

Great Western Hospitals NHS Foundation Trust

Inspection report

Great Western Hospital
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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

Requires improvement 

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

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.

Summary of findings

Background to the trust

The Great Western Hospitals NHS Foundation Trust (the trust) provides acute hospital services at the Great Western Hospital, which has a total of 460 beds. There are around 2.5 million patient contacts each year. The trust employs approximately 4,500 staff.

The hospital was built in 2002 under a private finance initiative (PFI). The PFI provider, Carilion, went into liquidation in January 2018. A new provider, Serco was appointed in June 2018 and is responsible for all hard and soft facilities services on the hospital site.

Since October 2016 the trust has provided community health services in Swindon, previously run by a community enterprise company. Services include community nursing teams, therapists, an inpatient rehabilitation unit with two wards and an urgent care centre, adjacent to the emergency department.

There are four divisions, each headed by an associate medical director, a divisional director and a divisional director of nursing. Divisions are:

- Diagnostics and outpatients
- Planned care
- Unscheduled care
- Integrated community health.

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

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as **Requires improvement**



What this trust does

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

The trust also runs community services in Swindon, which include two inpatient rehabilitation, wards, district nursing and therapy services and an urgent care centre, based on the Great Western Hospital site.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

Summary of findings

Where necessary, we take action against service providers that breach 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.

Between 14 and 16 August 2018 we inspected urgent and emergency care, surgery and outpatients at Great Western Hospital. All of these services had been rated as requires improvement overall at our last inspection. We also inspected community services for adults and community inpatient services. We had not inspected these two services before.

Between 12 and 13 September we inspected the safe and well led domains in services for children and young people. These key questions had been rated as requires improvement at our last inspection. Between 19 and 21 September 2108 we inspected medical care at Great Western Hospital. This service had been rated as requires improvement at our last inspection.

We did not inspect critical care, maternity or end of life care. These services were previously rated good. We did not inspect the effective, caring and responsive key questions for children and young people, which were previously rated good. These ratings were used to inform the overall rating of this trust at this time.

What we found

Overall trust

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

Acute services at Great Western Hospital were rated requires improvement overall. The safe and responsive key questions were rated as requires improvement.

However, we rated the effective, caring and well led key questions as good. Trust-wide leadership was also rated good. Community services were rated good overall, with all key questions rated good. The overall rating for services for children and young people and outpatients improved since our last inspection; both services were rated good.

Our findings for each of the core services inspected this time is summarised below:

Urgent and emergency care

Our overall rating of this core service remained as requires improvement. There was no change to the rating for the safe and responsive domains, which remained as requires improvement. This was because the emergency department continued to be frequently crowded and patients did not always receive prompt care and treatment in the right setting. The rating for effective stayed as good because the emergency department used national audits to drive improvements in the quality and effectiveness of care and treatment. Teams and services worked well together to ensure patients received coordinated care. The rating for caring, previously rated outstanding, went down to good. Feedback from patients and relatives remained consistently good and we observed compassionate and understanding care; however, we found no examples of outstanding care. The rating for well led stayed the same and was rated as good. The department had improved in several key areas, governance and quality improvement were prioritised and leaders had the knowledge and skills to run the department and they were respected by staff.

Medical care

Our overall rating for medical care remained as requires improvement. Safe remained as requires improvement. Some areas were not clean and hygienic. Staff did not always observe necessary precautions to prevent and control infection. There was a continuing shortage of nursing staff and heavy reliance on bank and agency staff. Staff were not up to date

Summary of findings

with their mandatory training. Effective remained as requires improvement. Patient outcomes, when benchmarked did not always compare favourably with the England average. Performance against national standards in stroke care remained consistently poor. Caring remained as good. Patients received a caring service from kind and empathetic staff. Responsive remained as requires improvement. Patients did not always receive care in the right setting due to a shortage of inpatient beds. Some patients were accommodated in wards and departments in a specialty other than that for which they were intended, and sometimes in departments which were not designed for inpatient care, or where single sex accommodation could not be provided. The rating for well led went down and we rated it as requires improvement. The service had failed to make significant improvement in several key areas since our last inspection.

Surgery

Our overall rating for surgery remained as requires improvement. Safe remained as requires improvement. Although we saw some improvements, for example in mandatory training compliance, there were a number of regulatory breaches. We had concerns about infection control practices, record keeping standards and a lack of documented patient risk assessments. Effective remained rated as good. There was coordinated multidisciplinary care and staff used evidence-based care pathways for patients admitted for surgery. Caring remained as good. Feedback we received from patients and relatives was consistently positive. Staff showed an encouraging, sensitive and supportive attitude to patients and their relatives. Responsive remained as requires improvement. There were insufficient surgical beds to meet demand and some patients were cared for in unsuitable settings. Our rating for well led improved. It was rated good because leaders had the knowledge, skills and integrity to lead the service effectively and they were well respected by staff. There were effective governance processes to ensure quality and safety were monitored and risks were managed.

Children and young people

Our overall rating of this service went up to good. We inspected only the safe and well led domains, both of which had improved, with a rating of good. Safe was rated good because, although there was still a shortage of registered children's nurses, there was improved oversight of nurse staffing levels, using an acuity tool, and gaps in rotas were mostly filled by temporary staff. There was some improvement in mandatory training compliance for medical staff, although this still required further improvement. Well led was rated good because new managers were well respected by staff; there was a noticeable change in culture, and staff felt supported, able to contribute ideas and voice concerns if they needed.

Outpatients

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. We rated this service as good overall. We rated safe as good because staff complied with safety systems to protect people from avoidable harm. We inspected the effective domain but did not rate it due to a lack of national data available to the CQC. We rated caring as good because patients were treated with kindness, compassion dignity and respect. We rated responsive as good because the service was performing better than the national standards for patients waiting times. We rated well led as good because there was a clear improvement strategy for outpatient's services; staff were engaged and there was a positive culture where staff felt supported and valued.

Community health services for adults

We had not previously inspected this service. We rated this service good overall, with all domains rated good. Safe was rated good because staff complied with safe systems in all areas. They reported incidents and monitored patients in order to maintain and improve safety. We rated effective as good because patients received evidence-based care, delivered by well-coordinated multidisciplinary teams of competent staff. We rated caring as good because staff took the time to interact with patients and those close to them in a respectful, compassionate and considerate way. Patients

Summary of findings

and their relatives/carers were actively involved in their treatment and care. We rated responsive as good because services reflected people's needs and ensured flexibility, choice and continuity of care. We rated well led as good because leaders were appropriately skilled and committed to service improvement. Staff felt valued and supported. There were effective governance systems to support safety and quality.

Community inpatients

We had not previously inspected this service. We rated this service good overall, with all domains rated good. Safe was rated good because staff followed safety processes to protect patients from avoidable harm. Staffing levels were monitored to ensure safe levels were maintained. We rated effective as good because staff used evidence-based practice to provide care and treatment. There was good team working between acute and community colleagues. We rated caring as good because staff promoted patient choice and acted as advocates for patients in their care. Relatives spoke highly of the emotional support provided to them and their loved ones to help them come to terms with their situation. We rated responsive as good because patients were supported to receive individualised care closer to their homes. We rated well led as good because there were effective governance processes which aligned with trust processes and risks were managed well. Staff felt supported and valued by managers.

Are services safe?

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

Patients did not always receive prompt care and treatment. The emergency department was frequently crowded and patients experienced unacceptable delays. There were frequent ambulance handover delays and patients were not always promptly assessed when they arrived in the emergency department. Crowding in emergency departments is associated with an increase in mortality.

Facilities and equipment were not always suitable for the services delivered. Demand often outstripped the availability of clinical spaces to assess, treat and care for patients in the emergency department, who were often cared for two-abreast in cubicles, or on the corridor. Mental health assessment rooms in the emergency department did not meet the safety standards recommended by the psychiatric liaison accreditation network. Staff in the observation ward did not feel safe and experienced delays when calling for assistance from security staff. Facilities in the surgical assessment unit did not meet national guidance. There was a lack of assurance in some areas that equipment was clean, well maintained and fit for purpose.

Systems to assess risks to patients and to monitor their ongoing safety were not consistently complied with. In the emergency department, there was a lack of assurance that staff carried out regular checks of patients' safety in order to identify and appropriately manage deteriorating patients. Staff did not use a recognised proforma to assess patients with mental health needs who attended the emergency department, as recommended by the Royal College of Emergency Medicine. Patients with mental health needs were not always adequately monitored to ensure their safety. In surgery, risk assessments were not always documented, venous thromboembolism assessments were not routinely repeated for orthopaedic patients and there was not consistent compliance with the World Health Organisation's *Five steps to safer surgery* checklist.

The service did not always control infection risk well. In medical care, some areas were not clean and hygienic. Staff did not always observe necessary precautions to prevent and control infection. Patients were not always appropriately isolated to prevent the spread of infection because side rooms were not available.

The service did not always have enough nurses with the right mix of qualifications and skills to keep patients safe and provide the right care and treatment. Medical wards were frequently short staffed. Staff worked under intense pressure and were frequently unable to take breaks or finish on time. Staffing levels and skill mix on medical wards did

Summary of findings

not always match the acuity of patients on the wards. There were particular concerns on Jupiter ward. High nurse staff vacancy rates in the emergency department meant there was heavy reliance on agency staff. This had not improved since our last inspection. Registered mental health nurses were not always available to support patients in the observation ward, in accordance with the trust's policy.

Patients' records were not always legible, complete, up to date or stored securely. In medical care staff did not consistently comply with record keeping standards or ensure that records trolleys were locked when not in use. In surgery, nursing documentation was not well organised or stored securely.

Not all staff were up to date with their mandatory training. Compliance with the trust's target training completion rate was particularly poor for medical staff. In the emergency department we were concerned that many staff were not up to date with training in subjects which related to the care and treatment of children, including safeguarding children from abuse. In services for children and young people, staff in areas of the hospital, where children were cared for (outside of the children's wards) did not meet trust targets for paediatric life support training.

However:

The service followed best practice when prescribing, giving, recording and storing medicines. Medicines were stored securely and accurate records were kept.

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Whilst there were some shortfalls in training, safeguarding arrangements were otherwise robust and kept children and vulnerable adults safe.

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Are services effective?

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

The trust provided care and treatment to patients based on national guidance and evidence of its effectiveness. Clinical guidelines, policies and procedures were in line with national guidance and easily accessible for staff.

Managers in most core services monitored the effectiveness of care and treatment and used findings to improve. They compared local results with those of other services to learn and continue improving.

The service mostly made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service. Staff were encouraged to develop through accredited learning and training programmes developed by the organisation.

Staff of different kinds worked together as a team to benefit patients. Doctors, nurses, and other healthcare professionals supported each other to provide coordinated, and seamless care, including when care was provided across different specialties.

Patients' consent to care and treatment was generally sought in line with legislation and guidance.

Staff gave patients enough food and drink to meet their needs and improve their health. The trust used a nationally recognised tool, the malnutrition universal screening tool (MUST), to identify patients at risk of being malnourished or dehydrated. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' cultural and other preferences.

Staff had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

Summary of findings

However,

In medical care patient outcomes in some areas did not compare favourably with the England average. The trust performed poorly against national standards for stroke care and cardiac care.

In medical care we observed nurses from overseas, who were not yet registered in the UK, performing tasks which they had not been assessed as competent to perform.

Are services caring?

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

Staff treated patients with compassion, dignity and respect. We saw polite and friendly interaction with patients. Staff took steps to preserve patients' privacy and dignity, even in challenging physical environments. Patients with mental health needs were treated with understanding and without judgement. In the emergency department, even when they were very busy, staff were focused on the needs of patients, informed them of what was happening and took time to make them as comfortable as possible.

Staff provided emotional support to patients to minimise their distress. In community inpatient services, relatives spoke highly of the staff who helped them and their loved ones come to terms with their situation. In outpatients, staff provided emotional support to patients to minimise their distress, including when a life-changing diagnosis was given.

Patients and those close to them were involved in decisions about their care. Patients told us staff took time to explain treatments options in a way they could understand. In outpatients relatives told us they were made to feel part of conversations about their family member's health need and treatment plans.

Are services responsive?

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

Patients were not always able to access care and treatment in a timely way and in the right setting. The trust was consistently failing to meet national standards in relation to the time patients spent in the emergency department, the time they waited for treatment to begin and the time they waited for an inpatient bed. Patients did not always receive care in the right setting due to a shortage of inpatient beds. Some patients were accommodated in wards and departments in a specialty other than that which they were intended and sometimes in departments which were not designed for inpatient care or where single sex accommodation could not be provided. Referral to treatment times did not meet national standards for all specialities within the planned care division. In ophthalmology and urology, patients waited too long for treatment or follow up appointments. Some referral to treatment times (admitted performance) within 18 weeks, were worse than the England average.

