Care Quality Commission

Wiltshire Health and Care LLP

Quality Report

Chippenham Community Hospital
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Date of inspection visit: 27, 28 & 29 June, 3, 6, 7 & 10 July 2017
Date of publication: 09/10/2017

Core services inspected	CQC registered location	CQC location ID
Community health services for adults	Chippenham Community Hospital	1-2699740288
Community health services for adults	Savernake Community Hospital	1-2700153220
Community health services for adults	Trowbridge Community Hospital	1-2700381463
Community health services for adults	Warminster Community Hospital	1-2700381546
Community health inpatient services	Chippenham Community Hospital	1-2699740288
Community health inpatient services	Savernake Community Hospital	1-2700153220
Community health inpatient services	Warminster Community Hospital	1-2700381546
Community mental health services for people with learning disabilities or autism	Chippenham Community Hospital	1-2699740288
Urgent care services	Chippenham Community Hospital	1-2699740288
Urgent care services	Trowbridge Community Hospital	1-2700381463

This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for community health services at this provider	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Requires improvement

Summary of findings

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Summary of findings

Overall summary

When aggregating ratings, our inspection teams follow a set of principles to ensure consistent decisions. The principles will normally apply but will be balanced by inspection teams using their discretion and professional judgement in the light of all of the available evidence.

Letter from the Chief Inspector of Hospitals

Wiltshire Health and Care LLP was inspected during planned and announced visits. We visited many community teams, locations, hospital wards, patients' homes, and clinics during this time. We returned to a number of locations and teams for unannounced visits.

This inspection was a comprehensive look at all services provided by Wiltshire Health and Care LLP. The core services we inspected were:

- Community health services for adults
- Community health inpatient services
- Community mental health services for people with learning disabilities or autism
- Urgent care services (minor injury units)

We visited Chippenham, Savernake and Warminster Community Hospitals and inspected four inpatient wards. We went to County Hall in Trowbridge, and Savernake Hospital in Marlborough, where we met patients and staff in the community learning disabilities service. We visited the minor injury units in Chippenham and Trowbridge Community Hospitals. To inspect the community adults' services, we visited a range of health centres, and community hospitals, and went out with community nursing teams to patients' homes. We also met with staff and teams at the organisation's headquarters at Chippenham Community Hospital.

All staff throughout Wiltshire Health and Care were cooperative, helpful and supportive to us at all stages of the inspection.

Our key findings were as follows:

- We rated the safety of the provider and core services as good overall. There were safety systems and processes to protect patients from avoidable harm and abuse. Patients and their relatives received a sincere apology and explanation when something went wrong. There was openness and transparency about safety, and staff fulfilled their responsibilities to report incidents. However, there had not been a recognisable improvement in some avoidable harm to patients, such as falls and pressure ulcers, although this was from a low number of these incidents. Staffing levels kept people safe and were supplemented by temporary staff. However, this was an area of clear concern and focus for the organisation, which was struggling with vacancies and a high turnover. Nevertheless, this area was improving with ongoing recruitment.
- We rated the effectiveness of the provider and core services as good overall. Care was planned and delivered in line with evidence-based practice. Patients' needs were assessed and care was delivered, where required, with a multidisciplinary approach. Patients' rights were protected. There was commitment to assessing patients' needs before they were discharged to ensure the outcomes of their care were good. However, although most staff were receiving an annual review of their performance, there was some concern around the value of these appraisals.
- We rated the caring domain for the provider and core services as good overall. Patients were respected and valued by staff as individuals. Feedback was continually positive about the way staff treated patients and those who supported or spoke for them. Staff were committed to partnership working with patients and putting them at the centre of what the organisation stood for. There were outstanding practices developed for people with cognitive impairment to help them feel safe.
- We rated the responsiveness of the provider and core services as good overall. Services were organised and delivered to meet patients' needs. The organisation was committed to playing its role in improving how the whole health and social care economy operated. Wiltshire Health and Care was pivotal in the development of new programmes to 'fast-track' patients home. Then to assess them when they were at home rather than in hospital. There was a

Summary of findings

commitment to deliver care to patients at home where possible, and avoid admission to hospital. Almost all the referral times for patients to be seen were within the national target of 18 weeks.

- We rated the provider for well-led as requires improvement overall. We rated each of the core services as good for this domain. Our concerns at provider level were around how the commissioned portfolio of work had risks for the quality of work the small team were able to deliver, analyse and provide for assurance. There was insufficient quality to governance information, although we recognised significant improvements being made. The organisation was not able to provide information to us to show how it assured itself that the directors or equivalent people were fit and proper persons. There was no strategy for patient engagement, although this was now a work-in-progress, with board leadership. Nevertheless, there was notable dedication and commitment from the board and leadership of the organisation. There was a clear vision and strategy for the future.

