no review dates for risk registers, or a clear trail of dates of added and reviewed risks.

Surgery

- The information used in reporting, performance management and delivery quality care was not always accurate, valid and reliable. The trust had suspended national reporting of their referral to treatment times and cancellations since November 2016 due to problems with data quality.

Outpatients

Good 

Key facts and figures

Gloucestershire Hospital NHS Foundation Trust provides outpatient services for a population of approximately 600,000. The outpatient services are predominantly provided in departments in Gloucestershire Royal Hospital and Cheltenham General Hospital and several community hospitals

This report focuses on our inspection of the outpatient services located at Gloucestershire Royal Hospital. Across all Gloucestershire Hospitals NHS Foundation Trust sites, the trust had 697,115 first and follow up outpatient appointments from June 2017 to May 2018. Of these 359,551 were at the Gloucester hospital.

During the inspection, we visited a range of outpatient clinics on the Gloucestershire Royal Hospital site including physiotherapy, oncology, dermatology, ophthalmology, respiratory medicine, general medicine, general surgery, ear nose and throat, urology, audiology, rheumatology, trauma and orthopaedics, gynaecology, and the pain clinic.

The general outpatient departments at both hospitals are managed by the same team of senior staff and staff work between the two sites. However, some of the outpatient departments are managed by their own specialties, including, orthopaedics, ENT, ophthalmology, women's and children's, and oncology.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected all five key questions.

During the inspection visit, the inspection team:

- Spoke with 10 patients and four relatives.
- Visited clinics and departments including ophthalmology, urology, fracture clinic, pain management, phlebotomy, weight control, oncology, gynaecology, cardiology, elderly medicine, dermatology, breast care, blood test clinic, audiology, physiotherapy and dietetics.
- Reviewed 8 sets of patient records.
- Appraised performance information from and about the Trust, including policies, procedures and audits.
- Spoke with 44 members of staff including doctors, managers, nurses, physiotherapists, dieticians, podiatrists, health care assistants and administrative staff.
- Met a range of service managers responsible for leading and managing services.

Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new findings directly with previous ratings.

We rated it as good because:

- Staff understood how to protect patients from abuse and there were clear processes for reporting safeguarding concerns.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean and used control measures to prevent the spread of infection.

Outpatients

- There were systems in place to manage maintenance of equipment and repair faults when identified.
- Staff could identify and respond to a deteriorating patient within the outpatient environment, including medical emergencies.
- Staff kept appropriate records of patients care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff understood their responsibilities to report near misses, patient safety concerns and incidents.
- Nutrition and hydration was considered as part of the patient assessment. Refreshments were also available to patients in the outpatient setting.
- The service made sure staff were competent for their roles. Professions worked together to provide seamless patient care, including when care was provided across different specialisms.
- Patients were treated with compassion, kindness, dignity and respect throughout their visits to outpatient services.
- Staff provided emotional support to patients to minimise their distress. We observed staff providing emotional support to patients and relatives during their visit to the department.
- The services provided reflected the needs of the local population by offering choice, flexibility and continuity of care.
- The service took account of patients' individual needs and considered different needs and preferences. Reasonable adjustments were made and staff supported people with additional needs.
- Staff within outpatients worked hard to ensure people with learning disabilities were able to access services.
- The trust identified where a system-wide approach was needed to meet the needs of the local population. Within endocrinology, rheumatology and dermatology, work was ongoing with commissioners and partners in primary care to find solutions to the demand for services.
- Staff supported patients with additional needs such as patients living with dementia. An alert was placed on patients' records and early appointment times allocated to reduce anxiety.
- Translation services were available for patients whose first language was not English.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There was a positive culture within outpatient services.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and patients. The trust had produced a "Transformation Plan" for the outpatient's services they provided.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were proud of their work in the outpatient services.
- There were appropriate levels and structures of governance across outpatient services to ensure safety was monitored and improvements supported. There were clear lines of accountability and reporting.
- The trust engaged well with patients, staff, and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.

Outpatients

- There was a focus on learning, improvement and innovation throughout outpatient services. Staff were engaged with the outpatient transformation and very positive about delivering an improving and innovative service.

However:

- Outpatient services were primarily a five-day service.
- Lack of space was identified as an issue in certain clinic areas.
- The introduction of a new patient appointment booking system, had presented a number of difficulties in the delivery of services. There had been large increases in waiting times and a build-up of delayed clinic letters that needed to be sent out.
- The trust has been unable to report referral to treatment data to NHS England since November 2016 because of data quality issues following the introduction of a new electronic patient record system in December 2016.
- Patients could not always access services when they needed them. There was not always timely access to treatment. The trust could not be assured that waiting times for treatment were and arrangements to admit, treat and discharge patients were in line with good practice.

Is the service safe?

Good 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new findings directly with previous ratings.

We rated it as good because:

- Staff understood how to protect patients from abuse. There were clear processes for reporting safeguarding concerns and support available to staff.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Clinical waste was managed appropriately to protect patients and staff and there were systems in place for managing hazardous waste in accordance with national guidance.
- The service had suitable premises and equipment and looked after them well. There was relatively new and spacious purpose-built outpatient's area.
- We looked a sample of equipment in various clinics. We saw equipment was tested and recorded and that maintenance had been completed when required.
- Staff could identify and respond to a deteriorating patient within the outpatient environment, including medical emergencies. Staff were aware of their responsibility to notice a patient who may be ill or in need of assistance and could describe the action they would take.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. We found medicines were stored securely.

Outpatients

- Staff recognised incidents and reported them appropriately. Staff understood their responsibilities to record safety incidents, concerns and near misses and report them internally.

However:

- Space was identified as an issue in certain areas we visited including the eye clinic and the phlebotomy clinic. The eye clinic in Gloucestershire Royal Hospital had a high demand and the lack of space meant there could be issues of patient confidentiality.

Is the service effective?

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new findings directly with previous ratings.

We do not rate the effective domain in outpatients

- The physical, mental, and social needs of patients were holistically assessed. The care and treatment provided was underpinned by the relevant standards, legislation and evidence based guidance. There were processes within the individual outpatient specialities to ensure national guidance was in place, including information from the National Institute of Health and Social Excellence (NICE).
- Patients who were in the departments for any length of time had access to food and drink sufficient to meet their needs.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings. Staff were encouraged and supported to develop their skills.
- There was professional multi-disciplinary working throughout the outpatients department. Staff worked together as a team to benefit patients.
- Patients were supported to make decisions about their care in accordance with legislation regarding consent and the Mental Capacity Act 2015. Staff ensured patients provided verbal consent before any treatment, or written consent in advance of any procedure.