Facilities and premises were not wholly appropriate for the services delivered. Demand for services in the emergency department frequently outstripped the availability of available clinical spaces to assess, treat and care for patients. Patients were accommodated two abreast in cubicles and in the corridor. This impacted on their comfort, privacy and dignity. There was a shortage of inpatient beds; demand often outstripped the availability of beds in the right specialty. Patients were frequently cared for on wards in specialties other than those they those which they were intended for. This impacted on patients' experience but also on other areas of the hospital being able to function effectively. For example, day surgery often had overruns or late-notice theatre cancellations. Some inpatients were accommodated in departments which were not designed for inpatient care and in mixed sex accommodation.

Care and treatment was not always delivered, taking into account patients' individual needs, including those in vulnerable circumstances. Family members were sometimes asked to interpret and translate for patients whose first language was not English. This did not comply with national guidelines or ensure patient confidentiality.

Summary of findings

Complaints were not always investigated and responded to in an acceptable timescale. In September 2018 it was reported to the board that of the 48 complaint responses were overdue. Most of these were within the unscheduled care division and were complex cases.

However:

The trust was performing better than the operational standard for people being seen within two weeks of an urgent GP referral, to receive treatment within 31 days of diagnosis and the standards for patients to receive their first treatment within 62 days of GP referral.

Staff supported patients with additional needs, such as patients living with dementia. In outpatients an alert was placed on the patient records and early appointment times allocated to reduce anxiety.

Patients admitted for planned surgery or for emergency intervention did not stay in hospital longer than they needed to.

There was good operating theatre utilisation. The percentage of cancelled operations at the trust had consistently been lower than the England average for the last two years.

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

Are services well-led?

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

Managers at all levels had the skills to lead effectively. Divisional managers were described by staff as visible, approachable and supportive. Recently appointed ward managers in children's services were described as "a breath of fresh air". The trust was taking steps to ensure succession planning and identifying future managers.

The trust had a vision for what it wanted to achieve and workable plans to turn it into action, developed with engagement of staff. The trust was in the process of refreshing its five-year strategy, and listening events had been arranged to engage staff in this process.

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 aware of, and could relate to, the trust's values, service, teamwork, ambition and respect. They felt respected and valued by managers and their peers. Staff were nominated for trust-wide awards and divisions ran similar local systems to recognise their peers. There was a culture of candour openness and honesty.

The trust had a systematic approach to monitoring quality and safety, to drive improvement. There were clear governance processes from ward to board. Key safety and quality metrics were reported through a committee structure, reporting ultimately, to the board.

The trust had systems for identifying, monitoring and managing risks. Risks identified on divisional risk registers aligned to what staff and managers told us were their biggest concerns. Monthly risk meetings took place in divisions, where risk registers were reviewed and high risks escalated for review by the executive risk committee.

Leaders strived for continuous improvement and inspired staff to do so.

The trust had significantly improved systems to manage patient flow and reduce crowding, although this remained the most challenging area of risk. Performance against the national four-hour standard in the emergency department had improved and there were further plans and ongoing work to reconfigure the hospital's 'front door' function to improve its safety and efficiency. There was also work in progress to embed processes designed to ensure timely discharge from hospital.

Summary of findings

The trust had introduced a ward assessment and accreditation framework to help nurses assess their practices against standards to provide assurance of safety and quality. This had been adopted in some areas in medical care. In services for children and young people, an initiative to improve practice by learning from others' good practice had been introduced. In medical care, occupational therapists told us the trust was an "empowering organisation" to work for; staff were encouraged to suggest ideas and get involved in projects to improve outcomes for patients. In response to some worsening scores in the 2017 staff survey, a programme called 'engage to change' had been introduced, which encouraged teams to put forward suggestions, design services and deliver improved outcomes. An example of a development which resulted from such a project, was the introduction of point of care testing in the ambulatory care unit.

However:

The trust was aware of the risks to safety and quality but in some areas the pace of change had failed to achieve significant improvements in performance in several key areas, since our last inspection. The trust performed poorly in some national clinical audits. We were concerned that there had been a lack of significant improvement in stroke care, where performance had for some years been worse than the England average and the trust was awarded the lowest rating in the national stroke audit. There continued to be a significant shortage of nursing staff, and heavy reliance on temporary staff. Further improvement was required to ensure patients receive timely assessment and treatment in the right setting. Compliance with mandatory training across the trust needed to improve. There were continuing concerns about staff and patient safety in the emergency department observation unit.

The trust did not always manage and use information well to support its activities. In the emergency department there were significant problems around the availability of accurate and verified data to monitor departmental performance.

Learning from never events was not always shared effectively between specialities.

The trust needed to more to engage with staff and patients. Staff generally felt well informed but some staff did not consider they had a voice or could influence change. In the 2017 staff survey, scores in relation to engagement had worsened.

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 in medical care, services for children and young people, and community services. For more information, see the Outstanding practice section below.

Areas for improvement

We found areas for improvement, including four breaches of legal requirements that the trust must put right. We also found areas 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 the quality of services. For more information, see the Areas for Improvement section below.

Summary of findings

Action we have taken

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

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

Point of care testing had been introduced in the ambulatory care unit to diagnose the presence of venous thromboembolism (VTE). This process had improved waiting times for patients, reducing their wait for blood results from 2.5 hours to 20 minutes.

Dove ward supported patients whose appearance had been altered following chemotherapy. A project known as 'look good, feel better' gave patients access to a beautician who provided make up-advice, such as drawing eyebrows. Patients were also provided with a complimentary products bag to support them to maintain their new look.

In services for children and young people an initiative to improve practice by learning from others' good practice had been introduced. This was called a LeaFE (learning from excellence). Staff could nominate a colleague by completing a form, describing the event, theme, person involved and the learning point. We saw multiple examples of good practice described by all levels of staff. One nomination per month would be chosen for display on the LeaFE notice board and presentation to governance meetings.

The Special Care Baby Unit was taking part in a quality improvement initiative called neoPremQI to improve outcomes for premature babies. Learning had been shared nationally.

We observed some excellent multidisciplinary working across community teams and services. In one instance the staff were observed putting the needs of the patient above the service. A patient who was in another local NHS hospital required some treatment they were not able to provide. However, moving the patient would have been detrimental to their health. Therefore, the community health services for adults planned to provide the treatment at the hospital. This involved several community services who liaised well to set this up.

We were given an example where a member of staff 'went the extra mile', which resulted in them potentially saving the life of a patient. During one of the clinics a patient who normally attended on time did not attend their appointment. The member of staff tried to contact them on the telephone but got no response. They decided to take further action, which resulted in them finding the patient very unwell at their home. They alerted the emergency services and this patient was taken to hospital

Areas for improvement

We told the trust it **MUST** take action to bring services into line with legal requirements. This action relates to three services: urgent and emergency care, medical care and surgery. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services.

Action the trust **MUST** take to improve

Summary of findings

In urgent and emergency services:

The trust must take action to improve the emergency department's performance in relation to the initial assessment of patients by a registered healthcare professional within 15 minutes of arrival.

The trust must take steps to improve patient flow and ensure there is sufficient capacity in the emergency department to meet demand and achieve national performance standards in relation to waiting times.

The trust must ensure that patients in the emergency department are reviewed promptly by specialty doctors to prevent delays in their ongoing care.

The trust must ensure staff working in the observation ward are appropriately supported in terms of staffing, skill mix, training and security.

The trust must ensure that all areas of the emergency department used to treat patients are fit for purpose and able to be cleaned effectively.

The trust must review mental health assessment rooms to ensure that they meet national guidance in respect of their design and safety.

The trust must review the systems for checking resuscitation equipment to ensure that it is complete, tamper-proof and fit for purpose at the time it is needed.

The trust must ensure that all staff are up to date with mandatory training.

In medical care:

The trust must ensure sufficient numbers and suitable skill mix of nursing staff are on duty at all times.

The trust must ensure staff do not carry out tasks for which they have not been assessed as competent.

The trust must take steps to improve the care and treatment of stroke patients and ensure national standards are met.

The trust must ensure infection control is promoted and the risk of cross infection reduced.

The trust must ensure planned care and treatment is consistently followed to ensure the safety of patients.

The trust must ensure patients are monitored appropriately to maintain their safety at all times

The trust must ensure mixed sex breaches do not occur.

The trust must ensure patients' records are patient-centred, legible, up to date and stored securely.

The trust must ensure patients receive support from interpretation and translation services when required.

The trust must ensure all staff complete mandatory training.

In surgery:

The trust must improve nursing documentation to ensure this is organised and easily accessible to healthcare clinicians. This includes ensuring patient risk assessments are undertaken and updated as required.

The trust must ensure patient records are stored securely to prevent unauthorised access.

The trust must ensure venous thromboembolism risk assessments are reassessed in line with national guidance.

The trust must improve processes for infection prevention and control.

The trust must improve the processes for board rounds to fully engage with the SAFER patient flow bundle.

Summary of findings

The trust must ensure patients' dignity is maintained at all times. This includes taking appropriate actions to reduce any non-essential mixed sex breaches.

Action the trust SHOULD take to improve

In urgent and emergency care:

The trust should improve the monitoring of patients in the department so they receive hourly checks, including use of NEWS scores, to ensure patients are safe while waiting for the next stage of their care.

The trust should ensure patient risk assessments are consistently completed, and the actions planned and taken to manage the risks are documented.

The trust should reduce the emergency department's reliance on agency staff.

The trust should ensure internal prescription pads are stored securely in the emergency department.

The trust should review and work to address staff concerns about the isolated nature of the observation ward, particularly in relation to response to security alerts.

The trust should review the system to ensure fluids for intravenous use are in date and ready to use.

The trust should check written clinical guidance available in the emergency department to ensure the most up to date version is used.

The trust should provide hot meals to patients with extended stays in the emergency department.

The trust should review the process for obtaining and validating the data used for national audits so there is assurance that audit outcomes can be used as a reliable indicator of care quality.

The trust should ensure nursing staff receive regular performance appraisal.

The trust should ensure there is effective communication between the mental health liaison team and observation ward staff about the care and discharge plans for patients.

The trust should provide additional training to staff in mental health conditions and paediatric care, to ensure they feel equipped to look after these patient groups.

The trust should review how consent and capacity is documented to ensure completeness and consistency, including the information recorded to support best-interest decisions.

The trust should review arrangements for patients to access toilet facilities when the department is crowded to ensure this can be achieved in a way that maintains privacy and dignity.

The trust should improve performance in relation to the investigation and response to complaints within the trust target of 25 days.

The trust should review the welfare support provided to staff after incidents of aggression and violence.

The trust should review how some IT systems are used in the emergency department to improve how they can support staff in the delivery of care.

The trust should improve the friends and family survey response rate and use feedback from patients to design or improve services.

In medical care:

The trust should consistently check emergency equipment and make sure it is ready for use at all times.

Summary of findings

The trust should ensure full and detailed handovers are carried out consistently when patients move between wards.

The trust should ensure staff consistently date medicines with a reduced shelf life, once opened, and reduce the risk single-patient items could be used for more than one patient.

The trust should take steps to reduce the number of bed moves for patients, particularly for those who are vulnerable due to additional needs.

In surgery;

The trust should improve compliance with mandatory training, including safeguarding, child protection and mental capacity, for all relevant staff groups, to meet the trust target.

The trust should improve compliance with hand hygiene and review processes to ensure all staff are aware of when equipment has been cleaned and is ready for use.

The trust should review safe storage of chlorine-based disinfectant to meet national guidance.

The trust should review processes to ensure patients receiving day surgery procedures always have access to safe and effective recovery, including during times when the trust experiences high operational pressures.

The trust should monitor all direct patient care activities delegated to non-registered staff, in accordance with nursing standards.

The trust should work with ward managers to embed the Safer Staffing tool to understand when it is most effective to assess staffing levels and patient acuity.

The trust should improve storage of medical gases to ensure safety.

The trust should share learning from serious incidents and never events across all surgical specialities.

The trust should improve compliance with national/local safety standards for some invasive procedures, including provision of systems for regular reviews.

The trust should undertake a risk assessment of the environment for the insertion of peripherally inserted central catheters.

The trust should review consent processes for patients attending for day case procedures to comply with national guidance and trust policy.

The trust should review processes to comply with national guidance for the completion of treatment escalation plans.

The trust should audit and improve compliance with standard operating procedures at times of high operational pressures to ensure patient flow and safety are not compromised.

The trust should address issues with patient flow in the Surgical Assessment Unit.

The trust should improve patient pathways in trauma and orthopaedics and urology to ensure patients receive the right care in the right place.

The trust should improve the processes for board rounds to fully engage with the SAFER patient flow bundle.

The trust should determine the reasons for and improve (decrease) the number of planned day surgery procedures that are converted into inpatient admissions for ear, nose and throat procedures.

The trust should review arrangements for regular ward meetings to ensure these happen regularly. Consider a standardised approach to ensure all relevant information is shared with staff in all wards and departments.

In services for children and young people:

Summary of findings

The trust should ensure oxygen is prescribed and legible for staff, before being administered to a patient in line with trust policy.