We saw several areas of outstanding practice, including:

- In Trowbridge Hospital minor injury unit, staff used 'distraction boxes' for children. A charity supplied them on the request of a nurse working on the unit. The toys and games could be cleaned and any broken or missing items replaced by the charity. We also saw staff gave children their own colouring book and pencils to keep them amused and which they could take home.
- The leadership of the specialist community teams.
- The innovative practices for managing continence care.
- The responsiveness of the community teams to patients receiving end of life care.
- The strategies in place to support admission avoidance and early discharge from hospital, such as the high intensity care work and the stroke early discharge team.
- Patients on Mulberry ward (the stroke unit) at Chippenham Community Hospital were actively involved in planning their stroke rehabilitation in partnership with the ward-based therapy team. Patients had a personalised therapy timetable, which was updated weekly and stored at the bedside to enable relatives/carers to be involved in the patient's rehabilitation.
- Staff on Longleat ward at Warminster Community Hospital were using a dementia reminiscence therapy software package. This included an interactive system that could be used by the patient's bedside. Complex care patients with a cognitive impairment or patients who were living with dementia benefitted from the reminiscence therapy software as it enhanced staff engagement and helped to reduce anxiety and distress.
- A mural on Longleat ward at Warminster Community Hospital had been created by a local artist. The mural displayed scenes of the local area and was developed in partnership with patients, relatives and staff to support reminiscence activities for patients living with dementia. Feedback from patients and their families was being gathered to support the development of further murals on the ward.
- All staff on Mulberry ward (the stroke unit) and staff from community hospitals, including kitchen staff, student nurses and volunteers, had attended training with the speech and language therapists in helping patients who had difficulty with swallowing.
- There were limited facilities on Mulberry ward (the stroke unit) for patients to practice daily living activities following a stroke. Therefore, the occupational therapist had introduced a weekly breakfast club on the ward to enable patients to make their own breakfast in a supported environment.

However, there were also areas of poor practice where the provider needs to make improvements.

Importantly, the provider must:

- Improve its governance procedures for the minor injury units. Specifically the provider must address low incident reporting rates, irregular team meetings, and no specific risk register. It must improve understanding of the quality and safety performance of the unit for all staff and ensure routine audits, for example, consent, patient records and medicines are regularly undertaken.

Summary of findings

- Demonstrate that directors of the organisation or their equivalent are fit and proper persons to meet the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 5.
- Ensure systems and processes are established and operated effectively to assess, monitor and improve the quality and safety of the services provided. Within its governance arrangements, the organisation must assess, monitor and mitigate the risks to the health, safety and welfare of patients and others who may be at risk. The senior executive team must ensure they can demonstrate that improvements have been made to care and services from the analysis of accurate data, audit, complaints, and investigations into poor care.

Professor Ted Baker
Chief Inspector of Hospitals

Summary of findings

Our inspection team

Our inspection team was led by:

Chair: Julie Blumgart, invited independent chair

Inspection manager: Alison Giles, Care Quality Commission

The team included CQC inspectors, including two pharmacist inspectors, and a variety of specialist professional advisors. These included community nurses, a learning disabilities' nurse, an allied health professional, and clinicians specialising in governance. Two experts by experience also supported us by speaking with patients by telephone about their views and experiences.

Why we carried out this inspection

We inspected Wiltshire Health and Care LLP as part of our comprehensive community health services inspection programme.

How we carried out this inspection

To get to the heart of experiences of care for people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting the services, we reviewed a range of information we held about the organisation, asked the provider to send us a wide range of evidence, and asked other stakeholder organisations to share what they knew. We carried out announced visits to many different locations and community teams working for Wiltshire Health and Care on 28 and 29 June and 6 July 2017. Prior to this and during the visits we held focus groups with a range of staff, such as nurses, therapists, administrators, and managerial staff. We spoke with staff working in the community teams, many of the headquarters-based staff, the senior executive team, and members of the board.

Our experts by experience spoke by telephone with patients who were receiving, or who had received care and support, and with family members and carers. During our visits, we took time to observe how patients were being cared for, and we talked with patients and their carers, and/or family members. We reviewed treatment records and other information about patients' care.

We carried out unannounced visits on 3, 7 and 10 July 2017.

Information about the provider

Wiltshire Health and Care LLP is a not-for-profit organisation serving community patients in Wiltshire and the surrounding areas. The organisation was established in July 2016 by three local NHS trusts, and provides all care and treatment under a contract with the NHS. It is important to note that at the time of our inspection the organisation had been established for just one year.