However:

- Outpatient services were primarily a five-day service. Whilst there were some early evening and occasional clinics being run on Saturday mornings, there were no plans to extend to seven-day services.

Is the service caring?

Good 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Patients were treated with compassion, kindness, dignity and respect. Staff took the time to interact with people who used the service in a respectful and considerate way.
- Staff provided emotional support to patients to minimise their distress. Any concerns were promptly identified and responded to in a positive and reassuring way.

Outpatients

- We saw patients having treatments explained and discussed, and the options that were available. Staff were reassuring and provided the time for patients to ask questions.

Is the service responsive?

Requires improvement



We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- The introduction of a new patient appointment booking system, had presented a number of difficulties in the delivery of services. There had been large increases in waiting times and a build-up of delayed clinic letters that needed to be sent out. The trust has been unable to report referral to treatment data to NHS England since November 2016.
- Patients could not always access services when they needed them. There was not always timely access to treatment. The trust could not be assured that waiting times for treatment were and arrangements to admit, treat and discharge patients were in line with good practice.
- The orthopaedic and trauma clinic in Gloucestershire Royal Hospital was unable to meet their target of seeing new fracture patients within 48 hours, with some patients waiting 7 days for a follow up appointment.
- Delayed access to radiography and diagnostic services, due to high demand, could affect the meeting of the cancer waiting targets.

However:

- The trust had a recovery programme, to address all the identified issues around data quality and the patient appointment issues. Significant progress was being made.
- The trust had produced an outpatient transformation plan. An essential aspect the plan was to improve the delivery of outpatient's services across all the surrounding communities that used hospital outpatient services.
- The service took account of patients' individual needs and considered different needs and preferences. Translation services were available for patients whose first language was not English.
- The trust had improved the do not attend rates for clinics, with the most recently data showing an attendance of 93% being achieved.
- Clinics generally started on time and patients were promptly informed of delays. Information was clearly displayed for patients to see regarding the names of clinics and the clinicians running them.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- At the time of the inspection the trust had recorded in total a 36% reduction in the number of complaints recorded from the previous years 2017/18 total.

Is the service well-led?

Good



Outpatients

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Leaders had the experience and skills to ensure that improving outpatient services were being delivered. Staff had an appropriate level of awareness and involvement in the trust wide plans to address the performance shortfalls. The leadership at all levels had ensured that staff were engaged with the trust “journey to excellence”. transformation plan.
- Nursing staff, healthcare staff, managers and reception and administration staff were positive about the support from their line managers.
- The trust had produced a “Transformation Plan” for the outpatient’s service in July 2018 aligned to the trust overall strategy of being on a “journey to outstanding”.
- Managers across the trust promoted a positive culture that supported and valued staff. Staff were proud of their work in the outpatient services and felt respected and valued by managers and colleagues. Staff described an open culture where they could raise concerns and suggest ideas.
- There were appropriate levels and structures of governance across outpatient services to ensure safety was monitored and improvements supported. There were clear lines of accountability and reporting. Leaders and managers at all levels of the governance framework were clear about roles.

The trust engaged well with patients, staff, and the public to plan and manage appropriate services.

- The transformation plan for the outpatient’s service contained a number of ideas for the improved delivery of service. These included the use of technology for improved remote working and the use of apps. to support patient management. There were plans to provide increased centralisation and standardisation of the reception services across both sites

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Key facts and figures

Gloucestershire Hospitals NHS Foundation Trust is one of the largest in the country. It was formed from Gloucestershire Hospitals NHS Trust, which was established following a reconfiguration of health services in Gloucestershire in 2002, and received authorisation on 1 July 2004.

The trust provides acute hospital services from two large district general hospitals, Cheltenham General Hospital and Gloucestershire Royal Hospital. Maternity Services are also provided at Stroud Maternity Hospital. Trust staff also provide outpatient clinics and some surgery from community hospitals throughout Gloucestershire.

Cheltenham General Hospital provides general hospital services. Cheltenham has state-of-the-art critical care facilities and is home to the specialist Oncology Centre as well as breast screening facilities at the Thirlestaine Road clinic. This hospital also has an Interventional Radiology operating theatre; surgical robot used in treating prostate cancer and provides a wide range of outpatient services. Cheltenham Birth Centre is also located on the site.

Summary of services at Cheltenham General Hospital

Good  

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

- In urgent and emergency care, staff received appropriate training in safeguarding and mandatory skills. Infection risk, records and medicines were managed well. Risk assessments were completed where necessary and patients were seen in a timely way. The department performed positively against other hospitals. Staff worked well together to provide effective care. The patient remained at the centre of this, by staff ensuring they delivered care compassionately, provided emotional support where needed and involved carers and families. Flow through the department was positive, and the four-hour target was consistently met. Governance was positive, and information was used to support its activities.
- Staff in medical care understood how to protect patients from abuse, completed relevant risk assessments and kept clear and legible records of patient care. The effectiveness of the service had improved since the last inspection. The medical care service met the needs of people it supported. We found the leadership, governance and culture in medical care supported the delivery of high-quality care.

Summary of findings

- Staff in surgical services understood how to protect patients from abuse and the service worked with other agencies to do so. Staff completed and updated risk assessments for each patient. The surgical division participated in both national and local audits to monitor people's care and treatment outcomes and compare with other similar services. All staff were committed to providing excellent care to their patients. Quality improvement projects had helped to improve the service being delivered to patients, however some projects were in their infancy.
- Staff in outpatients understood how to protect patients from abuse and there were clear processes for reporting safeguarding concerns. There were systems in place to manage maintenance of equipment and repair faults when identified. Staff kept appropriate records of patients care and treatment. The service made sure staff were competent for their roles. Patients were treated with compassion, kindness, dignity and respect throughout their visits to outpatient services. Staff within outpatients worked hard to ensure people with learning disabilities were able to access services. The trust identified where a system-wide approach was needed to meet the needs of the local population. Staff supported patients with additional needs such as patients living with dementia. The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There was a positive culture within outpatient services. The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and patients.
- We found the service had improved, but the surgical division still needed time to embed processes and practice, and improve certain areas, under new leadership. Staff understood how to protect patients from abuse and staff completed and updated risk assessments for each patient. There were processes to recognise and respond to a deteriorating patient. A sepsis care bundle was used for the management of patients with presumed or confirmed sepsis. The World Health Organisation (WHO) surgical safety checklist was used in theatres. The surgical division participated in both national and local audits. All staff were committed to providing excellent care to their patients. Quality improvement projects had helped to improve the service being delivered to patients, however some projects were in their infancy.
- Although we found the surgical service was improving, the division still needed time to embed processes and practice, and improve certain areas, under new leadership. Medical gas oxygen cylinders were not being stored securely across surgical wards and theatres. Staff required some additional support to manage patients living with mental health needs safely. Staffing on wards was regularly at minimum staffing levels rather than at funded establishment, particularly at night times. A shortage of radiologists made it difficult to provide 24-hour cover. Staff demonstrated a limited understanding of the Mental Capacity Act. Systems used by the trust did not help promote flow and efficiency in theatres and risked the safety of patients.