The trust should ensure staffing numbers and levels of training meet national guidelines for babies and children

The trust should ensure the quality of risk assessment and care plans are clear and consistent for children.

The trust should ensure GPs receive information about a child's admission and treatment in a timely way.

The trust should ensure staff caring for children, including those employed in areas outside of the children's unit and SCBU, are trained in paediatric basic life support.

The trust should monitor staff shift patterns and working hours to ensure staff are physically able to provide safe care for children.

The trust should consider stronger representation at board level to champion children's services.

The trust should consider how to improve using premises, which are used for adults and children, in a way that prevents children being exposed to distressing adult behaviours or safeguarding risks.

In outpatients:

The trust should ensure patient records are always secured when not in use within operational settings.

The trust should ensure all staff are consistently up to date and compliant with mandatory training

The trust should review the physical space within the Coate Water unit, oncology/ haematology clinics, endoscopy, cardiology, and the breast clinic to allow for increasing capacity and support patient flow.

The trust should remind staff to clean all equipment between uses and implement a system to identify when equipment has been cleaned and ready for use.

The trust should review equipment servicing labels to enable staff to identify the next service date.

The trust should incorporate seven-day services within the future planning of outpatient services.

The trust should consider the use of privacy curtains in the blood test clinic to protect patients from view.

The trust should ensure complaints are investigated within the timeframes dictated within the trust policy.

The trust should develop a long-term sustainable plan for outpatient services to maintain and improve performance in outpatient waiting times.

The trust should develop a mechanism for obtaining and utilising patient feedback across all outpatient settings to improve the experience of those using the service.

The trust should align the structure and documentation of governance meetings for all outpatient services to improve the flow of information and allow retrospective comparison

In community inpatient services:

The trust should ensure there are enough nursing staff to safely care for patients' needs.

The trust should ensure information about patients' mental capacity is clearly documented and easily accessible, relating to Deprivation of Liberty Safeguards.

The trust should ensure substances hazardous to health, such as cleaning solutions, are always kept securely away from patient access when not in use.

Summary of findings

The trust should ensure patient medical records are stored securely away from public access but accessible for authorised personnel.

The trust should provide assurance that fridges to store medicines are maintained within the correct temperature range and staff are aware of how to report any maintenance issues.

The trust should ensure staff are able to easily access information about patients' religious preferences.

The trust should consider having therapists available at the weekend for patients undergoing rehabilitation.

The trust should take steps to ensure complaints are responded to within trust policy timescales.

The trust should ensure stroke patients are receiving enough therapy time in line with national standards.

The trust should ensure patient call bells are answered in a timely way.

The trust should ensure staff are engaged in early planning of services.

In community health services for adults:

The trust should ensure all staff are up-to-date with mandatory training requirements.

The trust should ensure the signage at Swindon Health Centre is clear for patients visiting the tissue viability and COPD/ oxygen clinics.

The trust should ensure fire training is provided for all staff at the podiatry service at Swindon Health Centre so they know how to evacuate patients safely in the event of a fire.

The trust should ensure all equipment has an electrical safety check as soon as possible to make sure it is safe to use.

The trust should continue with plans to set up an equipment database so equipment can be tracked.

The trust should make sure staff are supported to complete wound care documentation as per policy.

The trust should continue to work on reducing waiting times for some of their services.

The trust should respond to complaints within the policy timescales.

The trust should monitor and report on performance metrics relating to the service to identify areas for improvement.

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:

Leaders had the skills, knowledge and integrity required to run the organisation. There was a well balanced board with appropriate skills and experience. There was a collegiate and supportive executive culture, but one where challenge was encouraged.

There was a clear vision and strategy; the strategy from 2015 had been delivered and a refresh was underway, which involved a programme of staff engagement.

Summary of findings

There were clear responsibilities, roles and systems of accountability to support good governance and management.

There was a positive culture in most areas of the trust; staff felt proud to work for the organisation. Organisational values were well embedded.

We saw significant improvements in bed management and oversight of patient flow. This had resulted in improved operational performance in the emergency department, although there was still some way to go. There was a comprehensive winter plan and there was detailed work underway to reconfigure the 'front door' and improve discharge processes, which would hopefully yield further improvement in operational performance and patient experience in the future.

The acquisition of community services had been managed well.

However,

There was no leadership framework or strategy for the development of effective leaders, although work was underway to develop this.

There were processes for managing risks, issues and performance; however, there was not an up-to-date, overarching document, which set out key risks and controls, so we could not be fully assured that the board, collectively, had full oversight of the management of risks.

Staff satisfaction was mixed. Staff did not always feel actively engaged or empowered.

There was a limited approach to obtaining the view of people who used services. Complaints were dealt with at divisional level and there was little executive oversight of these.

Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating (www.cqc.org.uk/provider/RN3/Reports).

Ratings tables

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

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

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

Ratings for the whole trust

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

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

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018
Community	Good Nov 2018	Good Nov 2018	Good Nov 2018	Good Nov 2018	Good Nov 2018	Good Nov 2018
Overall trust	Requires improvement ↔ Dec	Good ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. 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 Great Western Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↓ Dec 2018	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018
Medical care (including older people's care)	Requires improvement ↔ Dec 2018	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018	Requires improvement ↓ Dec 2018	Requires improvement ↔ Dec 2018
Surgery	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018	Good ↑ Dec 2018	Requires improvement ↔ Dec 2018
Critical care	Requires improvement Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017	Good Aug 2017
Maternity	Requires improvement Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good ↔ Jan 2016	Good ↔ Jan 2016
Services for children and young people	Good ↑ Nov 2018	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good ↑ Nov 2018	Good ↑ Nov 2018
End of life care	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016	Good Jan 2016
Outpatients	Good Dec 2018	Not rated	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018
Overall*	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018	Good ↔ Dec 2018	Requires improvement ↔ Dec 2018

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018
Community health inpatient services	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018	Good Dec 2018
Overall*	Good Nov 2018	Good Nov 2018	Good Nov 2018	Good Nov 2018	Good Nov 2018	Good Oct 2018

*Overall ratings for community health services 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.

Acute health services

Background to acute health services

Acute health services are provided at Great Western Hospital. Services are described in the Key Facts and Figures section under Great Western Hospital. We inspected the following acute services:

Urgent and emergency care

Medical care

Surgery

Services for children and young people (safe and well led key questions only)

Outpatients

Summary of acute services

Requires improvement ●

Our rating of these services stayed the same. We rated them requires improvement overall. See overall summary.

Great Western Hospital

Marlborough Road
Swindon
Wiltshire
SN3 6BB
Tel: 01793604020
www.gwh.nhs.uk

Key facts and figures

Great Western Hospital is on the outskirts of Swindon. It provides the following services to the local population.

- Urgent and emergency care: There is an emergency department, open 24 hours a day, seven days a week and a nurse-led urgent care centre, which is open from 7am to midnight, seven days a week. The emergency department sees approximately 75,000 patients per year
- Medical care: There are 323 medical inpatient beds located across 10 wards. There were around 43,000 medical admissions from March 2017 to February 2018.
- Surgery: There are 130 surgical inpatient beds located across eight wards/departments, 15 operating theatres, and a day surgery unit. The service performs around 18,000 operations every year either as emergency, trauma or planned surgery.
- Critical care; There is a 12-bed intensive care unit providing care for patients requiring organ support or close monitoring. The unit admits over 800 patients a year.
- Gynaecology. Beech ward cares for women undergoing gynaecological or breast surgery or women experiencing problems in early pregnancy.
- Maternity: There is a 30-bed mixed antenatal and postnatal ward, a delivery suite and a birth centre designed for women with low risk pregnancies.
- Outpatients; there is a range of outpatients services, covering medical and surgical specialties and including a day therapy unit for haematology and oncology patients.
- Diagnostic services: There is a full range of imaging services, including X-rays, ultrasounds, MRI scanning, breast symptomatic services and nuclear medicine.
- Services for children and young people: There is a 20-bed children's ward, a Paediatric Assessment Unit, children's outpatient services and a Special Care Baby Unit.
- End of life care: Care for patients living with a life-limiting illness or nearing the end of their life is provided by staff across the trust, supported by specialist nurses employed by a local hospice.

Summary of findings

Summary of services at Great Western Hospital

Requires improvement ● → ←

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

A summary of services at this hospital appears in the overall summary above.

Urgent and emergency services

Requires improvement   

Key facts and figures

Great Western Hospital provides urgent and emergency care in the emergency department and the urgent care centre. These centres are located next to each other on the main hospital site of Great Western Hospital. The hospital also provides a walk-in GP service in the town; however this did not form part of this inspection.

The emergency department receives patients conveyed by ambulance or those who self-present. It is open 24 hours a day, seven days a week for adults and children who require emergency treatment.

The urgent care centre is a nurse-led unit providing care for patients with urgent needs who do not need emergency treatment. They are open between 7am and 12am and see both adults and children without an appointment. Patients can self-present to the urgent care centre, or they can be referred by the triage nurse at the emergency department or by the 111 service.

The emergency department sees approximately 75,000 patients per year, 15,000 of whom are children under 16 years of age. The emergency department is a trauma unit, accepting patients with traumatic injuries, including fractures, head injuries and spinal injury. Major or complex trauma patients arriving at the hospital are stabilised and transferred to one of two nearby trauma centres

We completed an inspection on 14, 15 and 16 August 2018. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. 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?

During our inspection we spoke with 50 staff in a variety of roles and seniority. We also spoke to one volunteer, an ambulance crew and people contracted to provide services in the department, such as cleaning and facilities staff. We spoke with 21 patients and carers and reviewed 15 patient care records.

Summary of this service

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

- Some areas of concern raised at our last inspection had not been addressed. For example, there was continuing poor compliance with mandatory training for medical staff, and in subjects that affected the care and treatment of children. Staff working on the observation unit continued to feel isolated and unsafe and did not feel adequately supported to care for patients with acute mental health needs. Patients continued to wait too long to have their healthcare needs assessed, and crowding in the emergency department remained a significant challenge.
- There was a significant lack of physical space in the emergency department. Although this had improved since our last inspection, at times there were two patients per cubicle and staff had to care for patients in the corridor most of the time, which affected patients' privacy, dignity and comfort.

Urgent and emergency services

- There were delays for emergency patients at all stages of their care and treatment. Patients were not consistently assessed within 15 minutes of arrival, and too many patients experienced delays in their ongoing care and treatment. Two percent of patients spent longer than 16 hours in the department.

However:

- Treatment pathways were effective and based on latest evidence and national guidance and best practice. Staff had the skills to deliver safe care and the department monitored the care given to identify areas that could be improved.
- Kind and compassionate care was delivered to patients and relatives. Even when they were busy, staff were focused on the needs of patients, informed them of what was happening and took time to make them as comfortable as possible.
- The department met the individual needs of patients, including those with specific or complex needs such as those with dementia, learning disabilities, sensory impairment or those who may be vulnerable. Staff included those close to patients in their care and provided 1:1 support when it was needed.
- The leadership of the department had the skills and experience to lead effectively. Working partnerships were well-managed and there was regular review and improvement of services in response to changes in legislation or service requirements. Risks were well-managed and there was a culture whereby improvements were sought out in response to incidents, risks and feedback.

Is the service safe?

Requires improvement ● → ←

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

- The emergency department was frequently crowded and patients experienced unacceptable delays.
- Handover of patients who arrived by ambulance was sometimes delayed. In the last year 73 patients had waited for longer than 60 minutes in the emergency department before they could be handed over to emergency department staff.
- Patients did not always receive an initial assessment by a registered healthcare professional within 15 minutes of arrival in the emergency department. In the last twelve months, compliance with this standard had dropped as low as 48%.
- Staff were not up to date in all areas of their mandatory training. Areas of particular concern included paediatric basic life support and safeguarding level 3 for nursing and medical staff. Compliance for medical staff was particularly poor. We raised concern at our last inspection about poor compliance with mandatory training for this staff group
- Facilities were not wholly appropriate for the services delivered. Demand often outstripped the availability of clinical spaces to assess, treat and care for patients. The mental health assessment rooms did not provide a safe environment for patients and staff and did not meet the standards recommended by the psychiatric liaison accreditation network.
- Staff in the observation ward felt vulnerable and isolated and experienced delays when calling for assistance from security staff.
- We were not assured that there were robust arrangements for checking equipment used for resuscitation.
- There was a lack of assurance with regard to the ongoing monitoring of patients' safety and the identification of patients at risk of harm or deterioration. Recent audit results showed that hourly calculation of NEWS scores happened only 59% of the time.

Urgent and emergency services

- Risk assessments were not always documented to provide assurance that patients who were at risk were identified and appropriately managed.
- High nurse staff vacancy rates in the department meant there was reliance on high numbers of agency staff. This had not improved since our last inspection.
- Internal prescription pads were not stored securely in the department.
- Some staff said they did not feel comfortable reporting concerns relating to the actions of their colleagues.