The organisation works in partnership with the three local NHS trusts, which are represented by senior trust staff on the Wiltshire Health and Care board. It has been constituted to focus on improving community services. The staff delivering care under the agreement with Wiltshire Health and Care LLP and its commissioners remain employed by one of the NHS trusts.

Summary of findings

Wiltshire Health and Care provides a range of services to the community, including a learning disabilities team, working together with Wiltshire Council. There are community nursing teams, intermediate care, diabetes care, podiatry, and a respiratory team. The organisation has four wards for inpatients, a wheelchair service, also working with children, orthotics, lymphoedema, and orthopaedic services. There are speech and language therapists, continence services, a musculoskeletal team, also treating children, dietetic services, a tissue viability service, and two minor injury units.

The provider has four locations registered with CQC. Services not delivered directly from one or more of these four locations, but spread throughout the county of Wiltshire, are registered within the overall management of the organisation. Wiltshire Health and Care LLP is registered at and operates from Chippenham Community Hospital.

The provider has an income of £43 million to provide services, and works with around 900 whole-time-equivalent staff.

The services provided by Wiltshire Health and Care were last inspected in September and October 2015 when they were run by Great Western Hospitals NHS Foundation Trust. There were no actions raised at that inspection. This was the first comprehensive inspection of the provider under the new CQC methodology. As such, it was the first time Wiltshire Health and Care has been rated for the safety, effectiveness, caring, responsiveness and leadership of the services it delivers.

Good practice

- In Trowbridge Hospital minor injury unit, staff used 'distraction boxes' for children. A charity supplied them on the request of a nurse working on the unit. The toys and games could be cleaned and any broken or missing items replaced by the charity. We also saw staff gave children their own colouring book and pencils to keep them amused and which they could take home.
- The leadership of the specialist community teams.
- The innovative practices for managing continence care.
- The responsiveness of the community teams to patients receiving end of life care.
- The strategies in place to support admission avoidance and early discharge from hospital, such as the high intensity care work and the stroke early discharge team.
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- All staff on Mulberry ward (the stroke unit) and staff from community hospitals, including kitchen staff, student nurses and volunteers, had attended training with the speech and language therapists in helping patients who had difficulty with swallowing.
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Summary of findings

Areas for improvement

Action the provider MUST or SHOULD take to improve

Action the provider MUST take to improve

- Improve its governance procedures for the minor injury units. Specifically the provider must address low incident reporting rates, irregular team meetings, and no specific risk register. It must improve understanding of the quality and safety performance of the unit for all staff and ensure routine audits, for example, consent, patient records and medicines are regularly undertaken.
- Demonstrate that directors of the organisation or their equivalent are fit and proper persons to meet the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 5.
- Ensure systems and processes are established and operated effectively to assess, monitor and improve the quality and safety of the services provided. Within its governance arrangements, the organisation must assess, monitor and mitigate the risks to the health, safety and welfare of patients and others who may be at risk. The senior executive team must ensure they can demonstrate that improvements have been made to care and services from the analysis of accurate data, audit, complaints, and investigations into poor care.

Action the provider SHOULD take to improve (these supplement other actions in the individual core service reports)

- Continue to implement the Workforce Strategy to provide a sustainable service for staff and patients and resilience for the future.
- Address the gap in the responsibility, management and implementation of NICE guidance so this has ownership and assurance.
- Ensure that staff development needs identified through appraisal are met.
- Enable staff to contribute to and influence the service redesign for patients with a learning disability or autism.
- Work with commissioners to address the additional work the organisation is carrying out over and above its contract.
- Continue to develop the programme of meetings and surgeries to gather the staff voice into service design and change.

Care Quality Commission

Wiltshire Health and Care LLP

Detailed findings

Good

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

We rated safety as good overall because:

- There were systems and processes to keep vulnerable people safe and protect them from abuse.
- Staff were open, honest and apologised to people when something went wrong.
- The organisation had a good track record in safety. There was a low number of serious incidents and a positive culture around incident reporting. Staff recognised the need to report incidents and saw them as opportunities to learn and improve care.
- Staffing levels kept patients safe from harm.
- Staff received regular mandatory training to ensure they were familiar with safe systems and processes.

However:

- Not all the investigations into serious incidents identified the root cause and some action plans did not address failings of care.
- There was a significant number of staff vacancies, which although beginning to fall, meant staff were often stretched and unable to provide the best possible care.