However:

- In urgent and emergency care, we found that although staffing levels were maintained, there was an over-reliance on bank and agency staff. We also found that there could have been better publicity of the emergency departments opening times.
- In medical services systems and processes to keep people safe were not always followed in relation to infection control and medicines management. Performance in national audits was variable and outcomes for stroke patients needed improvement. The responsiveness of the medical service required improvement as national targets for referral to treatment times were not met for most medical specialities and the trust was not producing reliable data on referral to treatment times. In well-led, risk management processes needed to be improved as risks were not always graded, mitigated and reviewed appropriately.

Summary of findings

- In surgical services, oxygen cylinders were not being stored securely across the service. There was also a training need for staff around managing patients living with mental health needs. We found that staff felt they were stretched and overworked. This affected their wellbeing. Understanding of the mental capacity act could have been better and some support services, such as radiology were not part of formal rotas. Patients were not always able to access services in a timely way and systems used did not promote positive flow through theatres.
- Outpatient services were primarily a five-day service. Lack of space was identified as an issue in certain clinic areas. The introduction of a new patient appointment booking system, had presented a number of difficulties in the delivery of services. The trust has been unable to report referral to treatment data to NHS England since November 2016 because of data quality issues following the introduction of a new electronic patient record system in December 2016. Patients could not always access services when they needed them.

Urgent and emergency services

Good  

Key facts and figures

Cheltenham General Hospital Emergency Department is operated by Gloucestershire Hospitals NHS Foundation Trust. The trust operates two emergency departments, the other being Gloucestershire Royal Hospital. The two hospitals share a divisional management team including Director of Unscheduled Care, Deputy Director of Unscheduled Care, Capacity and Flow, Specialty Director/Deputy Chief of Service, Clinical Lead, Matron and an Assistant General Manager. Medical staff rotate between the two sites, but there is a matron at each site.

The emergency department is located on the main hospital site in the centre of Cheltenham and serves the local population of Gloucestershire and the Cotswolds. The emergency department accepts patients conveyed by ambulance or those who self-present. It is open 24 hours a day, seven days a week. For adults, the emergency department will see patients with urgent and emergency healthcare needs from 8am to 8pm. Between these hours the emergency department, accepts patients with injuries such as simple fractures, but other trauma patients are directed to the nearest trauma unit at Gloucester or the major trauma centre in North Bristol, where specialist trauma care is provided. At night, 8pm and 8am, the service downgrades to a nurse-led minor injuries unit. There is no paediatrics ward on site and no designated children's emergency department. Therefore, although minor injuries and illness in children can be seen from 8am to 8pm, those with significant injury or illness are directed to attend Gloucestershire Royal Hospital.

The department is split into two areas, majors and minors. From July 2017 to June 2018, there were approximately 49,000 attendances, of which around 8,000 were children under the age of 18.

At our last inspection in January 2017, we rated the service as requires improvement. We were concerned as patients did not receive assessment or treatment within the expected timeframe and waited a long time for a bed. Patients needing mental health assessment also waited too long, particularly at night, and there was a lack of an appropriate space.

This inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

We visited the emergency department at Cheltenham General Hospital on 11 October 2018. We talked to four patients and 12 staff members including medical, nursing and ambulance staff. We also observed episodes of care and reviewed five patient records. We also inspected Gloucestershire Royal Hospital on 9, 10, 12 and 19 October where we interviewed members of the joint management team.

As part of the inspection we reviewed processes, systems and leadership for the emergency department, which formed part of the unscheduled care division. Because much of the urgent and emergency service at Cheltenham General Hospital and Gloucestershire Royal Hospital are led by one management team, it is inevitable there will be some duplication between the two reports.

Urgent and emergency services

Summary of this service

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

- We rated all five domains of safe, effective, caring, responsive and well led as good.
- Staff working within the service received up to date mandatory training and safeguarding training.
- Record keeping within the service were well managed.
- Infection risk was controlled well.
- Risks to patient safety were managed well, including identifying and treating a deteriorating patient. There were good practices in place to protect children.
- Staffing had greatly improved since the last inspection and shift fill rates were high.
- There were good practices in place to manage the safety of children in the department.
- Ambulance handovers were positive, with low numbers of breaches compared to other hospitals.
- Medicines were managed well.
- Processes to manage incidents made sure that learning was gained.
- Care was provided in line with evidence-based practice and national guidance and audits identified positive performance.
- Nutrition and hydration needs of patients was managed well.
- Staff from different teams worked well together.
- Staff cared for patients with compassion, provided emotional support, and involved carers in decision making.
- Patients were consistently always able to access care and treatment in a timely way.
- The service took account of patients' individual needs.
- The service treated concerns and complaints seriously, investigated them, learned lessons from the results, and shared these with all staff.
- Managers had the right skills and abilities to run a service providing high-quality sustainable care.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- There was a systematic approach to continually improving the quality of its services.
- The emergency department collected, analysed, managed and used information well to support all its activities.
- The service was committed to improving services by learning from when things went well and when they went wrong.

However

- There needed to be more publicity to the local population about service provision at night.
- There was little evidence of engagement with patient groups and there was limited evidence to show how patient feedback was used to plan or improve services.

Urgent and emergency services

Is the service safe?