However:

- Staff in the emergency department used a safety checklist to prompt staff to ensure patients received regular safety and comfort checks and interventions. Recent audits showed 100% compliance with this safety system.
- Whilst there were shortfalls in some training, safeguarding arrangements were otherwise robust and kept children and vulnerable adults safe. Policies and processes reflected national guidance and were regularly reviewed.
- There were systems and processes to reduce and control the risk of cross-infection. There was good hand hygiene, good cleaning arrangements, the department looked visibly clean and audits were completed to ensure standards remained high.
- Although the time taken to administer antibiotics was poor, screening for patients with suspected sepsis was effective and the department received high levels of support to ensure these patients were managed effectively.
- Whilst there were significant challenges to staffing, there were sufficient staff, with the correct skill mix, worked in the emergency department ensure the delivery of safe care. Medical staffing included appropriate numbers of senior doctors and staffing complied with the recommendations of the Royal College of Emergency Medicine.
- There were effective escalation systems to manage times of significant pressure, with procedures to support staff minimise the risks associated with crowding in the emergency department.
- Medicines were stored securely and administered safely in the department.
- There was a healthy reporting culture and a culture of openness and transparency that worked alongside comprehensive systems for the review of incidents to ensure that lessons were learned and the department continued to improve.
- There were systems to ensure that patients attending the department who were critically unwell could be seen quickly and treated, even when the department was crowded.

Is the service effective?

Good   

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

- The department used national audits to make changes and improve the quality and effectiveness of care delivered. Audits were shared and discussed with staff.
- Patients with mental health concerns received care compliant with the Mental Health Act and Mental Capacity Act 2005, and improvements had been made to the care of mental health patients since our last inspection.
- On the whole, staff were qualified and had the correct skills and experience to do their job effectively. Staff were supported in their role, learning needs were identified, there were clear development pathways.

Urgent and emergency services

- Patients had their pain managed well and were offered pain relief promptly.
- When patients received care from a number of teams or services, this was well-coordinated. Teams collaborated and worked well together to ensure complex needs could be met.
- Information systems ensured that patient information was accessible and supported the delivery of safe care.

However:

- We found some out of date guidance in the emergency department and urgent care centre that could lead staff to follow incorrect procedures.
- Although mandatory training was provided, staff reported that the training received did not provide them with sufficient knowledge and skills to support the safe and effective delivery of care of patients with complex mental health conditions.
- Registered mental health nurses were not always available to support patients in the observation ward in accordance with the trust's policy.
- Staff in the observation ward did not always know the care plans for patients reviewed by the mental health liaison team to ensure they could communicate effectively with patients, support them and ensure they were safe when leaving the ward.
- Patients still could not access a hot meal whilst experiencing extended stays in the department.
- The recording of consent was variable, with little documented information about the patient's capacity and the support used to make best-interest decisions.
- Only 67% of registered nursing staff had received a recent performance appraisal.
- Some nursing staff expressed concerns about a lack of confidence/competence to support sick or injured children and people with mental health needs.

Is the service caring?

Good  

Our rating of caring went down. We rated it as good because:

- Patients were mostly treated with dignity and respect, even when the department was under pressure. We observed staff caring for patients and ensured they were comfortable, warm and had food and drink. People were positive about the support they received from the staff.
- Staff were compassionate towards patients who were distressed or agitated. They took time to listen to them and communicated in a way they could understand. They offered support and comfort when it was needed and understood their emotional needs.
- There was a strong patient-centred culture. Staff took time to understand the holistic needs of patients and there was shared decision-making about care and treatment.

However:

- We spoke with two patients who were not positive about the attitude of staff towards them, although one of these staff worked for an external contractor.
- Privacy and dignity was not maintained at all times.

Urgent and emergency services

- Friends and family response rates were low, meaning managers received little feedback from patients about their views of the care and treatment received. The trust's urgent and emergency care friends and family test performance (% recommended) was generally worse than the England average from May 2017 to April 2018.

Is the service responsive?

Requires improvement ● → ←

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

- There was insufficient capacity in the emergency department to maintain high quality care for the patients attending the department. The department was frequently crowded, with patients waiting in the corridor and two patients often sharing a cubicle.
- People did not have timely access to initial assessment, diagnosis or treatment. Patients referred to the speciality teams experienced delays in seeing a doctor who could decide the appropriate treatment plan.
- Systems that ensured patient flow from the emergency department into the in-patient wards were not working effectively. Patients experienced very long waits to be allocated a bed, during which time they often remained in corridor areas of the emergency department.
- Complaints were not investigated and responded to within an acceptable timescale.

However:

- Despite the crowded conditions, staff identified patients' individual needs and did their best to ensure care needs were met. This included patients with complex needs, such as those living with dementia and those with learning disabilities.
- The emergency department had trialled new ways of working and these had proved successful. Plans were underway to improve the flow of patients through the emergency department, through better streaming and changes to direct admission pathways.

Is the service well-led?

Good ● → ←

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

- There was an emphasis on learning within medical and nursing workforce. There were training opportunities for those that wished to develop and good teaching and support for junior doctors.
- There were effective systems of governance and risk management that functioned effectively, with appropriate systems of escalation.
- The department had improved in many areas since the last inspection.
- There were plans for improvement which were ambitious and would lead to sustainable improvement. There was a recognition that, once the department re-design was complete, there needed to be re-focus on smaller quality improvement initiatives.
- There was a good level of engagement with staff and effective engagement with local stakeholders and service providers.

Urgent and emergency services

However:

- Some areas of concern raised at our last inspection had not been addressed. For example, there was continuing poor compliance with mandatory training for medical staff and continuing concerns around training poor compliance with safeguarding training for all staff groups. Staff working on the observation unit continued to feel isolated and unsafe and did not feel adequately supported to care for patients with acute mental health needs.
- There were problems around the availability of accurate and verified data to monitor departmental performance.
- There were some problems with morale within the nursing workforce in the emergency department.
- Some information systems delayed the delivery of care and staff felt they could be improved, particularly around x-ray requests.
- Whilst the emergency department collected feedback from patients, response rates were poor and it was not clear how the department used their feedback to design or improve services.

Areas for improvement

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

Medical care (including older people's care)

Requires improvement   

Key facts and figures

The unscheduled care division at Great Western Hospital provided medical care and treatment to patients over the age of 18. There were 259 medical inpatient beds located across 10 wards at Great Western Hospital. This was reduced since our last inspection when there were 304 medical inpatient beds. The trust had 43,421 medical admissions from March 2017 to February 2018.

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

During the inspection we visited the following wards and departments: Shelbourne, Dorcan, Teal, Kingfisher, Dove, Falcon, Saturn, Neptune, Mercury, ambulatory care unit, endoscopy, cardiology and cardiac catheter laboratories, surgical admissions unit and Beech ward.

We spoke with 17 patients and seven relatives to seek their views on the care and treatment provided to them. We spoke with 49 members of staff, including consultants, doctors, matrons, managers, registered nurses, health care assistants, domestic staff, administration staff, tissue viability lead, falls lead occupational therapist, physiotherapist, nurse practitioners and diabetes lead.

Summary of this service

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

- Safe, effective, responsive and well led were rated as requires improvement.
- There were insufficient staff on duty at all times to meet planned safe staffing levels.
- The trust target for completion of mandatory training was not met by some staff in the unscheduled care division.
- Infection control processes did not consistently promote the control of infection and protect patients from the risk of cross infection.
- The unscheduled care division monitored risks at a local level and across the division. However, the risks associated with poor patient outcomes, identified through audit, were not always well managed. Patient outcomes, when benchmarked, did not always compare favourably with the England average. We were concerned that there had been a lack of significant improvement in stroke care, where performance had for some years been worse than the England average.
- Services were not always planned and delivered to meet the needs of patients. The ability to provide patients with timely care and treatment was hampered by the flow throughout the hospital system.
- Care and treatment was not consistently delivered, taking into account patients' individual needs, including those in vulnerable circumstances.

However:

- Caring was rated as good.
- Staff safeguarded patients from the risk of abuse and medicines management kept people safe.

Medical care (including older people's care)

- Patients' needs were assessed, and care and treatment was delivered in line with legislation, standards and evidenced-based guidance.
- Patients received a caring service from kind and empathetic staff.
- An open culture was evident throughout the wards and departments and staff spoke well of their managers and the support they received.
- Patients and staff were engaged and involved with the services provided.

Is the service safe?

Requires improvement ● → ←

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

- Medical staff, in the unscheduled care division were not meeting the trust target for completion of the mandatory training programme.
- The staffing levels and skill mix of staff was not always appropriate to keep patients safe and meet their assessed care and treatment needs.
- Systems and processes to manage the control of infection, cleanliness and hygiene were not consistently followed to keep patients safe. Staff did not always comply with infection control procedures. For example, some staff wore nail varnish and jewellery and hair was not always tied back appropriately. Patients with potential infections were not always isolated because there were insufficient side rooms available. Not all areas of the hospital were clean and hygienic in appearance.
- Patient records were not consistently individualised, legible, up to date or stored securely.
- Handovers between wards when transferring patients were not always as detailed as they should have been. Staff reported that at times of pressure, when the wards were busy, handovers were brief, posing the risk that important information could be missed.
- The speech and language therapy care and treatment plans for patients following a stroke were not consistently followed, which put patients at risk of choking.
- Patients who were living with dementia or had mental health care needs were not always kept safe. Although these patients were provided with additional staff support in the form of close supervision, five patients had managed to leave wards unsupervised.

However:

- The trust had systems and processes in place to safeguard adults and children and protect them from harm. Staff were aware of their responsibilities and the action they were required to take when they observed or suspected abuse or harm to patients.
- Staff wore protective personal equipment and washed their hands before and after patient contact. Hand sanitiser was available on each ward and we observed staff using this regularly.
- Tamper-evident emergency trolleys, which included resuscitation equipment, were available in each ward and department.
- The arrangements for managing medicines mostly kept patients safe.

Medical care (including older people's care)

- Incident reporting responsibilities were understood by staff, and learning from incidents was shared appropriately.

Is the service effective?

Requires improvement ● → ←

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

- Patients' care and treatment outcomes were monitored but were not always meeting the England average outcomes.
- Patients at the trust had a higher expected risk of readmission for elective admissions when compared to the England average.
- The trust performed poorly and below the England average in the Sentinel Stroke National Audit Programme (SSNAP), although performance had recently improved from E (the lowest score), to D.
- Results in the 2015/16 Heart Failure Audit hospital care were worse for three standards and similar to the England and Wales average for the fourth standard.
- Formal assessments of patients' capacity were not always recorded in full.
- We observed overseas nurses, who had not yet achieved registered nurse status, undertaking tasks for which they had not been assessed as competent to perform.

However:

- Patients' needs were assessed, and care and treatment was delivered in line with legislation, standards and evidenced-based guidance.
- Patients' nutrition and hydration needs were assessed and met in line with national guidance. The trust used a nationally recognised tool, the malnutrition universal screening tool (MUST), to identify patients at risk of being malnourished.
- The national audit of inpatient falls showed that for six out of seven performance indicators, the trust had improved significantly since the last audit, which was conducted in 2015. The improved indicators included delirium, continence, blood pressure, medication, call bell and mobility aid.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, and worked well in multidisciplinary teams to achieve this.
- Patients' consent to care and treatment was generally sought in line with legislation and guidance.

Is the service caring?

Good ● → ←

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

- Patients were treated with kindness, dignity, respect and compassion when receiving care and treatment.
- Patients and those close to them received the support they needed to cope emotionally with their care and treatment.
- Patients who used services, and those close to them, were involved as partners in 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:

- The ability to provide patients with timely care and treatment was hampered by the flow throughout the hospital system.
- Medical outliers impacted on other areas of the hospital being able to function effectively. For example, day surgery often had overruns or late-notice theatre cancellations.
- Services were not always planned and delivered to meet the needs of patients. Care and treatment was not consistently delivered with consideration of patients' individual needs, including those in vulnerable circumstances.
- At times patients were placed in mixed sex accommodation, which did not fully protect their privacy and dignity and did not follow national guidelines.
- Family members were at times asked to interpret and translate for patients whose first language was not English. This did not comply with national guidelines or ensure patient confidentiality.

However:

- The average length of stay for all non-elective patients at the trust, including those in the unscheduled care division, was 5.4 days, which was lower than the England average of 6.4 days.
- From May 2017 to April 2018 the trust's referral to treatment time (RTT) for admitted pathways for medicine was better than the national average in every month.
- Concerns and complaints were listened and responded to and used to improve the quality of care. The facilities, environment and equipment met the care and treatment needs of patients.
- Action had been taken to make wards and departments more user-friendly environments for patients living with dementia. Wards and departments provided a variety of activities for patients such as puzzles, books, magazines and supplied free Wi-Fi to access the internet.

Is the service well-led?

Requires improvement ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- The unscheduled care division monitored risks at a local level and across the division. However, the risks associated with poor patient outcomes, identified through audit, were not always well managed. The trust performed poorly in some national clinical audits. In particular, we were concerned that there had been a lack of significant improvement in stroke care, where performance had for some years been worse than the England average.
- Staffing levels on the wards affected the time local managers could allocate to management tasks.