Our findings

Duty of candour

- The organisation recognised, acknowledged and met the requirements for applying its duty of candour. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) ofcertain 'notifiable safety incidents'andprovide reasonable support to that person. Senior staff had received training to recognise when the duty of candour should be applied, and those we met accurately described this. To share this with other staff, duty of candour was covered in some detail in one of the staff newsletters. Staff were also given mandatory training on the subject to ensure all staff were aware of their responsibilities. This meant any patient or their family, where a duty of candour had been recognised as applicable, should get a consistent and appropriate response.
- Patients or those who spoke for them were notified when the duty of candour became a requirement for the organisation. We reviewed four incident investigation reports where the duty of candour would apply. There was a section in each report requiring staff to report if and how the duty had been applied. Most of these had been completed or partially completed if it was still in progress. This ensured staff had considered the

Good

Are services safe?

By safe, we mean that people are protected from abuse * and avoidable harm

application of the duty of candour, and could report that it had been followed where appropriate. We reviewed three responses to the relevant persons where the duty of candour had been applied. All of those affected had received timely verbal apologies. Two of the incidents went through the reporting process in a relatively timely way. However, one of the incidents occurred in February 2017 and had yet to be completed.

- Duty of candour requirements were monitored by the organisation. Minutes of the harm-free focus group demonstrated discussions were held on open duty of candour procedures. The focus at the June 2017 meeting was to look at timely responses to the patient or those who cared for them (the 'interested party'). Most of the investigations and responses to the interested party were in relation to serious pressure ulcers. Of the eight investigations in progress, six at the first stage started on time. The two, which resulted in the most serious harm, had started late, although the meetings did not record why and whether any actions were needed to improve investigation times.

Safeguarding

- There were systems and processes to keep children and vulnerable adults safe from abuse. The organisation followed the South West Child Protection Procedures. There was an appropriate policy for safeguarding vulnerable adults provided to Wiltshire Health and Care staff from the agreement with the local NHS trust. However, there were plans for a review of this policy. The organisation recognised certain policies and procedures now needed a local approach specifically for this community provider of care. This would ensure patients had a response to any concerns or suspicions of abuse related to their specific situation as a community patient.
- There were appropriate senior staff with legal duties and responsibilities for safeguarding. The organisation had a safeguarding adults' lead and a safeguarding children's lead nurse. They were both available as a point of contact for staff within the organisation should there be any concerns or referrals. A safeguarding children's lead was due to join the organisation in July 2017. The safeguarding adults' lead had good links with the wider county area, including the local authority. They attended the local Safeguarding Adults Board and the policy and procedures' sub group. The organisation would be involved in any learning arising from serious case reviews or safeguarding adults' reviews. There was, therefore, a wider approach to keeping people safe through an overview of the whole system within the local area.
- Safeguarding staff attended multidisciplinary meetings to review or identify any safeguarding concerns. The safeguarding adults' lead joined the harm-free focus group, where incidents were reviewed and actions agreed. This meant experienced safeguarding staff had an oversight of incident reports to determine whether safeguarding advice or intervention was needed. It also provided learning opportunities for staff reporting incidents. It increased the opportunities to ensure safeguarding was considered in all areas of practice.
- Staff were given support with any concerns they raised. Safeguarding supervision was available on a one-to-one basis for staff working directly with children. This included staff working within the physiotherapy, wheelchair, and continence services. There was group supervision available for staff working within the minor injury units. However, it was noted that staff in this service had not been regularly able to attend. This was due to insufficient staff being left on duty and therefore a risk to release staff. The safeguarding lead recognised this as an area to be addressed. Otherwise, there was good support for staff looking at individual cases, specifically around children.
- There was communication with staff on safeguarding and additional training available. Information was communicated to staff at bi-monthly meetings. These meetings were attended by staff working as 'practice influencers' and seen as staff who would cascade information to their teams. The safeguarding lead communicated safeguarding updates to staff within a section of the organisation's staff newsletter. Staff were provided with safeguarding training appropriate to their roles working with adults and children. The safeguarding leads also supplemented mandatory training with bespoke training, guidance and advice. Safeguarding adults' level three training was in development in line with the NHS England intercollegiate document for adults, which was being reviewed by NHS England and waiting approval.

Incidents

- The organisation did not have a high number of serious incidents, although it did not report serious pressure ulcers in their data, as these were reported separately.

Good

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Serious incidents (excluding pressure ulcers) of between one and three a month were reported in the year from May 2016 to April 2016. Of the staff who took part in the 2016 NHS Staff Survey, 92% said the organisation encouraged the reporting of errors.