Good  

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

- The service provided mandatory and safeguarding training in key safety systems and processes.
- The service mostly had suitable premises and equipment.
- Staff kept detailed records of patients' care and treatment. Medical and nursing records were well-maintained, legible and stored securely
- The service controlled infection risk well. Staff maintained good standards of hand hygiene and cleaned clinical areas between patients.
- Staffing had greatly improved since the last inspection and shift fill rates were high.
- There were good practices in place to manage the safety of children in the department.
- Ambulance handovers had improved since the last inspection and significant delays were now scarce. The number of black breaches were low compared with national comparators. Initial assessment times were better than the England average.
- Staff responded well to the changing risks to patients, including deterioration in their condition.
- The emergency department mostly prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- The service managed safety incidents well. There were appropriate systems and processes which supported staff to report incidents and the service took action to investigate and learn from incidents.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

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 could provide evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs. Patients had their nutrition and hydration needs considered and were offered food, drink or administered fluids when they were needed.
- Staff assessed and monitored patients regularly to see if they were in pain.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. This was achieved through a programme of national and local audit.
- Staff from different teams and divisions worked effectively together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The emergency department met the NHS England standards for seven-day service provision.

Urgent and emergency services

- Staff mostly had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update, although there were issues in access to mental health assessments
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed trust policy and procedures when a patient could not give consent.

Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. Staff were friendly, explained to patients what they were doing and treated people with kindness.
- Staff provided emotional support to patients when they became distressed. Staff responded compassionately to patients or relatives who became upset and feedback from patients was positive.
- Staff involved patients and those close to them in decisions about their care and treatment. There was particularly good engagement with those living with learning disabilities.

Is the service responsive?

Good  

- Patients were consistently always able to access care and treatment in a timely way. Waiting times in the emergency department had significantly improved since our last inspection and national standards were being met.
- The service took account of patients' individual needs. Staff provided support to people with complex needs, such as people with mental health needs, and patients living with dementia.
- The service treated concerns and complaints seriously, investigated them, learned lessons from the results, and shared these with all staff.

However:

- The facilities in the department and the services available were mostly appropriate. However, there needed to be more publicity to the local population about service provision at night.

Is the service well-led?

Good   

- Our rating of well-led stayed the same. We rated it as good because:
- Managers had the right skills and abilities to run a service providing high-quality sustainable care. Although some areas of performance still needed to improve, they understood the challenges to quality, performance and sustainability. There was also a good standard of day to day oversight and leadership in the department so that patients generally received a high standard of care

Urgent and emergency services

- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were professional and nurtured excellent relationships with their patients. Staff also felt well-supported and worked as a close-knit team. The department had developed a culture where people felt comfortable reporting things that had gone wrong.
- There was a systematic approach to continually improving the quality of its services and safeguarding high standards of care, by creating an environment in which excellence in clinical care would flourish. The management had good oversight and knew where they needed to improve. The governance framework used in the department seemed to interact effectively at the different levels, although we were unable to fully evaluate the clinical governance process.
- The emergency department collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. There was a holistic understanding of departmental performance. Data was used to lead discussions about quality, operations and finances and there were effective systems for the collection, display and analysis of information to support the delivery of good care.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. There was an excellent system of quality improvement that linked in well with other assurance and improvement process such as audit and incident reporting. The department was actively engaged in research promoted innovation.

However:

- The emergency department did not have a clear vision for what it wanted to achieve and it was unclear how they would reach performance standards set by NHS England. Plans for improvement were limited and the needs of the department were not prioritised at a senior level due to larger projects to oversee at the sister hospital.
- The service had identified risks to high quality care, but in some areas there were limited plans for addressing them. There was ongoing risk to patients through delays in assessment, treatment and investigations and no clear plan for improvement.
- The service engaged with patients and staff to plan and manage services and there was some collaboration with partner organisations. However, there was little evidence of engagement with patient groups and there was limited evidence to show how patient feedback was used to plan or improve services. Although feedback was requested, there was little evidence how this was used to improve services. Service user-groups were not involved in decision-making or planning.

Medical care (including older people's care)

Good  

Key facts and figures

Medical care (including older people's care) includes a wide range of specialities which were managed by the trust's medicine clinical division.

Cheltenham General Hospital had 142 inpatient beds across seven wards at the time of inspection.

During our inspection we visited the follow wards and units:

- Acute Medical Unit
- Ambulatory Emergency Care unit (AEC)
- Avening (respiratory ward)
- Cardiac catheterisation laboratory
- Coronary care unit and cardiac wards
- Lilleybrook and Rendcomb (oncology wards)
- Ryeworth and Woodmancote (older people's care wards)

We inspected the service this time to review improvements following a rating of requires improvement overall at the last inspection. We inspected all five key questions.

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

Before we inspected we reviewed data provided by the trust about the service.

During the inspection visit, the inspection team:

- spoke with 40 staff which included consultants, matrons, doctors, nurses, allied healthcare professionals and managers.
- We observed interactions between staff and patients and spoke with patients, relatives and carers.
- We reviewed six patient records and attended trust-wide bed management meetings.

Summary of this service

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

- We rated safe, effective, caring and well-led as good and responsive as requires improvement. Overall, we rated the service as good.
- Staff understood how to protect patients from abuse, completed relevant risk assessments and kept clear and legible records of patient care.
- The effectiveness of the service had improved since the last inspection. The service used audit processes to monitor patient outcomes and used this information to improve services. Patients pain was well managed, staff worked together for the benefit of patients and the trust ensured staff were competent for their roles.

Medical care (including older people's care)

- The care provided by staff continued to be good. People were supported, treated with dignity and respect, and were involved as partners in their care.
- The service met the needs of people it supported. Staff treated patients as individuals and supported patients living with dementia or a learning disability well.
- The management of the service had improved since the last inspection. We found the leadership, governance and culture supported the delivery of high-quality care. There were clear governance processes from ward level up to the trust board. Staff were well engaged with quality improvement projects.

However:

- Systems and processes to keep people safe were not always followed in relation to infection control and medicines management. Compliance with mandatory training for medical staff needed to improve and the environment of some areas did not always ensure people were safe.
- Performance in national audits was variable and outcomes for stroke patients needed improvement.
- The responsiveness of the service required improvement as national targets for referral to treatment times were not met for most medical specialities and the trust was not producing reliable data on referral to treatment times.
- In well-led, risk management processes needed to be improved as risks were not always graded, mitigated and reviewed appropriately.

Is the service safe?

Good  

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

- The trust provided mandatory training in key skills to all staff and had processes to ensure staff completed it. Most staff were compliant with their mandatory training updates, although not all courses were meeting the trust target.
- 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 staffing levels had improved, and the service had enough nursing and medical staff with the right qualifications, skills training and experience to keep people safe from avoidable harm and to provide the right care and treatment most of the time.
- Staff understood safeguarding processes, assessed and responded to patient risks and kept detailed records of patients' care and treatment.
- The service managed patient safety incidents and used safety monitoring results well.