However:

- The leadership and culture within the medical care division reflected the vision and values, encouraged openness and transparency and promoted good quality care.

Medical care (including older people's care)

- The management structure within the unscheduled care division was clear and staff were positive about the leadership.
- The trust had a clear vision and a credible strategy to deliver good quality care.
- The culture encouraged candour, openness and honesty.
- The governance framework ensured responsibilities were clear and that quality, performance and risks were understood and managed.
- Patients, and staff were engaged and involved with the service provided.

Outstanding practice

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

Areas for improvement

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

Surgery

Requires improvement   

Key facts and figures

The surgical care service at Great Western Hospital is managed by the planned care division. The hospital has 130 surgical inpatient beds located across eight wards/departments:

- Aldbourne Ward.
- Ampney Ward.
- Cherwell Pre-Assessment Clinic.
- Meldon Ward.
- Meldon Assessment Unit and Surgical Discharge lounge.
- Surgical Assessment Unit.
- The Shalbourne Suite.
- Trauma Unit.

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

The trust had 15 operating theatres and a day surgery unit. The service performs around 18,000 operations every year either as emergency, trauma or planned surgery.

The trust had 28,305 surgical admissions from February 2017 to January 2018. Emergency admissions accounted for 10,759 (38%) procedures, 3,756 (13.3%) were day case, and the remaining 13,790 (48.7%) were elective.

(Source: Hospital Episode Statistics)

During the inspection, we visited all the wards, the operating theatres, the interventional radiology unit and the Dorcan Unit.

We spoke with 10 patients and four relatives. We met with 57 staff of varied seniorities, including divisional leads, senior managers, consultants, doctors, nurses, healthcare assistants, allied healthcare professionals and domestic staff. We observed interactions between patients and staff in different wards and departments. We reviewed 21 patient records, attended board rounds (a daily multidisciplinary meeting), observed ward rounds and attended hospital-wide bed management meetings. We looked at medicines management, checked equipment, including medical devices and consumables across wards and departments.

The Care Quality Commission last inspected surgical care in March 2017, where we rated the service as ‘requires improvement’ overall.

Summary of this service

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

- We were not assured the service was always meeting requirements to provide safe care.
- We were not assured cleanliness and infection control procedures were always followed. Nursing documentation and risk assessments were not always managed in a way that protected patients from avoidable harm

Surgery

- Although effective care was rated as good, the service did not achieve all of the intended patient outcomes. There was inconsistent engagement with board rounds. There were not enough radiographers allocated to work in the operating theatres.
- Although caring was rated as good, patients' privacy and dignity were not always maintained.
- The service was not meeting the demand and facilities did not always meet patients' needs. There were not sufficient surgical inpatient beds to meet demands of some specialities. Patients did not always receive timely care and treatment in the right setting.
- Although we rated well-led as good, there were some gaps in assurance frameworks.

However:

- Safety was good in some key areas. Ward and departments appeared visibly clean. Equipment was checked and serviced daily. Staff monitored patients and took appropriate actions if patients' conditions deteriorated. Staffing levels were adequate to deliver safe care. Medicines were mostly managed well and there was a good incident reporting culture.
- Effective care was provided in line with evidence-based guidance. National audit results varied when benchmarked against national metrics but actions had been taken to improve. Staff were competent to deliver care. Patients' pain was managed well. All relevant staff, including those working in different teams, were involved in assessing, planning and delivering care and treatment.
- Caring was rated as good as staff demonstrated compassion. Staff showed an encouraging, sensitive and supportive attitude to patients and their relatives. Staff took time to interact with patients and their relatives in a respectful and considerate manner.
- Although responsive was rated as requires improvement, some areas were good. The length of stay for patients meant they were not staying in hospital longer than they needed to. Patients were treated as individuals with tailored care. Patients' concerns and complaints were used to improve the quality of care and the services provided.
- Well-led was rated as good. The leadership team of the planned care division had the knowledge and integrity to lead the service. There were clear lines of responsibility from board to service level. Leadership staff were visible and approachable. There was a good structure for governance. Innovation and improvement was encouraged.

Is the service safe?

Requires improvement ● → ←

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

- Training compliance for mandatory training and regular updates did not meet the trust's target for all 12 mandatory training modules. Compliance with adult safeguarding and child protection training targets were not met for some staff groups.
- There was a lack of assurance about some equipment being clean and ready for use.
- Facilities to isolate patients in the Surgical Assessment Unit did not meet national guidance.
- Not all care plans were not individualised, and they contained similar interventions for all patients we reviewed. Some did not provide an overview of the care and treatment needs of each patient, nor their individual preferences.

Surgery

- Venous thromboembolism assessments were not routinely repeated after 72 hours, including for orthopaedic patients.
- Patient care records were not always written and managed in a way that protected people from potential avoidable harm. Not all nursing documentation was well organised. Risk assessments were not consistently completed in patient records and patient records were not stored securely.
- There was not full compliance with the World Health Organisation's (WHO) 'five steps to safer surgery' checklist. Please note I have added a comment here
- A small number of oxygen cylinders were not stored safely and securely.

However:

- Wards and departments, including the operating theatres, looked visibly clean. Cleaning audits demonstrated compliance above 95% in most wards.
- Staff adhered to national guidance for prevention of surgical site infections.
- Emergency equipment was checked daily in accordance with trust policy.
- Patients were monitored for signs of clinical deterioration and there were processes for staff to follow to identify when patients' conditions deteriorated.
- Nursing staffing levels and skill mix were planned, implemented and reviewed to keep patients safe. There were adequate nursing staff levels on inpatient wards and in the operating theatres to safely meet the needs of patients. There were adequate numbers of medical staff to meet the needs of patients.
- Medicines were mostly administered, stored and managed in a way that kept people safe from avoidable harm.
- There was a good incident reporting culture among staff. Incidents were investigated and learning was shared with staff to prevent similar incidents re-occurring. Duty of candour was applied when appropriate to do so.

Is the service effective?

Good   

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

- Staff used evidence-based care pathways for patients admitted for surgery. Staff had access to policies, standard operating procedures and guidelines reflecting evidence-based care and treatment, which had been developed in line with national guidance.
- Staff assessed and managed patients' pain effectively following surgical interventions. Staff could refer patients to a pain management team.
- The service achieved some but not all the intended patient outcomes. National audit results varied when benchmarked against national metrics but actions had been taken to improve. Patient reported outcome measures compared favourably.
- Staff had the right skills and knowledge to provide safe care and treatment for patients. There was a training programme to prepare registered nurses to progress and enhance their career.

Surgery

- All relevant staff, including those working in different teams, were involved in assessing, planning and delivering care and treatment. There were effective referral processes to ensure patients were referred for review by medical physicians if this was required. Staff could access support from a mental health liaison team if required.
- The planned care division provided most services seven days a week.
- Staff mostly had a good understanding of consent, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- Staff understood their responsibilities in relation to treatment escalation plans and resuscitation decisions. Documentation was completed in line with national guidance using designated forms to ensure clarity.

However:

- There were national/local safety standards for some invasive procedures (NatSSIP/LocSSIP). However, there was not a process for these to be regularly reviewed.
- Staff did not always complete nutritional risk assessments.

Is the service caring?

Good ● → ←

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

- Staff showed an encouraging, sensitive and supportive attitude to patients and their relatives. Patients felt they were treated with kindness and respect.
- Staff took time to interact with patients and their relatives in a respectful and considerate manner.
- When talking to staff about patients with mental health needs or autism, staff displayed understanding and non-judgemental attitudes.
- Staff understood that some patients were anxious about their surgical procedures and supported them appropriately.
- The trust provided a multi-denominational pastoral care service and a dedicated space was set aside for quiet contemplation elsewhere in the hospital.
- Most patients told us staff kept them well informed of their care and treatment plans.
- Patients who were receiving end of life care and treatment were cared for, where possible, in side rooms.

However:

- There were some instances where the privacy and dignity of patients was not maintained.

Is the service responsive?

Requires improvement ● → ←

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

- The service was not meeting the demand from patients, and facilities did not always meet patients' needs. Patients were sometimes looked after in wards that were not designed to accommodate inpatients.

Surgery

- Day surgery patients did not always receive recovery care in the right place.
- Standard operational procedures, when the hospital was under extreme operational pressures, were not always followed.
- Some inpatient ward environments were not specifically adapted to meet the needs of patients living with dementia.
- Facilities and premises were not appropriate to prevent mixed sex breaches on Daisy Ward.
- Patient records' confidentiality was not always maintained.
- The design and limited space in the Surgical Assessment Unit did not promote effective access and flow for patients.
- Referral to treatment times did not meet national standards for all specialities within the planned care division. There were concerns in ophthalmology and urology, where patients waited too long for treatment or follow up appointments.
- Some referral to treatment times (admitted performance) within 18 weeks for different specialities, were worse than the England average.

However:

- Patients admitted for planned surgery or for emergency intervention did not stay in hospital longer than they needed to.
- There were processes to identify and alert relevant health care professionals to support patients living with dementia or a learning disability.
- The service had appropriate discharge arrangements for people with complex health and social care needs.
- Patients had access to a chaperone if required.
- There was good operating theatre utilisation.
- The percentage of cancelled operations at the trust had consistently been lower than the England average for the last two years.
- The service had policies and processes to appropriately investigate, monitor and evaluate complaints. Patients' concerns and complaints were used to improve the quality of care and the services provided.

Is the service well-led?

Good  

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

- The leadership team of the planned care division had the knowledge and integrity to lead the service. Matrons and ward managers were respected, and had the skills and experience to lead wards/departments.
- Managers and leaders promoted a positive culture among staff, which created a sense of common purpose, based on shared values. All staff we spoke with had patient care at the forefront of all that they did.
- There was a culture of openness, candour and honesty among staff we spoke with.
- There were effective structures, processes and systems of accountability to support the delivery of good quality and sustainable services. There was a clear governance structure with effective reporting lines.

Surgery

- Staff at all levels were clear about their roles and understood what they were accountable for and to whom.
- Each surgical speciality held regular mortality and morbidity meetings to share outcomes of mortality reviews. These fed into divisional governance meetings to share learning between specialities.
- The trust had systems for the identification and management of risks. There was a divisional risk register with risks logged and assessed against a risk matrix. There was evidence this was reviewed regularly.
- Information was shared effectively with staff through a variety of ways. Information to deliver effective care was readily available.
- Discharge summaries were given both to the patient and sent electronically to patients' GPs.
- Information about patients' communication needs was identified, recorded to provide individualised care and support.
- There were systems to engage with patients and the public to ensure regular feedback on services. Patients were asked to complete the NHS Friends and Family Test but the response rate was significantly lower than the national average.

However:

- Not all assurance processes were reflective of issues within the service. The quality of the mortality and morbidity meeting minutes was varied, which meant it was difficult for those that did not attend to understand the learning of the review and how this was decided in some cases.
- There were arrangements to share information. However, learning from never events was not always shared effectively between specialities.
- Staff feedback was collected by participation in the annual NHS Staff Survey. Scores representing staff engagement had got slightly worse in the 2017 survey compared with the previous year.
- Ward meetings were not always held regularly.

Areas for improvement

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

Services for children and young people

Good  

Key facts and figures

Details of departments and other care services dedicated to children and young people

This service provides care for new-born babies and children up to the age of 18 years with the following conditions:

- Medical
- Surgical
- ENT (Ear, Nose & Throat)
- Ophthalmology (eyes)
- Dermatology (skin)
- Orthopaedic

The ward also provides care for those children with complex and chronic illnesses, many of whom require investigations or day care treatment.

Percentage of spells in children's services by type of appointment and site, from March 2017 to February 2018, Great Western Hospitals NHS Foundation Trust.

The trust had 5,306 spells in children's services from March 2017 to February 2018. Spells are episodes of care for children attending the hospital.

Emergency spells accounted for 96% (5,097 spells), 3% (172 spells) were day case spells with the remaining 1% (37 spells) elective.

Total number of children's spells by site, Great Western Hospitals NHS Foundation Trust.

Site name	Total spells
The Great Western Hospital	5,306
This trust	5,306
England total	1,103,628

(Source: Hospital Episode)

The children's unit consists of a general ward, paediatric assessment unit (PAU), a local neonatal unit, known as special care baby unit (SCBU) and an outpatient department. A children's outreach nursing service is also based at the children's unit, providing specialist advice for children and their families when they are discharged. The service provides nursing support at home for children living across Swindon and Wiltshire. Children are also cared for in other areas of the hospital; for example, when they need to undergo surgery, when they visit outpatients or radiology, and in the area where dental surgery is undertaken. At times they are also cared for in the intensive care unit for short periods of time.

The Shalbourne Suite is a ward for patients who are privately funded and will provide care for privately funded children. It is located in a separate part of the hospital and children aged 12 to 17 years can receive care as day cases in this area.