- There was a positive culture around incident reporting, although pressure of time did mean some incidents seen as 'everyday' problems were not always reported. Most staff were clear on their responsibilities and understood how reporting led, where needed, to changes and improvements to patient safety. In the 2016 NHS Staff Survey, 100% of staff who took part said they knew how to report unsafe clinical practice.
- The investigations of serious incidents by senior staff were detailed, although they did not always identify the root cause or produce actions to avoid recurrence. There were some areas within the reports that were documented as areas to consider for improvement, but these were not captured in any actions. Some of the investigations of the incident also did not entirely isolate the root cause. There was one specific incident involving a frail elderly patient where one of the obvious problems relating to their visibility to staff was not seen as a failure. This report only had one action, which was unrelated to this key issue. There was also occasional contradiction in information about patients. One patient was described, for example, as having no problems with malnutrition, and then described further into a report as "nutritionally compromised". We discussed the reports at some length with the senior staff in the safety and quality team and they recognised our concerns. These also included the use of consistent forms for reporting. We recognised some of this stemmed from a trial of alternative templates requested by the clinical commissioners. In the 2016 NHS Staff Survey, although 92% of respondents said the organisation encouraged the reporting of errors, only 66% said the organisation took action to ensure errors were not repeated.
- There was an action plan in progress to deliver the workforce strategy for 2017-2020. The action plan was developed to support the strategy and the results of the 2016 NHS Staff Survey. It included actions to improve staff feedback and organisational learning from adverse incidents.

Staffing

- The organisation recognised it had problems with the recruitment and retention staff. In the 2016 NHS Staff Survey, only 33% of respondents felt there were enough staff in their workplace to do their job properly. The vacancy rate, as an average across all staff groups, was around 12%. There were some areas of the organisation where vacancies had been significantly higher, but recruitment had been successful in many areas and vacancies were reducing. The organisation had developed and provided the board members with a workforce strategy for 2017-2020. The strategy had recognised the issues with retention and recruitment, and developed plans to attract, retain and reconfigure the workforce. This meant recognition of high achievers, an improved appraisal process, and review of staffing and skill mix. The organisation planned to introduce apprentices, improve flexibility for staff working patterns, and develop staff through career planning. There was, therefore, a cohesive plan to develop and retain the future workforce.
- There was an action plan being developed to deliver the workforce strategy for 2017-2020. This action plan was linked with other key priorities for the organisation, demonstrating joined-up thinking. It included, among other areas, training and development for staff, change to a specific bespoke appraisal programme, and reducing work-related stress or physical injuries to staff. The organisation planned to produce an audit to determine how many additional hours were being worked by staff, ensure staff felt valued and that their achievements were recognised. Some of this work was nearing completion, some was ongoing, and other actions would take time to deliver. The objective was to ensure patients received safe and high quality care from a strong staff team.
- Service provision had been affected by unsafe staffing levels in the last year, and changes had been made to resolve this problem. This had been particularly of issue in the minor injury units. This service had closed on a number of occasions, as staffing levels were not sufficient to support a safe service. Agency or bank staff had not been secured at the time, often due to the short notice. This had resulted in a change to service provision, agreed with the commissioners. The staff had been consulted around the busy times in the units, and new opening hours had been agreed with commissioners, and communicated to the local community. During this period, patients had received a safe service, although reduced availability of opening times.

Good

Are services safe?

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- Levels of staff sickness were below, so better than, those of public sector organisations and other not-for-profit organisations. In the period from July 2016 to the end of March 2017, the average was reported at 3.7%. This was below the figure of 4.5% for the NHS, and 4% in the not-for-profit business sector. At 3.7%, it was, however, above the organisation's target of 3.5%.

Mandatory training

- Most staff had undertaken the regular update to their mandatory training. At the end of April 2017, this was 88% of all staff. There had been a dip in completion in late 2016 to around 75%, but this had picked up. The target set by the commissioners was 95%, which is at the high end of targets set for organisations. The board had yet to set its own target, although staff thought this was 90%.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

We rated effectiveness as good overall because:

- The organisation focused on providing care to patients following evidence-based guidance, with the objective of delivering care recognised as best practice.
- Patients had comprehensive assessments of their needs.
- There was a strong commitment to multidisciplinary working. The organisation recognised the value of this to patients in a community setting and were pivotal in bringing other professionals and organisations into the delivery of care.
- A high number of staff had received an annual review of their competence.
- Staff were qualified, experienced and supported to deliver effective care and treatment.
- Staff understood and acted upon the legal requirements to gain valid consent. When a patient did not have the mental capacity to provide this, staff made this assessment and then acted with support from others in their best interests.

However:

- There was a lack of assurance to demonstrate how clinical or other guidance was implemented.
- There was limited evidence or key performance indicators used to demonstrate patients had the best outcomes.
- Not all staff felt their appraisals provided development opportunities, even when these were recognised.
- There was a relatively high number of patients recorded as re-attending the minor injury units. However, the provider was in the process of conducting an audit to review the validity of the data.