However:

- The service did not control some infection risks consistently well. Hospital acquired infection rates for some bacteraemia's were already above annual targets and clostridium difficile infections had been under-reported.
- Staff did not always complete daily checks of emergency equipment.
- Staff did not always take appropriate actions when they identified deteriorating patients.
- The service still did not always follow best practice when storing some medicines.

Medical care (including older people's care)

Is the service effective?

Good ● ↑

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff managed patients' nutrition and hydration to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain.
- The service made sure staff were competent for their roles.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff with different skills and experience worked well together as a team to benefit patients.
- Staff were consistent in their approach to supporting people to live healthier lives.

However:

- Performance in national audits was variable and outcomes for stroke patients needed improvement.
- Staff did not always complete malnutrition screening assessments consistently.
- The service did not have formal arrangements for clinical supervision for nursing staff.

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. All staff showed a patient-centred attitude and were sensitive to patient's needs.
- Staff provided emotional support to patients and families to minimise their distress. Patient's had access to emotional and spiritual support.
- Staff involved patients and those close to them in decisions about their care and treatment. Doctors and nurses explained treatment plans clearly and patients had opportunities to ask questions about their care.

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 services in a timely way. Waiting times from referral to treatment times failed to meet national targets and the trust data was not being reliably reported.

However:

Medical care (including older people's care)

- The service took account of patients' individual needs and treated complaints seriously.

Is the service well-led?

Good  

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

- Managers at all levels in the service had the right skills and abilities to run a service and strived to deliver a good service.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a common purpose based on shared values.
- The service used a systematic approach to continually improve the quality of its services and safeguard high standards of care.
- The service collected, analysed, managed and used most information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, the public and local organisations to plan and manage appropriate services. The trust engaged well with staff most of the time.
- The service was committed to improving services by learning from when things went wrong, promoting training, research and innovation. Staff at all levels of the organisation were engaged with quality improvement.
- The medical division was in the process of developing a formal divisional strategy at the time of the inspection.

However:

- Not all risks we identified during the inspection were recognised and mitigated by the service. The risk management approach was applied inconsistently.

Surgery

Good  

Key facts and figures

Surgical services provided by Gloucestershire Hospitals NHS Foundation Trust are carried out mostly at two hospital sites; Gloucestershire Royal Hospital and Cheltenham General Hospital. The services are managed at both hospital sites by the surgical division. Day theatre is also provided at Cirencester, Stroud and Tewkesbury Hospitals.

The surgical division consists of six service lines:

- **Trauma and Orthopaedics;** trauma, orthopaedics and orthotics.
- **Head and Neck;** oral maxillofacial, ears nose and throat, orthodontics, and audiology.
- **Ophthalmology;** ophthalmology, orthoptics, optometry, diabetic retinal screening, and medical photography.
- **General Surgery;** urology, breast, vascular, upper gastrointestinal, colorectal, bariatric surgery, urology, and abdominal aortic aneurysm screening.
- **Theatres;** theatres and day surgery.
- **Anaesthetics;** anaesthetics, chronic and acute pain, pre-assessment, acute care response, and critical care.

Both Gloucestershire Royal Hospital and Cheltenham General Hospital provide emergency, elective and day case surgery. The trust is in the process of reviewing and changing the reconfiguration of sites to provide an urgent and emergency centre at Gloucestershire Royal Hospital, and a planned elective site at Cheltenham General Hospital. Currently all trauma surgery is now completed at Gloucestershire, with elective orthopaedic at Cheltenham.

Cheltenham General Hospital has five surgical wards and a day surgery unit, with a total of 131 inpatient beds. There are 12 theatres which are in three different areas in the hospital.

(Source: Acute Routine Provider Information Request (RPIR) –P2 Sites)

The trust had 48,373 surgical admissions from March 2017 to February 2018. Emergency admissions accounted for 12,091 (25%), 28,126 (58%) were day case, and the remaining 8,156 (17%) were elective. On a single day there are approximately 192 day surgery cases and 147 inpatient operations.

(Source: Hospital Episode Statistics)

At the last inspection in January 2017, the service had three key questions (safe, effective and responsive) rated; effective was good and safe and responsive were rated as requires improvement.

This inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. As part of this unannounced inspection we reviewed trust wide processes, systems and leadership for the surgical division. We inspected at the two sites Gloucestershire Royal Hospital, and Cheltenham General Hospital.

Cheltenham General Hospital and Gloucestershire Royal Hospital have been rated separately, and therefore two reports produced. However, we found the good practice and areas for improvement were generally consistent across the two sites, and reflective of the surgical division. Therefore, there is a high amount of duplication in both reports.

Summary of this service

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

Surgery

- We rated safe, effective, caring and well-led as good, and responsive as requires improvement.
- We found the service had improved, but the surgical division still needed time to embed processes and practice, and improve certain areas, under new leadership.
- Staff understood how to protect patients from abuse and the service worked with other agencies to do so.
- Staff completed and updated risk assessments for each patient.
- There were processes to recognise and respond to a deteriorating patient. A sepsis care bundle was used for the management of patients with presumed or confirmed sepsis.
- The World Health Organisation (WHO) surgical safety checklist was used in theatres. Observations in theatre showed this was performed well and staff were engaged in the process.
- The surgical service provided care and treatment based on national guidance and evidence of its effectiveness.
- The surgical division participated in both national and local audits to monitor people's care and treatment outcomes and compare with other similar services. Reviewing data for audits, the trust was generally performing well or as expected when benchmarked nationally.
- Staff of different roles and disciplines worked together as a team to benefit patients. Effective multidisciplinary team working was evident on all wards, theatres and units.
- All staff were committed to providing excellent care to their patients. There was a patient centred culture and staff preserved patient privacy and dignity.
- The trust did not need to cancel elective patients at the start of the 2018 year when operational pressures were high nationally, and there was a national directive to cancel elective patients.
- There was a new leadership team in many areas of the surgical division, and trust wide, to strengthen surgical leadership, but time was required for embedding change and actively shaping culture.
- Quality improvement projects had helped to improve the service being delivered to patients, however some projects were in their infancy.
- The surgical division had a vision for what it wanted to achieve and workable plans to turn it into action.
- There was a clear divisional risk management and governance structure for the surgical division.
- Quality improvement projects were key in proactively engaging and involving staff and patients, to shape and improve services.
- The surgical division promoted learning, continuous improvement and innovation. Staff were passionate about quality improvement projects and quality improvement appeared well embedded.