Services for children and young people

The general paediatric ward has 20 beds that are arranged in three, four-bedded bays, and eight cubicles. Two of these cubicles could be used as high dependency rooms for children if staffing levels allow. The ward provides facilities that enable parents to stay with their child overnight. The ward also has a schoolroom with teaching staff to allow children to receive education during their hospital stays.

The PAU is adjacent to the general ward and was opened in 2014. It provides rapid access for GP referrals for children and young people to gain urgent advice from paediatricians, without having to attend the hospital's emergency department. It is open from Monday to Friday between 10am and 10pm.

The special care baby unit (SCBU) provides care and treatment for babies who are born prematurely, have difficult deliveries or where there are other antenatal concerns. The unit has 18 cots, including six high dependency cots. Parents are encouraged to assist with their babies' care whenever possible. Additional SCBU facilities include a playroom for siblings, a breastfeeding and expressing room, a parents' sitting room and sleeping accommodation for parents.

We spoke with 26 staff members, including nurses, consultants, medical staff, managers and support staff during our inspection. We also spoke with the six parents and children. We visited all paediatric areas, as well as areas in which related facilities were shared with adults. We observed care and reviewed 15 care records and other documents in all inspected areas.

For the purposes of making the report easier to read, we have referred to all children and young people under 18 children as either babies (if neonates) or children but use it as an inclusive term for all children and young people.

We last inspected the service in March 2017 and we made recommendations for improvement in the safe and well led domains. This inspection was arranged to review the areas requiring improvement. We did not inspect the other domains.

Summary of this service

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

- Patient safety was a priority for this service. Staff numbers had been low but were improving and managers had a strategy to recruit and retain staff to the children's service to create stability. Where there were gaps in rotas, these were filled with bank and agency staff.
- Managers used trust governance processes to assess quality of care delivered and passed information to staff on areas needing improvement.
- Staff followed infection control processes and monitoring showed infection rates were low.
- Staff working in children's specialty areas were trained to care for children. Support was provided for children and families when they left the hospital and outreach staff communicated well with community and children's services colleagues.
- Safeguarding processes were followed by staff and staff were knowledgeable about how to identify and manage potential abuse for children. Support was offered to staff with supervision and training.
- There were enough medical staff to care for children in the hospital.
- There was a noticeable change in culture, compared with our previous inspection. Staff felt supported, able to contribute ideas and voice concerns if they needed.
- Leaders and managers were aware of the challenges to the service and that quality needed to be improved. They were using trust structures to monitor progress and using their own ideas to contribute to improvement.

Services for children and young people

However

- Mandatory training modules did not always meet trust targets for staff attendance. This included medical staff in the children's unit and some staff who cared for children in other parts of the hospital such as radiology, outpatients departments and surgical areas. There was, however a plan to improve this compliance.
- A limited oversight of shift patterns meant that bank and agency staff could work long hours and shifts which did not give them enough rest.
- Oxygen administration for children who needed it was not consistently prescribed.
- GPs did not always receive discharge summaries about a child's care in a timely way.
- There was no non-executive lead to champion children's services at the trust board.

Is the service safe?

Good  

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

- Staff were knowledgeable about systems and processes which protected children from harm and abuse. There were effective systems providing support for staff to identify and report safeguarding concerns for children.
- Staff followed infection control processes, and the service had a low incidence of infection rates. Any infections were investigated for source and managed appropriately.
- Equipment was suitable for caring for children and was maintained in a way that protected children from harm.
- Premises used for the specific care of children was suitable for the purpose it was built.
- Children were assessed for health risks and care plans were written to include this information. New paperwork, implemented at the time of our visit, had provided improved risk assessments regarding safeguarding for children. Staff could refer to the care plan to ensure they were providing appropriate care.
- Patient safety was a priority for staff and gaps in the rota were filled using bank or agency staff. These staff were usually familiar with the ward areas they worked on and had received inductions to the areas. Additional staff were found to provide close observations for children at risk of self-harming or with suicidal thoughts.
- Staff were trained to care for children with high dependency needs and had facilities to do so, although they were not commissioned to provide this.
- Staff on the adult intensive care unit had additional competencies which equipped them to provide safe care in their department if it was needed.
- There was a low vacancy rate for medical staff and there was a full complement of consultants in post for the service. Children's conditions were reviewed in a timely way by consultants and medical staff and senior medical advice was available any time of day or night.
- Children and families were well supported when they were discharged from hospital. Outreach nurses provided support and liaised with community colleagues to ensure children received appropriate ongoing care.
- Medicines were managed, prescribed and administered in a way that maintained the safety of children.
- Staff took opportunities to learn from incidents and audits to improve their practice. Staff we spoke with were aware of procedures to report issues and spoke of how they routinely included children and parents in any investigations.

Services for children and young people

However:

- Not all medical staff had attended all of the mandatory training modules set out by the trust as essential for the staff group. Trust targets had been met in five out of 12 modules which was an improvement on performance at the inspection in 2017.
- The quality of care records was inconsistent during the time new paperwork was being introduced.
- The establishment of nurse staffing levels was not enough to meet the needs of the children cared for on the ward on an ongoing basis.
- There was limited oversight of shift patterns and hours that bank and agency staff worked. Rotas showed some bank and agency staff working 60 hours a month above full-time hours. Managers were reviewing these rotas when we raised this as a concern.
- The service was not funded by their commissioners to provide high dependency care in the children's unit. If children needed this level of care, staffing was assessed and other patient beds could be closed which reduced the capacity of the ward.
- Discharge summaries about a child's condition were not always sent in a timely way. Divisional managers were monitoring progress against an action plan to improve this performance.
- Oxygen was not consistently prescribed for children who received it.
- Some spaces used to accommodate children, was shared with adults and could expose children to witnessing distressing adult behaviours or safeguarding issues. However, staff managed the areas well to prevent any risks to children.
- Not all staff who provided care for children in mixed adult and children's areas were up to date with paediatric life support training.

Is the service effective?

Good ● → ←

Our rating of effective stayed the same. We did not inspect this key question, which was rated good at our last inspection.

Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We did not inspect this key question, which was rated good at our last inspection.

Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We did not inspect this key question, which was rated good at our last inspection.

Services for children and young people

Is the service well-led?

Good  

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

- Leaders and managers used their skills and knowledge to improve the service and were able to support staff in their roles.
- Leaders had a strategy of how they would achieve their vision, which was aligned with trust priorities. Ward managers were consulted about the service provision and supported the strategy.
- Managers were aware of the challenges for the service and had a strategy to improve staffing numbers over a period of time.
- Governance of safety and quality measures were monitored in a structured way and were aligned with trust processes. Ward managers used these to feed back to staff what improvements were needed.
- There was an open culture and all staff we spoke with told us how the service had improved, compared with 12 months previously. Managers were providing opportunities to engage with staff using team meetings and 'bite size' newsletters for the individual children's areas and the women's and children's division.
- Opportunities to engage with children and their parents or carers were provided in different ways. New initiatives included 'tops and pants' washing lines for individual feedback and 'you said, we did' displays in the form of caterpillars and butterflies. Additional events were organised to gather patient views.
- Risks were identified, reviewed and escalated to trust board level where appropriate. Actions to reduce risks were taken and monitored at quality and performance meetings.
- Improving outcomes for children was a focus for leaders and national initiatives for improvement and learning were used in the service. Ward managers visited other children's units and shared good practice with their staff.

However,

There was no champion or non-executive director to represent children's services at board level. However, we saw how the current structure of management had taken issues to the trust board, they had been listened to and acted upon.

Outstanding practice

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

Areas for improvement

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

Outpatients

Good 

Key facts and figures

Outpatients services offered at the Great Western Hospital provide new and follow-up appointments to patients from Swindon and the surrounding area.

Between March 2017 and February 2018, Great Western Hospitals NHS Foundation Trust provided 455,693 first or follow-up outpatient appointments, with 409,585 occurring at the Great Western Hospital. A small number of outpatient appointments were held at other locations within the local community.

The outpatient services at the Great Western Hospital are provided both centrally (where several specialities are co-located, for example in the Wren Unit and Osprey Unit and locally (clinics are located within relevant speciality, known in the trust as villages, for example, ophthalmology outpatient's services operated within the eye clinic).

Each outpatient area has a reception desk where all patients are booked in and are sign posted to the appropriate waiting area. Within the trust, the management of outpatients is largely within a dedicated division for Outpatients and Diagnostics. Specialities such as oncology, endocrinology and dermatology are managed within the division, along with the trust-wide administrative service. There are some specialities which sit within other divisions, dependent upon whether the care is planned or unscheduled. A matron and non-clinical managers oversee the daily workflow within outpatients, supported by colleagues from other divisions. The trust has several meetings and working groups which work across the divisional groups, as part of performance monitoring and improvement programmes.

During the inspection visit, the inspection team:

- Spoke with 13 patients and four relatives.
- Visited clinics and departments, including ophthalmology, urology, fracture clinic, pain management, oncology, gynaecology, cardiology, elderly medicine, dermatology, breast care, blood test clinic, physiotherapy and dietetics.
- Observed staff giving care to patients on five occasions.
- Reviewed nine sets of patient records.
- Appraised performance information from and about the trust, including policies, procedures and audits.
- Spoke with 51 members of staff, including doctors, managers, nurses, physiotherapists, dieticians, podiatrists, health care assistants and administrative staff.
- Met a range of service leads responsible for managing services, including a divisional management team, matrons, heads of service and improvement managers.

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

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:

Outpatients

- Staff understood how to protect patients from abuse; there were clear processes for reporting safeguarding concerns and staff knew how to access support to do this.
- There were systems and processes in place to protect patients and visitors from the risk of infection.
- There were systems in place for managing the planned maintenance of equipment and when faults were identified.
- Staff could identify and respond to a deteriorating patient within the outpatient environment, including medical emergencies.
- Patient records were accessible and staff had the information they needed to make informed assessments of care needs.
- Medicines and prescription pads were appropriately managed to keep people safe in line with national guidance and legal requirements.
- Staff understood their responsibilities to report near misses, patient safety concerns and incidents.
- 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.
- Nutrition and hydration was considered as part of the patient assessment. Refreshments were also available to patients in the outpatient setting.
- There was an established audit programme to monitor the outcomes of patients' care and treatment within the outpatient setting.
- Staff had the qualifications, knowledge and skills to be able to assess and meet the care needs of patients. Staff were encouraged to develop through accredited learning and training programmes developed by the organisation.
- 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.
- Clinical consultations and conversations regarding people's health and well-being needs were conducted within clinical areas with the door or curtain closed to maintain confidentiality.
- Patients with mental health needs were treated with compassion and without judgement.
- Staff provided emotional support to patients to minimise their distress including when a life-changing diagnosis was given.
- Patients were signposted to sources of further information, including other providers and community services that could support their care.
- When patients were finding decisions difficult, staff supported them to understand the complex information about their condition.
- Those close to the patient were made to feel part of the conversations and able to contribute to discussions regarding health needs and care plans.
- The services provided reflected the needs of the local population by offering choice, flexibility and continuity of care.
- The trust was performing better than the operational standard for people being seen within two weeks of an urgent GP referral, to receive treatment within 31 days of diagnosis and the standard for patients to receive their first treatment within 62 days of GP referral.

Outpatients

- The trust had instigated an outpatient transformation programme, which aimed to improve the services delivered to the local population. This included offering additional clinics and establishing more efficient ways of working.
- 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.
- There was a clear strategy for outpatient services to deliver a transformation programme. Staff were highly engaged with this and understood their role in delivering the vision.
- There was generally a positive culture within outpatient services, except for one area reporting low morale. Many staff, of all grades, told us they felt part of a team and described a supportive and respectful working environment.
- The board and other levels of governance in the organisation functioned effectively. There were clear lines of accountability and information was shared effectively.
- Senior nurses had joined together to create an outpatient nursing forum with representation from specialities across the organisation. The purpose of the group was to establish more uniform ways of working across divisions to improve quality and efficiency.
- From speciality to board level, risks and issues were recorded, reviewed, escalated and managed to reduce the likelihood of patient harm.
- Information was used as part of decision-making and to monitor performance. A divisional dashboard had been developed to provide an overview of service provision and monitor potential issues.
- Senior staff had taken steps to improve staff engagement. An outpatient forum had been set up for staff nurses to attend.
- There was a focus on learning, improvement and innovation throughout outpatient services, driven by the outpatient transformation project.
- However:
 - Not all nursing and medical staff were up to date with their required mandatory training, including safeguarding.
 - Lack of space was identified as an issue in several areas we visited, including the Coate Water Unit, oncology/haematology clinics, endoscopy, cardiology, and the breast clinic.
 - We found unattended patient records in an unlocked room in the orthopaedic clinic and Wren Unit.
 - We did not observe the use of 'I am clean' stickers or a similar system to notify staff that equipment was cleaned and ready for use.
 - We were not assured that all staff could identify if equipment was fit for clinical use. Servicing labels did not contain the next service date and the responsibility for maintenance of specialist equipment was not clearly understood by staff.