Our findings

Evidence based care and treatment

- The organisation was committed to determine what best practice was for patients and what would solve problems of bed capacity, for example, in the community. The 'Home First Pathway' programme to facilitate early discharge from hospital was based upon best practice evidence available nationally. The organisation had designed a relatively simple system, with the support of other health and social care providers. The 'Higher Intensity Care' project was being introduced to enable patients to have care and treatment at home or in a community hospital, rather than at the acute hospital. As part of this programme, an ambulatory care service had been established in two of the community hospitals in order to reduce admission to secondary care. The service was in its infancy, but had already been welcomed by patients and their families for the value it provided in avoiding a hospital admission.
- Care and treatment was delivered by experienced and specialist staff working in accordance with evidence-based practice. Many of the services regularly updated their care and treatment protocols in line with improvements and innovative practice. This included, among others, the tissue viability team, who had employed new techniques to prevent or reduce the impact of pressure ulcers. The speech and language service had applied new guidance from the National Institute for Health and Care Excellence (NICE) for people with Parkinson's disease. The learning disabilities service offered psychological therapies to patients, as recommended by NICE.
- Guidance, policies, and procedures were readily available for staff to find and follow, although the board was not provided with full oversight of the process. The organisation's intranet held copies of all relevant documents, and staff we asked said they had been able to find the things they were looking for. They were alerted to changes to key documents, and required to implement these changes if they affected any care or treatment they delivered. We read a number of board papers and other quality and safety reports, and understanding and implementation of new clinical and other guidance was reported, but without assurance it was completed. The May 2017 quality, performance and finance report to the board had a short entry summarised as 'proportion of NICE guidance is not being reviewed within the expected timeframe'. The proportion was not reported, and the impact on patient care and risks to patients, staff, and the organisation had not been articulated. This was to be added to the risk register, but it was not evident in that document provided with the June 2017 board papers.

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

- There were shortcomings in the system for putting new guidance into practice. The organisation received and reviewed new guidance, protocols and clinical practice, although one important piece of guidance had not yet been implemented. Guidance relating to community services came from a number of sources, including NHS England, NICE, Public Health England, and commissioners. New information came into the quality assurance team for review. We were told it was then circulated to the right people for implementation and their confirmation this had been done. However, minutes of the quality assurance meeting from April 2017 reported the organisation needed to formally discuss how it was managing NICE guidance. The May 2017 minutes did not pick this up. The one significant gap we found was in the implementation of the NICE guidance around sepsis – NG51: Sepsis recognition, diagnosis and early management. This guidance was published in July 2016 and related to patients in primary, secondary and tertiary care. As yet, this had not been implemented for community patients being cared for by Wiltshire Health and Care.

Patient outcomes

- Patients were receiving good outcomes, although the measurement of these in real time was in development in some services. There was a low number of serious incidents, which was an indicator of good outcomes for patients. There had been no hospital-acquired infections in the year from May 2016 to April 207. There was a range of audits on essential patient assessments in the inpatient wards. The latest data from the new quality of care dashboard (April 2017) showed that over the last year (May 2016 to April 2017) almost all patients had been assessed for clinical risks. This included nutrition, falls, pressure ulcers, monitoring of any deterioration, and risks from blood clots. Most of these scored 100% compliance or just below.
- The outcomes for patients attending the minor injury units suggested not all patients had effective care on the first visit. This had not been specifically picked up by the organisation. Data provided showed that just under 9% of patients came back to the unit with the same complaint. There was no target for the organisation to achieve to determine if this performance was an issue to be addressed. When comparing this rate with another local organisation providing a minor injury service, the Wiltshire Health and Care performance was over four times higher. This was an indication of outcomes for patients not being as effective as they should be. However, the provider told us staff were in the process of conducting an audit to review the validity of the data.
- Certain outcomes were measured through clinical or national audits, although not with consistency. For example, the learning disability service would measure certain outcomes based on national indicators such as 'Health of the nation for outcome scales for people with learning disabilities'. However, this was not collected consistently by all parts of the service so the data gathered was not complete and small volumes would tend not to indicate if there were themes or trends to analyse. Data input to the Sentinel Stroke National Audit Programme had also been a challenge for staff and there was a lack of certainty within the organisation as to whether it was reliable.
- The organisation received a low level of complaints, which is an indicator of patients being happy with their care and the outcomes of any treatment they received. There was a high level of patient satisfaction with services. The NHS Friends and Family Test results for May 2017 (the most recent) reported that 98% of respondents would recommend the service. However, the response rate was low (1.4%), so this was only the opinion of a small number of those people the service supported. All the patients and relatives we met or spoke with on the inspection reported good outcomes from their care and treatment.