However:

- Medical gas oxygen cylinders were not being stored securely across surgical wards and theatres.
- Staff required some additional support to manage patients living with mental health needs safely.
- Staffing on wards was regularly at minimum staffing levels rather than at funded establishment, particularly at night times. We were unable to identify any impact on safety of the low staffing numbers. However, this was detrimental to the well-being of staff who regularly felt they were overworked, exhausted and not always getting enough breaks.
- There were gaps in rotas for non-consultant medical staffing.

Surgery

- Staff demonstrated a limited understanding of the Mental Capacity Act. We observed assessments which were not decision specific. However, staff were compliant with training for Mental Capacity Act.
- Deprivation of liberty safeguards applications did not adequately describe the treatment proposed or restrictions to be placed upon somebody.
- A shortage of radiologists made it difficult to provide 24-hour cover. There was still no formal out of hours interventional radiology rota for vascular, urology and gastro intestinal services. There was a risk to patient safety in treating patients in a timely manner in an emergency.
- Patients were not always able to access the service when they needed it. Waiting times from referral to treatment was delayed and not in line with good practice for some specialties.
- Systems used by the trust did not help promote flow and efficiency in theatres and risked the safety of patients. However, this was well known to the trust and being reviewed and improved at the time of our inspection via the theatre transformation project.
- The pre-operative assessment clinic had a backlog of patients to be assessed. This risked patients not being properly assessed and cancelling their operations. However, Saturday clinics were being held to address the backlog.
- The signage across both hospital sites did not help patients access and find services easily, the day surgery units. This was also not always clearly indicated on surgical appointment letters received by patients. This was being addressed by the trust.
- There were no review dates for risk registers, or a clear trail of dates of added and reviewed risks.
- The information used in reporting, performance management and delivery quality care were not always accurate, valid and reliable. The trust had suspended national reporting of their referral to treatment times and cancellations since November 2016 due to problems with data quality.

Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff. Compliance with training was close to trust targets and anticipated to be met by the financial year end.
- Staff understood how to protect patients from abuse and the service worked with other agencies to do so.
- Standards of cleanliness and hygiene were maintained and there were systems to protect people from healthcare associated infections.
- There were improvements with surgical site infection (SSI) rates, although orthopaedic surgery was still performing worse when compared nationally.
- Staff completed and updated risk assessments for each patient.
- There were processes to recognise and respond to a deteriorating patient. A sepsis care bundle was used for the management of patients with presumed or confirmed sepsis.
- The World Health Organisation (WHO) surgical safety checklist was used in theatres. Observations in theatre showed this was performed well and staff were engaged in the process.

Surgery

- There were arrangements for handovers to ensure important information was shared to keep patients safe.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.
- The surgical division had reported four new never events between August 2017 and July 2018. To address the never events in theatres the trust commissioned an independent review of theatre culture and human factors and could demonstrate learning and improvements.

However:

- The design, maintenance and use of facilities were adequate to meet the needs of patients although some of the wards were old and displayed signs of wear and tear, which risked impacting infection control. Some theatres and wards were cluttered due to the lack of space, which added an infection control and health and safety risk in these environments.
- Checking procedures were not consistently followed, or appropriate escalation was not completed. For example, across wards and theatres we saw gaps in daily resuscitation and defibrillator checks. Fridge temperature checks which were recorded out of range were not followed up.
- The trust was not able to provide sepsis performance data specifically for surgical wards, and therefore were unable to see how specific areas were performing.
- Staff required some additional support to manage patients living with mental health needs safely. One patient was administered chemical restraint, this incident was poorly recorded and managed.
- Staffing on wards was regularly at minimum staffing levels rather than at funded establishment, particularly at night times. We were unable to identify any impact on safety of the low staffing numbers. However, this was detrimental to the well-being of staff who regularly felt they were overworked, exhausted and not always getting enough breaks.
- There were gaps in rotas for non-consultant medical staffing.
- Records were not always well organised and were sometimes incomplete.
- In the pre-assessment unit there was a problem obtaining the patient's notes in time for the patient appointment. This meant duplication of work, and a risk information could be missed.
- Medical gas oxygen cylinders were not being stored securely across surgical wards and theatres.
- Staff were not always recording in the prescription record PRN (as required) medication had been offered to patients.
- There were some risks to the likelihood of never events which were not well managed, for example clearly stating the location of the surgery on operating lists.

Is the service effective?

Good   

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

- The surgical service provided care and treatment based on national guidance and evidence of its effectiveness.
- 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 patients regularly to see if they were in pain.

Surgery

- The surgical division participated in both national and local audits to monitor people's care and treatment outcomes and compare with other similar services. Reviewing data for audits, the trust was generally performing well or as expected when benchmarked nationally.
- The trust was one of a few trusts in the UK offering partial knee replacement surgery as day case at Cheltenham General Hospital. Early results were showing seven out of ten patients went home on the day of surgery.
- All patients at Cheltenham General Hospital had a lower expected risk of readmission for elective and non-elective admissions when compared to the England average (May 2017 to April 2018).
- The surgical service made sure staff were competent in their roles. Managers appraised staff work performance and reviewed their competencies. However, appraisal rates were not always meeting trust targets.
- Staff of different disciplines and roles worked together as a team to benefit patients. Effective multidisciplinary team working was evident on all wards, theatres and units.

However:

- Staff demonstrated a limited understanding of the Mental Capacity Act. We observed assessments which were not decision specific. However, staff were compliant with training for Mental Capacity Act.
- Deprivation of liberty safeguards applications did not adequately describe the treatment proposed or restrictions to be placed upon somebody.
- Nursing staff understanding of sepsis was sometimes limited. Although all staff had been trained in identifying the deteriorating patient and escalating to the medical team or acute care response team.
- Acute and emergency services were available seven days a week at both Gloucestershire Royal Hospital and Cheltenham General Hospital. However, compliance with the seven-day standards was not always consistent across specialties and access to diagnostics was sometimes difficult at weekends. In Cheltenham General Hospital there was no ultrasound available at weekends.
- A shortage of radiologists made it difficult to provide 24-hour cover. There was still no formal out of hours interventional radiology rota for vascular, urology and gastro intestinal services. There was a risk to patient safety in treating patients in a timely manner in an emergency. However, the trust told us they established an interventional radiology service on the 19 November 2018, following our inspection.

Is the service caring?