Outpatients

- Seven-day services were not routinely offered to outpatients due to a lack of resources to extend services beyond the working week.
- We raised concerns that privacy was not maintained within the blood test clinic, where doors were left open and curtains were not used to hide patients from the view of others.
- Waiting times meant people did not always have timely access to an initial assessment or treatment. The trust had developed processes for managing the risk and prioritising patients.
- Despite improvements made through a space utilisation programme, the premises were not sufficient to deliver the number of appointments required to meet demand.
- Complaints were not always investigated within national time frames. At the time of our inspection 17 investigations regarding complaints were overdue.
- We raised concerns a long-term sustainable plan for outpatient services had not yet been developed. The trust was evaluating the ability of demand predication tools to capture both new and follow-up appointments.
- Governance meetings were not consistently organised to follow a set template, the detail of discussion was not always captured in the minutes to allow retrospective comparison.
- Patient feedback was not consistently engaged or reviewed to measure level so satisfaction.

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 staff knew how to access support to do this.
- There were systems and processes in place to protect patients and visitors from the risk of infection.
- There were systems in place for managing the planned maintenance of equipment and when faults were identified.
- Staff could identify and respond to a deteriorating patient within the outpatient environment, including medical emergencies.
- Patient records were accessible and staff had the information they needed to make informed assessments of care needs.
- Medicines and prescription pads were appropriately managed to keep people safe in line with national guidance and legal requirements.
- Staff understood their responsibilities to report near misses, patient safety concerns and incidents.

However:

- Not all nursing and medical staff were up to date with their required mandatory training, including safeguarding.

Outpatients

- Space was identified as an issue in several areas we visited including the Coate Water unit, oncology/ haematology clinics, endoscopy, cardiology, and the breast clinic We found unattended records in an unlocked room in the orthopaedic clinic and wren unit.
- We did not observe the use of 'I am clean' stickers or a similar system to notify staff that equipment is cleaned and ready for use.
- We were not assured that all staff could identify if equipment was fit for clinical use. Servicing labels did not contain the next service date and the ownership of maintain specialist equipment was not clearly understood by staff.

Is the service effective?

Not sufficient evidence to rate ●

Although we inspected the effective domain in outpatients, we did not rate it due to the lack of national data available to the CQC.

We found that:

- 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.
- Nutrition and hydration was considered as part of the patient assessment. Refreshments were also available to patients in the outpatient setting.
- There was an established audit programme to monitor the outcomes of patients care and treatment within outpatient setting.
- Staff had the qualifications, knowledge and skills to be able to assess and meet the care needs of patients. Staff were encouraged to develop through accredited learning and training programmes developed by the organisation.
- Professions worked together to provide seamless patient care, including when care was provided across different specialisms.
- Patients were supported to make decisions about their care in accordance with legislation regarding consent and the Mental Capacity Act 2005. Staff ensured patients were supplied with verbal and/or written information in advance of decisions regarding their care

However:

- Seven-day services were not routinely offered to outpatients due to a lack of resources to extend services beyond the working week.

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 throughout their visits to outpatient services.

Outpatients

- Clinical consultations and conversations regarding people's health and well-being needs were conducted within clinical areas with the door or curtain closed to maintain confidentiality.
- Patients with mental health needs were treated with compassion and without judgement.
- Staff provided emotional support to patients to minimise their distress including when a life-changing diagnosis was given.
- Patients were signposted to sources of further information, including other providers and community services that could support their care.
- When patients were finding decisions difficult, staff supported them to understand the complex information about their condition.
- Those close to the patient were made to feel part of the conversations and able to contribute to discussions regarding health needs and care plans.

However:

We raised concerns that privacy was not maintained within the blood test clinic where doors were left open and curtains not used to hide patients from the view of others

Is the service responsive?

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:

- The services provided reflected the needs of the local population by offering choice, flexibility and continuity of care.
- The trust was performing better than the operational standard for people being seen within two weeks of an urgent GP referral, to receive treatment within 31 days of diagnosis and the standards for patients to receive their first treatment within 62 days of GP referral.
- The trust had instigated an outpatient transformation programme which aimed to improve the services delivered to the local population. This included offering additional clinics and establishing more efficient ways of working.
- 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 the patient 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.

However:

- Waiting times meant people did not always have timely access to an initial assessment or treatment. The trust had developed processes for managing the risk and prioritising patients.

Outpatients

- The trust did not meet its target for clinical correspondence to be sent to the GP within seven days, current performance was reported at 73% against a target of 90%.
- Despite improvements made through a space utilisation programme, the premises were not sufficient to deliver the number of appointments required.
- Complaints were not always investigated within required time frames. At the time of our inspection 17 investigations regarding complaints were overdue.

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:

- There was a clear strategy for outpatient services to deliver a transformation programme. Staff were highly engaged with this and understood their role in delivering the vision.
- There was generally a positive culture within outpatient services, except for one area reporting low morale. Many staff, of all grades, told us they felt part of a team and described a supportive and respectful working environment.
- The board and other levels of governance in the organisation functioned effectively. There were clear lines of accountability and information was shared effectively.
- Senior nurses had joined together to create an outpatient nursing forum with representation from specialities across the organisation. The purpose of the group was to establish more uniform ways of working across divisions to improve quality and efficiency.
- From speciality to board level, risks and issues were recorded, reviewed, escalated and managed to reduce the likelihood of patient harm.
- Information was used as part of decision making and to monitor performance. A divisional dashboard had been developed to provide an overview of service provision and monitor potential issues.
- Senior staff had taken steps to improve staff engagement. An outpatient forum had been set up for staff nurses to attend.
- There was a focus on learning, improvement and innovation throughout outpatient services driven by the outpatient transformation project.

However:

- A long-term sustainable plan for outpatient services had not yet been developed. The trust was evaluating the ability of demand prediction tools to capture both new and follow-up appointments.
- Governance meetings were not consistently organised to follow a set template, the detail of discussion was not always captured in the minutes to allow retrospective comparison.
- Patient feedback was not consistently engaged or reviewed to measure levels of satisfaction.

Outpatients

Areas for improvement

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

Community health services

Background to community health services

Since October 2016 the trust has provided community health services in Swindon, previously run a community enterprise company. Services are as follows:

Community inpatient services: There are two 30-bed wards, Orchard and Forest Wards. Orchard Ward supports patients who have complex discharge needs and Forest Ward specialises in rehabilitation of patients who need support to recover more mobility following a stroke or a surgical procedure, such as a hip replacement. We visited both wards during our inspection.

Community health services for adults: There are a range of services provided to patients in their own homes or in centres close to where they live. In addition to community nursing and therapy teams, there are numerous specialist services, such as podiatry, continence service, wheelchair service and speech and language therapy. There is a single point of access, where a team of nurses triage all referrals to community nursing to identify the urgency of patients' needs. We inspected a sample of community services; this included accompanying staff on their visits to patients in their own homes.

Summary of community health services

Good ●

We rated community health services as good overall. This is because:

All key questions were rated good.

Both core services, community inpatients and community services for adults were rated good.

Community health services for adults

Good 

Key facts and figures

We inspected community health services for adults as part of the new phase of our inspection methodology. The service was given a short notice period of 14 days. This was to allow the inspection team to plan logistics and obtain consent from patients for inspectors to join staff on home visits.

Great Western Hospitals NHS Foundation Trust is one of the biggest healthcare providers and employers in the south west. The trust provides healthcare to the people of Swindon and surrounding areas, in hospital, local communities and in people's own homes.

They have around 2.5 million patient contacts per year. Community adult services had 19,864 referrals and 180,601 patient contacts for the year 2017 to 2018.

The community nursing teams were divided into 4 localities; central, north, south and west. Most community services for adults were based in one location in Swindon, the Orbital.

A list of specialist community health services for adults provided by Great Western Hospitals NHS Foundation Trust is listed below.

Details of community services for adults

Information about the sites, which offer services for adults at this trust, is shown below:

Location site name	Team/ward/satellite name	Patient group	Number of clinics per month	Opening times and days
Great Western Hospital	Community Continence Service	Mixed	12 clinic days per month	8.30am to 4.30pm Monday to Friday
Great Western Hospital	Community Tissue Viability Service	Mixed	16 clinic days per month	8:30 am to 4:30pm Monday to Friday
Great Western Hospital	Community COPD Service	Mixed	6 clinic days per month	9am to 5pm Monday to Friday
Great Western Hospital	Community Oxygen Service	Mixed	8 clinic days per month	8:30am to 5.30pm Monday to Friday

Community health services for adults

Great Western Hospital	Community IV Service	Mixed	20 clinic days per month	8.30am to 4.30pm Monday to Friday
Great Western Hospital	Community Podiatry Service	Mixed	112 clinic days per month	8.30am to 5pm Monday to Friday
Great Western Hospital	Community Integrated Care Team – Nursing	Mixed	Visits only	24 hours 7 days per week
Great Western Hospital	Community Integrated Care Team - Therapy	Mixed	Visits only	8am to 5pm Monday to Friday
Great Western Hospital	Community Stroke Team	Mixed	Visits only	8am to 5pm Monday to Friday
Great Western Hospital	Community Parkinson's Service	Mixed	12 clinic days per month	8.30am to 4.30pm Monday to Friday
Great Western Hospital	Community Equipment Service	Mixed	N/A	8.30am to 6.30pm Monday to Friday and 10am to 2pm Saturdays Sundays and Bank Holidays
Great Western Hospital	Community Wheelchair Service	Mixed	By appointment	8.30am to 4.30pm Monday to Thursday 8.30am to 4pm Friday
Great Western Hospital	Community Adult Nursing	Mixed	Visits only	24 hours 7 days per week

Community health services for adults

Great Western Hospital	Community Speech & Language Therapy	Mixed	By appointment	9am to 5pm Monday to Friday 8.30am to 5pm Saturdays
Great Western Hospital	Acute Occupational Therapy	Mixed	Visits to inpatients only	8am to 4pm Monday to Sunday
Great Western Hospital	Community Diabetes Service	Mixed	13 clinic days per month	8.30am to 4.30pm Monday to Friday
Great Western Hospital	Community Dermatology Service	Mixed	6 clinic days per month	8.30am to 4.30pm every Wednesday 8.30pm to 4.30pm every other Tuesday
Great Western Hospital	Woodlands Therapy	Mixed	79 exercise sessions per month	9am to 5pm Monday to Friday
Great Western Hospital	Community Phlebotomy Team	Mixed	Home visits only	8am to 4pm Monday to Friday
Great Western Hospital	Community Catheter Clinic	Mixed	4 clinic days per month	8.30am to 4.30pm Thursdays

From the list of the services above, we visited the following teams and services during our inspection:

- Community nursing teams
- Single point of access
- Evening and night community nursing teams
- Telehealth services (an enabling service to support remote monitoring of a person's vital signs, including; blood pressure, weight, blood glucose and other blood monitoring)

Community health services for adults

- Tissue viability service
- Rapid response
- Phlebotomy
- Wheelchair service
- Intravenous therapy team
- Speech and language therapy (SALT) services
- Podiatry team
- Dermatology
- Diabetes
- Woodlands therapy services
- Continence service
- Community integrated care team for nursing
- Community integrated care team for therapy

During the inspection we:

- Spoke with 39 patients and five relatives
- Observed staff giving care to 31 patients, which included care given in 10 patients' homes
- Reviewed 15 patient records
- Reviewed policies and procedures
- Reviewed performance information and data from, and about the trust
- Spoke with 71 members of staff at different grades from band two to band eight, including: nurses, physiotherapists, occupational therapists, speech and language therapists, podiatrists, allied health professionals, administration staff and care support workers
- Met with service leads, matrons and team managers.

This was the first inspection of community health services for adults by the Care Quality Commission since it was taken over by this trust in 2016.

Summary of this service

We rated safe, effective, caring, responsive and well-led as good, because:

- We were assured the service was consistently meeting the requirements to provide safe care in all areas. Staff protected patients from abuse and maintained infection prevention and control standards. Staff were reporting incidents and lessons were learned from these. Safety information was collected and actions taken to improve services.
- The service was providing effective care, with patients receiving evidence-based care and treatment. Staff from different services, both internal and external, worked well together. Staff were competent in meeting the assessed needs of patients.

Community health services for adults

- Staff took the time to interact with patients and those close to them in a respectful, compassionate and considerate way. Patients and their relatives/carers were actively involved in their treatment and care.
- Services provided reflected the needs of the population served and ensured flexibility, choice and continuity of care. Services were reviewed and improved when they were identified as not meeting the needs of patients. Complaints feedback was used to improve services provided and learning was shared amongst staff.
- Leaders had the right skills and commitment to improve the quality of the service. The culture was centred around the needs and experience of patients. There were structures, processes and systems of accountability to support the delivery of the strategy and good quality services.