Multidisciplinary working

- The organisation recognised the value of inter-organisational multidisciplinary care for delivering effective patient care. One of the objectives of Wiltshire Health and Care was to work in partnership with the other community organisations to deliver care to patients. This was evident in the emerging work to implement new programmes to simplify the discharging of patients from hospital – the Home First Pathway. This involved partnership working with the NHS acute hospitals, social services, GPs and home care providers. The objective was to provide a more joined-up approach for patients and their families. Patients would be classified into one of four pathways describing their discharge. This ranged from patients who needed no additional support (Pathway 0) through to complex discharges and significant need (Pathway 3). Where possible, and with increased frequency, rehabilitation

Are services effective?

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

needs would be determined once the patient was at home. Rehabilitation was then delivered by a dedicated team for a predetermined period (which would be flexible if needed) until this could be handed over to a team of regular carers.

- The staff in specialist services recognised the value of multidisciplinary working with other services. The learning disabilities service worked with the usual health and social care professionals, but also with private care services working in the community. The team were able to provide evidence-based support and guidance to staff caring for people with learning disabilities in care homes or in supported-living arrangements. The tissue viability team and district nurses regularly attended nursing and residential care homes to provide care, treatment, but also support staff to deliver best practice.
- The organisation had a wide range of specialist staff who played a role in patient care. For example, in any given episode of care, a patient might have support from a district nurse and a community physiotherapist. The speech and language team, and the tissue viability specialist nurses might be involved. The patient could also need specialist equipment, which would be arranged by community staff. All of this was coordinated by Wiltshire Health and Care staff who recognised the value of these services being within the same organisation. There was also a recognised benefit to the patient from care and treatment being delivered when it was needed, and in a joined-up practical and clinically efficient approach.

Competent staff

- The organisation had provided annual performance reviews for most staff, although the 2016 NHS Staff Survey indicated some concerns over quality and output from the reviews. By May 2017, 85% of all staff had received an annual review of their performance. Most staff we met confirmed this. Contrary to some elements of the 2016 NHS Staff Survey, most said these were of a good quality. They covered how staff had performed against their roles, and what areas they needed or wanted to develop. Staff said they had been enabled to enrol on appropriate and relevant courses, and investigate areas of interest. However, the staff survey raised some concerns:
  - 17% of staff said the appraisal helped them improve how they did their job
  - 33% said there were clear work objectives agreed
  - 28% said the appraisal left them feeling their work was valued
  - 25% said the organisational values were discussed

There were 77% of staff who agreed that training, learning or development needs were identified in their appraisal, but only 41% who said they were supported by their manager to receive this development. The action plan from the staff survey described actions the organisation would take to improve the appraisal programme. This included embedding the organisation's values and behaviours; streamlining the appraisal process to include introduction of clinical supervision; creating a specific appraisal programme tailored for the organisation; and creating bespoke documentation for the organisation.

- The 2017-2020 workforce strategy for the organisation recognised the importance of a high performance culture. The organisation described its commitment to staff and development of the service, but also staff as individuals. The plans included the development of 'tool kits' for managers to manage effectively; recognising high achievers; and enhancing the supervision and appraisal process.
- There was some uncertainty among clinical staff about supervision of their practice. This was an area within the organisation that was not being consistency applied or overseen. There was clinical supervision, we concluded, for most staff if they requested it, but a lack of a programme of assurance around clinical practice. There was good supervision for new staff, or those being trained, but limited structure to provide assurance back to the heads of operations about staff competence.
- Staff reported they were satisfied with opportunities to use their skills and they had received relevant training. The NHS Staff Survey 2016 reported 84% of staff agreed with the statement on skills and 100% said their mandatory training was updated in the last 12 months.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Staff we met in the various services we visited had a good understanding of their responsibilities to gain valid consent from people with the mental capacity to provide this. This included staff caring for both children and adults, where there were different legal requirements. The nature of community care provided by Wiltshire Health and Care staff meant they would

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rarely require a patient to provide written consent for any treatment. Almost all consent would be gained from a patient implying or giving verbal consent. Staff we met said they told patients what they were planning to do and asked the patient if it was acceptable for them to proceed. Valid consent was then gained if the patient verbally agreed, or implied this by their positive actions. Consent for children followed the principles of assessing maturity to decide if the child could make their own decisions (known as Gillick competence).