Good   

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

- All staff were committed to providing excellent care to their patients. There was a patient centred culture and staff preserved patient privacy and dignity.
- We spoke to five patients who were all positively about the care and treatment they had received.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

Surgery

Is the service responsive?

Requires improvement ● ➡ ➡

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

- Patients were not always able to access the service when they needed it. Waiting times from referral to treatment was delayed and not in line with good practice for some specialties.
- In September 2018 there were 106 breaches for patients waiting over 52 weeks to be seen for their surgery. The highest number of breaches were in general surgery, upper gastrointestinal surgery, colorectal surgery, and trauma and orthopaedics.
- The trust was unable to deliver reporting on national waiting time standards due to data quality issues following migration to a new electronic patient records system. It was reported to board how they will continue to see 52-week breaches until the full data cleansing exercise was complete.
- Performance of urology and general surgery, for patients waiting over 18 weeks from referral to treatment, was below the England average when comparing the trust unvalidated data.
- We asked for data to show how the trust were monitoring patients with cancer whose operations were cancelled, and to evidence they were rebooked within 28 days. This data was not provided to us and therefore we cannot be assured this was currently being monitored.
- Systems used by the trust did not help promote flow and efficiency in theatres and risked the safety of patients. However, this was well known to the trust and being reviewed and improved at the time of our inspection via the theatre transformation project.
- There were delays with patients being discharged from recovery due to a lack of beds in the hospital. The trust had started to monitor this.
- The pre-operative assessment clinic had a backlog of patients to be assessed. This risked patients not being properly assessed and cancelling their operations. However, Saturday clinics were being held to address the backlog.
- The signage across both hospital sites did not help patients access and find services easily, in particular the day surgery units. This was being addressed by the trust.

However:

- The surgical service was reviewing and making changes to the way they delivered services across the two hospital sites.
- The flow through the hospital was now being monitored, evaluated and prioritised, with a focus on patient safety. However, the system was challenged due to the number of patients who required admission exceeding available beds, and delays in discharging medically fit patients.
- The trust did not need to cancel elective patients at the start of the 2018 year when operational pressures were high nationally, and there was a national directive to cancel elective patients.
- The average length of stay for elective and non-elective patients was similar to the England average.
- Quality improvement projects had helped to improve the service being delivered to patients, however some projects were in their infancy.
- The service took account of patient individual needs and delivered basic arrangements for this.

Surgery

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Is the service well-led?

Good   

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

- There was a new leadership team in many areas of the surgical division, and trust wide, to strengthen surgical leadership, but time was required for embedding change and actively shaping culture.
- The new leadership team were knowledgeable about quality issues and priorities, and understood what their challenges were, and the actions needed to address these.
- The surgical division had a vision for what it wanted to achieve and workable plans to turn it into action.
- Overall, there was an optimistic culture within the surgical division. Staff spoke positively about their colleagues and the team work across the hospital.
- There was a clear divisional risk management and governance structure for the surgical division.
- The surgical division promoted learning, continuous improvement and innovation. Staff were passionate about quality improvement projects and quality improvement appeared well embedded. Quality improvement projects were key in proactively engaging and involving staff and patients, to shape and improve services.
- There was a keenness to learn from other healthcare providers and stakeholders to help develop surgical services.

However:

- There were no review dates for risk registers, or a clear trail of dates of added and reviewed risks.
- The information used in reporting, performance management and delivery quality care were not always accurate, valid and reliable. The trust had suspended national reporting of their referral to treatment times and cancellations since November 2016 due to problems with data quality.

Outpatients

Good 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

Key facts and figures

Gloucestershire Hospital NHS Foundation Trust provides outpatient services for a population of approximately 600,000. The outpatient services are predominantly provided in departments in Gloucestershire Royal Hospital and Cheltenham General Hospital and several community hospitals

This report focuses on our inspection of the outpatient services located at Cheltenham General Hospital. Across all Gloucestershire Hospitals NHS Foundation Trust sites, the trust had 697,115 first and follow up outpatient appointments from June 2017 to May 2018. Of these 279,368 were at the Cheltenham hospital.

During the inspection, we visited a range of outpatient clinics on the Cheltenham Hospital site including, oncology, dermatology, general medicine, rheumatology and trauma and orthopaedics.

The general outpatient departments at both hospitals are managed by the same team of senior staff and staff work between the two sites. However, some of the outpatient departments are managed by their own specialties, including, orthopaedics, ENT, ophthalmology, women's and children's, and oncology.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected all five key questions.

During the inspection visit, the inspection team:

- Spoke with 5 patients and 2 relatives.
- Visited clinics and departments including ophthalmology, urology, fracture clinic, pain management, phlebotomy, weight control, oncology, gynaecology, cardiology, elderly medicine, dermatology, breast care, blood test clinic, audiology, physiotherapy and dietetics.
- Reviewed 2 sets of patient records.
- Appraised performance information from and about the Trust, including policies, procedures and audits.
- Spoke with 20 members of staff including doctors, managers, nurses, health care assistants and administrative staff.
- Met a range of service managers responsible for leading and managing services.

Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff understood how to protect patients from abuse and there were clear processes for reporting safeguarding concerns.

Outpatients

- The service controlled infection risks well. Staff kept themselves, equipment and the premises clean and used control measures to prevent the spread of infection.
- There were systems in place to manage maintenance of equipment and repair faults when identified.
- Staff could identify and respond to a deteriorating patient within the outpatient environment, including medical emergencies.
- Staff kept appropriate records of patients care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.
- Staff understood their responsibilities to report near misses, patient safety concerns and incidents.
- Nutrition and hydration was considered as part of the patient assessment. Refreshments were also available to patients in the outpatient setting.
- The service made sure staff were competent for their roles. Professions worked together to provide seamless patient care, including when care was provided across different specialisms.
- Patients were treated with compassion, kindness, dignity and respect throughout their visits to outpatient services.
- Staff provided emotional support to patients to minimise their distress. We observed staff providing emotional support to patients and relatives during their visit to the department.
- The services provided reflected the needs of the local population by offering choice, flexibility and continuity of care.
- The service took account of patients' individual needs and considered different needs and preferences. Reasonable adjustments were made, and staff supported people with additional needs.
- Staff within outpatients worked hard to ensure people with learning disabilities were able to access services.
- The trust identified where a system-wide approach was needed to meet the needs of the local population. Within endocrinology, rheumatology and dermatology, work was ongoing with commissioners and partners in primary care to find solutions to the demand for services.
- Staff supported patients with additional needs such as patients living with dementia. An alert was placed on patients' records and early appointment times allocated to reduce anxiety.
- Translation services were available for patients whose first language was not English.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There was a positive culture within outpatient services.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff and patients. The trust had produced a "Transformation Plan" for the outpatient's services they provided.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were proud of their work in the outpatient services.
- There were appropriate levels and structures of governance across outpatient services to ensure safety was monitored and improvements supported. There were clear lines of accountability and reporting.