However:

- Not all staff within community health services for adults were compliant with the trust's mandatory training programme. There were shortfalls in some areas, including manual handling and adult basic life support.
- The safety electrical checks on some equipment, including some medical devices, were out of date. However, the trust was aware of this and was taking action to address this risk.
- Whilst there were systems for monitoring performance, waiting times were not being formally scrutinised until after our inspection.
- Complaints were not always responded to within the target time frames set by the trust.

Is the service safe?

Good ●

We rated it as good because:

- Staff understood their responsibilities to protect patients from abuse and made referrals to the local council when required. Safeguarding policies and procedures were in place to support staff in their roles.
- Staff followed safe systems, processes and practices to ensure the safety of patients in relation to infection prevention and control. Waste was disposed of safely to prevent any risks to patients.
- Staffing levels and skill mix kept patients safe. Although there were some nursing vacancies, a number of newly qualified nurses were due to start shortly after our inspection.
- Staff reported concerns, safety incidents and near misses using the trust's internal reporting system. Feedback was provided to staff and any learning shared across all community health services for adults. The trust had recorded an increase in incident reporting and felt this was due to staff having a better understanding of the process, following additional training.
- Safety information was collected, reviewed and actions taken to improve services for patients. We saw this in relation to pressure ulcers, with a quality group set up to review the care and treatment given to patients.

However:

- Some staff within the community health services for adults were not were compliant with the trust's targets for mandatory training programme. There were shortfalls in some areas, including manual handling and adult basic life support.

Community health services for adults

- The safety checks of some electrical equipment at locations used by staff from the community health services for adults were out of date. This included both clinical and non-clinical equipment. The trust was aware of this shortfall and were in the process of addressing it.

Is the service effective?

Good ●

We rated it as good because:

- Community health services for adults were committed to participating in national and local audits to improve standards of care and treatment.
- Patients' care and treatment was based on national guidance to make sure they received the best outcomes. Senior staff monitored services to make sure staff were using evidence-based practice.
- Competency frameworks were completed by staff to ensure they had the right skills and knowledge to meet the assessed needs of patients.
- Multidisciplinary working across all services was very good. We observed some excellent practice during our inspection. We observed staff from several different services, both from within this trust and other healthcare providers, working together to achieve the best outcomes for their patients. They also made sure they kept each other up to date on the condition of the patient.
- Patients were empowered to manage their own health, care and well-being to maximise their independence. We observed how staff assisted patients to take control of their own health. This involved, for example, providing courses focussed on healthy living, including stopping smoking, drinking sensibly and eating well.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and other relevant national standards and guidance. We observed staff asking patients for their consent prior to any treatment or care given. Staff were aware of the process to follow if they felt a patient lacked capacity to make a decision.

Is the service caring?

Good ●

We rated it as good because:

- Staff treated patients with compassion. We observed staff maintaining patients' privacy and dignity during treatment. The feedback we received from patients and relatives praised staff. We were given one example where a member of staff 'went the extra mile' by following up a patient who did not attend a clinic and because of this they saved their life.
- Patients were provided with emotional support from staff, who treated them sensitively and referred them to other services as required.
- Staff involved patients, their relatives and those close to them in their treatment and care. Staff kept them up to date on their condition and explained the options, so they understood what was happening and how they wished to proceed.

Community health services for adults

Is the service responsive?

Good ●

We rated it as good because:

- The services provided reflected the needs of the population served and ensured flexibility, choice and continuity of care. Community health services for adults delivered care and treatment to patients across Swindon, which enabled them to choose where to have their treatment. Services were provided in health centres, Great Western Hospital, Swindon Intermediate Care Centre and in patients' homes.
- Services were reviewed and improved when they were identified as not meeting the needs of patients. An example of this was the development of a rapid response falls service, due to start following our inspection.
- There was a single point of access for referral to some of the community health services for adults. Referrals were triaged and given to the most appropriate service to manage the patient's needs.
- The trust was looking at ways to reduce their 'do not attend' rates. This included ringing patients several days prior to their appointment and the use of text messages.
- Complaints were used to improve services and learning was shared across the community services.

However:

- The trust was not formally monitoring whether patients had timely access to initial assessment, test results, diagnosis, and treatment. There were plans to start formally recording this information from September 2018.
- Facilities and premises were not always appropriate for the services that were delivered. In the wheelchair service, staff had access to an assessment room where there was often too little space for the therapists, relatives and carers.
- Complaints were not always responded to in a timely way or within the target set by the trust.

Is the service well-led?

Good ●

We rated it as good because:

- The leaders for community health services for adults had the right skills and demonstrated enthusiasm for their roles. They were committed to improving the quality of the services provided and demonstrated they were very passionate about this.
- Staff felt valued and enjoyed working for the trust. They were aware of the trust's values and felt they demonstrated them during their work. Staff felt they wanted to improve services for patients. Staff said there was an open culture for reporting incidents and using them as opportunities for learning.
- The trust had governance structures and processes to support the delivery of their strategy, values and good quality services. This included clear responsibility for escalating information upwards to the senior leaders and the management team and cascading downwards to the clinicians and other staff. Staff we spoke with were clear about their roles and they understood what they were accountable for, and to whom.
- Risks to the services were all identified and included on risk registers. These were reviewed at least monthly and actions put in place to minimise any risks to patients and staff.

Community health services for adults

- Patients, relatives and those close to them, and staff, were encouraged to give their views on the services provided to help improve them.
- Leaders and staff strived for continuous learning, improvement and innovation. Community health services for adults had several new initiatives to improve the care and outcomes for patients.

Outstanding practice

We found examples of outstanding practice in this service. Please see Outstanding Practice section above.

Areas for improvement

We found areas for improvement in this service. Please see Areas for Improvement section above.

Community health inpatient services

Good 

Key facts and figures

The community inpatient service consists of two 30-bed wards, providing care to adult patients who live in the borough of Swindon. Orchard ward supports patients who have complex discharge needs and Forest ward specialises in rehabilitation of patients who need support to recover more mobility following a stroke or a surgical procedure, such as a hip replacement. There is also a gymnasium.

Both wards are located on the Great Western Hospital site but are separate from the main hospital building. Other community services, such as community nursing and therapy services are co-located.

Our inspection was announced (staff knew we were coming) to ensure everyone we needed to speak with was available. This was the first time we had inspected this service using our current methodology; therefore, there were no ratings to compare with.

During our inspection we visited both wards and spoke with 20 staff, including doctors, nurses, therapists, domestic staff and managers. We spoke with seven patients and their relatives and reviewed 10 patient records

Summary of this service

We rated this service as good overall, with all key questions rated good. The service had not been inspected before under our current methodology, so we were unable to provide a comparison of ratings. We rated it as good because:

- Staff were trained in, and followed safe systems and processes to protect people from avoidable harm.
- Patients' holistic needs were assessed and care and treatment provided by multidisciplinary teams, using evidence-based care pathways.
- Staff acted as patients advocates and promoted choice. Staff provided emotional support to patients and their relatives to help them come to terms with their situation.
- There was coordinated care, with close links with acute and community-based services.
- The service was well led; leaders had appropriate skills and experience and supported staff well. There were effective governance arrangements.

However:

- Nurse vacancies, resulted in reliance on temporary staff.
- Documentation of best interest decisions needed to improve.
- There was limited therapy provision at weekends.
- Complaints were not always responded to within target timescales.
- Some staff felt they had not been engaged early enough in the service's improvement journey.

Is the service safe?

Good 

Community health inpatient services

We rated it as good because:

- Staff were trained and knowledgeable about systems and processes which protected patients from potential harm and abuse. They could describe how they had used the systems to protect patients.
- Staff followed infection control processes, investigated incidents of infection and changed practice to prevent it happening again.
- Equipment was available to support care for patients. Staff knew how to access it and ensured it was cleaned and maintained.
- Patients were assessed for health risks and care plans were written to include this information. Staff were able to refer to the care plan to ensure they were providing appropriate care.
- Nurse staffing had improved over the previous six months and gaps were mostly filled with bank and agency staff. These staff had received induction to familiarise themselves with the ward areas.
- Medical staff were available to assess patients' progress and support patient care if their conditions deteriorated.
- Records were mostly kept securely and confidentially. They were kept away from immediate view of visitors but notes trolleys could not be locked. However, new trolleys had been ordered.
- Ward managers monitored information about new patient harms such as pressure ulcers and falls. This information was shared with staff and guided improvement.
- Staff were confident in reporting incidents and knew how to use the system. Most staff received updates on actions taken following reporting incidents.

However

- There were not enough permanently recruited staff to safely provide care for patients.
- Staff were unclear about the actions they should take report when medicines fridges were out of the recommended temperature range for safe storage.
- We found cleaning cupboard doors were not always locked.

Is the service effective?

Good 

We rated it as good because:

- Care and treatment provided to patients was based on best available evidence. Staff followed policies and procedures which had been developed in line with national guidelines such as National Institute for Health and Care Excellence (NICE).
- Patients had their conditions assessed holistically using hospital-wide assessment tools. Care plans were written which detailed patient care needs and were updated by staff providing care in a timely way.
- The multidisciplinary team was able to support smooth pathways of care for patients between acute care and the community services needed on discharge.
- Patients were provided with appropriate nutrition and hydration and speech and language therapists provided specialist advice to support patients with swallowing difficulties.

Community health inpatient services

- Staff were able to access training to update and extend their skills to provide specialist care for patients, and systems used ensured all staff were competent to provide care for patients on the two wards.
- Patient care and treatment outcomes were monitored using audit programmes. These were largely internal to the trust and were focussed on patient safety. There were two national audits the service contributed towards to benchmark their standards of care delivery.
- Staff ensured they promoted patient choice and acted as advocates for choices patients made. Patients were provided with information on appropriate actions.

However:

- Discussions about making decisions in the best interest of patients were not always documented and stored in an easily accessible way. Deprivation of Liberty Safeguards (DoLS) applications were filed in different parts of the record and difficult to find. Best interests decisions were not always documented on the DoLS forms to show discussions and reasons for decisions made.

Is the service caring?

We rated it as good because:

- Staff responded to patients' individual needs and took time with patients, speaking in a respectful way. There was a strong sense of ensuring patient choice was promoted and all staff we saw interacting with patients and relatives provided this choice as a natural part of their role.
- Patient privacy and dignity was respected using facilities available in a way that promoted this. Curtains were drawn, voices were lowered and private rooms were used when further privacy was needed.
- Patients and their relatives were involved in their care decisions. Information was provided in a way they could understand and translation services were used when required.
- Emotional support was provided for patients and their relatives, helping them to come to terms with their situation. Relatives spoke highly of this support.

However:

- Religious beliefs were not always easy to view on the paper records. These were recorded on electronic admission forms which required another action from staff to review them.
- Patients felt staff could take a long time to answer call bells. This had been identified through audits and work was ongoing to ensure patients' needs were responded to in a more timely way.

Is the service responsive?

Good ●

We rated it as good because:

- Services were provided for the local population in Swindon and supported patients to receive care and rehabilitation support closer to their homes.
- Admission criteria to the wards had been set and was being reviewed by managers.

Community health inpatient services

- Individual patient needs were assessed by all disciplines involved in their care and therapists, doctors and nursing staff contributed to care and discharge planning.
- Links with the acute trust were being strengthened to provide seamless pathways of care. The rehabilitation ward had strong links with the acute stroke unit at the acute trust. Orchard ward provided support for patients with complex discharge arrangements and provided a link between acute trust and community services.
- Discharge planning was a focus for staff and numbers of discharges each day were slightly better than previous year's results.
- Electronic technology supported staff to promote timely and effective care for patients.
- Complaints and concerns were used proactively by managers to improve services.

However:

- There was limited therapy at the weekend for patients to continue to progress with their rehabilitation programme.
- The service was outside of trust policy timeframes in dealing with complaints.

Is the service well-led?

Good ●

We rated it as good because:

- Leaders and managers used their skills and knowledge to improve the service and supported staff in their roles.
- The service was working towards providing an integrated service with acute and community services for patients in Swindon.
- Governance of safety and quality measures were monitored in a structured way and were aligned with trust processes.
- Most staff felt consulted about developments within the service and comfortable to raise concerns with their managers.
- Information was cascaded to staff at ward meetings and safety briefings.
- There was a strong culture of staff support and development.
- Staff wellbeing was a priority and managers followed policies to support this. A one-off event had provided information and support for staff health and wellbeing.
- Risks were identified and raised to managers and leaders. These were reviewed and actions taken to reduce risks as much as possible.
- Managers looked for opportunities to improve services by consulting with other areas within the acute trust.
- However:
- Some staff felt they were not consulted at an early enough stage to help to develop services.

Areas for improvement

We found areas of improvement in this service. Please see the Areas for Improvement section above.

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 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Our inspection team

Mary Cridge, Head of Hospital Inspection (South West) led this inspection.

The team included an inspection manager, 13 CQC inspectors a CQC pharmacist and 11 specialist advisers. Specialist advisers are experts in their field, who we do not directly employ.