Outpatients

- The trust engaged well with patients, staff, and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.
- There was a focus on learning, improvement and innovation throughout outpatient services. Staff were engaged with the outpatient transformation and very positive about delivering an improving and innovative service.

However:

- Outpatient services were primarily a five-day service.
- Lack of space was identified as an issue in certain clinic areas.
- The introduction of a new patient appointment booking system, had presented a number of difficulties in the delivery of services. There had been large increases in waiting times and a build-up of delayed clinic letters that needed to be sent out.
- The trust has been unable to report referral to treatment data to NHS England since November 2016 because of data quality issues following the introduction of a new electronic patient record system in December 2016
- Patients could not always access services when they needed them. There was not always timely access to treatment. The trust could not be assured that waiting times for treatment were and arrangements to admit, treat and discharge patients were in line with good practice.

Is the service safe?

Good 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff understood how to protect patients from abuse. There were clear processes for reporting safeguarding concerns and support available to staff.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Clinical waste was managed appropriately to protect patients and staff and there were systems in place for managing hazardous waste in accordance with national guidance.
- Equipment was tested, and records kept that demonstrated maintenance had been completed when required.
- Staff could identify and respond to a deteriorating patient within the outpatient environment, including medical emergencies.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. We found medicines were stored securely.
- Staff recognised incidents and reported them appropriately. Staff understood their responsibilities to record safety incidents, concerns and near misses and report them internally.

However:

Outpatients

- Space was identified as an issue in certain clinic areas. The chemotherapy recovery room in Cheltenham was cramped and staff had to be careful they did not trip over equipment.

Is the service effective?

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new findings directly with previous ratings.

We do not rate the effective domain in outpatients.

- The physical, psychological and social needs of patients were holistically assessed. The care and treatment provided was underpinned by the relevant standards, legislation and evidence-based guidance. There were processes within the individual outpatient specialities to ensure national guidance was in place, including information from the National Institute of Health and Social Excellence (NICE).
- Patients who were in the departments for any length of time had access to food and drink sufficient to meet their needs.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings. Staff were encouraged and supported to develop their skills.
- There was professional multi-disciplinary working throughout the outpatient's department. Staff worked together as a team to benefit patients.
- Patients were supported to make decisions about their care in accordance with legislation regarding consent and the Mental Capacity Act 2015. Staff ensured patients provided verbal consent before any treatment, or written consent in advance of any procedure.

However:

- Outpatient services were primarily a five-day service. Whilst there were some early evening and occasional clinics being run on Saturday mornings, there were no plans to extend to seven-day services.

Is the service caring?

Good ●

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Patients were treated with compassion, kindness, dignity and respect. Staff took the time to interact with people who used the service in a respectful and considerate way.
- Staff provided emotional support to patients to minimise their distress. Any concerns were promptly identified and responded to in a positive and reassuring way.
- We saw patients having treatments explained and discussed, and the options that were available. Staff were reassuring and provided the time for patients to ask questions.

Outpatients

Is the service responsive?

Requires improvement 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- The introduction of a new patient appointment booking system, had presented a number of difficulties in the delivery of services. There had been large increases in waiting times and a build-up of delayed clinic letters that needed to be sent out. The trust has been unable to report referral to treatment data to NHS England since November 2016.
- Patients could not always access services when they needed them. There was not always timely access to treatment. The trust could not be assured that waiting times for treatment were and arrangements to admit, treat and discharge patients were in line with good practice.
- Delayed access to radiography and diagnostic services, due to high demand, could affect the meeting of the cancer waiting targets.

However:

- The trust had a recovery programme, started in January 2018, to address all the identified issues around data quality and the patient appointment issues. Significant progress was being made.
- The trust had produced an outpatient transformation plan. An essential aspect the plan was to improve the delivery of outpatient's services across all the surrounding communities that used hospital outpatient services.
- The service took account of patients' individual needs and considered different needs and preferences. Staff across outpatients described how they met the needs of patients who were living with dementia. Translation services were available for patients whose first language was not English.
- The trust had improved the 'do not attend rates' for clinics, with the most recently data showing an attendance of 93% being achieved.
- Clinics throughout generally started on time and patients were promptly informed of delays. Information was clearly displayed for patients to see regarding the names of clinics and the clinicians running them.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The trust had achieved a 36% reduction in the number of complaints recorded compared to the previous year.

Is the service well-led?

Good 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

Outpatients

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Leaders had the experience and skills to ensure that improving outpatient services were being delivered. Staff had an appropriate level of awareness and involvement in the trust wide plans to address the performance shortfalls.
- The leadership at all levels had ensured that staff were engaged with the trust “journey to excellence”. transformation plan.
- Nursing staff, healthcare staff, managers and reception and administration staff were positive about the support from their line managers.
- The trust had a vision for what it wanted to achieve in outpatient services. The trust had produced a “Transformation Plan” in July 2018 which was aligned to the overall strategy of being on a “journey to outstanding”.
- Managers promoted a positive culture that supported and valued staff. Staff were proud of their work in the outpatient services and felt respected and valued by managers and colleagues. Staff described an open culture where they could raise concerns and suggest ideas.
- There were appropriate levels and structures of governance across outpatient services to ensure safety was monitored and improvements supported. There were clear lines of accountability and reporting. Leaders and managers at all levels of the governance framework were clear about roles.
- The trust engaged well with patients, staff, and the public to plan and manage appropriate services. Staff were engaged and committed to the trust objective of being on a “journey to outstanding”.
- The transformation plan for the outpatient’s service contained a number of ideas for the improved delivery of service. These included the use of technology for improved remote working and the use of apps. to support patient management. There were plans to provide increased centralisation and standardisation of the reception services across both sites.

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

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Our inspection team

The inspection was led by Julie Foster, Inspection Manager, and Amanda Williams, Inspection Manager. The inspection was overseen by Mary Cridge, Head of Hospital Inspections. An executive reviewer, Malcolm Benson, supported our inspection of well-led for the trust overall.

The team included inspectors, and specialist advisers.

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