- Staff understood how to proceed when a patient did not have the mental capacity to provide valid consent. This required care and treatment to be provided in the best interests of that patient, and assessed and duly recorded. Staff working in the learning disabilities service were specifically aware of the need to record mental capacity assessments. They ensured there was then an agreed multidisciplinary approach to treatment decisions for people who did not have the mental capacity to decide for themselves. We found the decisions were recorded as required, and families, carers, and where recognised as important, independent patient advocates, had been involved in decision-making.
- The organisation recognised the rules around patients who were subject to Deprivation of Liberty safeguards or needed these for their own or others' protection. This included the organisation itself applying for approval from the local authority to deprive a patient of their liberty. Staff had been trained and understood this would only relate to a patient who was assessed as not having the mental capacity to make his or her own decisions. The request for approval would be in order to treat the patient in accordance with what was agreed was their best interests. The organisation had made applications on a number of occasions, but due to the backlog of applications for decisions at the local authority, few of these had been approved before the episode of care had ended. This situation was recognised by the organisation as unacceptable for the patient, but they were unable to influence it. Applications were continuing to be made despite the issues with the approval process, and patients were continuing to be treated as well as was possible in their best interests.

Good

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

We rated caring as good overall because:

- The organisation was committed to provide high quality care to everyone it supported.
- Staff throughout the organisation were caring and compassionate towards patients and their families.
- There was a strong, visible, people-centred culture. Staff were motivated and inspired to deliver care that was kind and promoted people's dignity.
- Patients were treated as individuals and enabled to make their own informed choices.
- Patients we met told us they believed staff went the 'extra mile' to meet their needs. They said care met and often exceeded their expectations.

Our findings

Compassionate care

- Wiltshire Health and Care demonstrated a commitment to compassionate care and putting patients at the centre of care at all levels of staff. We recognised a commitment to patients from the chair, the managing director, senior leadership team, the non-executive directors, and throughout the organisation. Staff who worked for this organisation showed an outstanding commitment to providing safe, compassionate care to patients and their relatives.
- We received consistently positive comments from patients about the caring attitude of staff from all services. Staff in the learning disability teams were said to be kind, sensitive and respectful to people. Patients who received care from the community teams all spoke positively about staff. Many people said how staff had exceeded their expectations, and nothing was too much trouble. In the minor injury units, people talked about the kindness of the staff, and how the service felt more personalised than in large hospital accident and emergency departments. On the inpatient wards, staff took time to interact with patients and ensured their dignity was maintained. We saw an outstanding commitment to patients in these community hospitals. The organisation had received the following comment about care at Savernake Hospital:

"Every single member of staff at this hospital is amazing. My mother has had recurring and deteriorating symptoms for months. She has previously been treated at a large hospital. However, since being admitted to Savernake, the quality of care has meant that she has improved to the point that the rest of her life is going to be the very best is can be for her – and she has been made responsible for the decisions made. Everyone takes the time to make sure that they address all of the causes and not a quick fix of symptoms. They work for the very best interest of the patient and I cannot praise them enough."

- There were some problems with confidentiality and therefore privacy and dignity in the minor injury unit in Chippenham Hospital, but staff addressed our concerns without hesitation. We recognised it could be difficult to maintain total confidentiality in busy hospitals and at reception areas. However, the issue here, which was centred on discussing patients' concerns in corridors or public areas, had been highlighted to staff before by the organisation. When we found the practice had re-emerged in a couple of incidents we witnessed, we made managers aware of this, and it was rapidly addressed. We did not observe it happening again at the continuation of our announced and at our unannounced visits.
- Staff and volunteers were recognised for their compassion. In a staff newsletter, we read how one of these was a 16-year-old volunteer on one of the wards who had been recognised for empathy and kindness. Other members of staff had also been mentioned in letters received from patients.

Understanding and involvement of patients and those close to them

- People were involved in decisions about their care. Staff recognised that patients needed to be able to make their own decisions, where they were able. This was one of the values expected by the organisation of its staff. In the 2016 NHS Staff Survey, 80% of staff who responded (46% of all staff) said patients were the organisation's top priority. Patients and carers we met, and feedback we were given, said patients felt they were involved in their care, and given choice and independence.
- The organisation recognised the need to involve patients, not just in their care, but also in self-management of their condition where possible. Wiltshire Health and Care participated in the NHS

Are services caring?

Good

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

England Commissioning for Quality and Innovation (referred to as 'CQUIN') payment framework. This framework had been commissioned to encourage improvements in care, and how it was delivered to patients. Wiltshire Health and Care was participating in the 2017-2019 CQUINs and two were related to involvement of patients in their care and wellbeing. One was around personalised care and support planning, and the other, preventing ill health by risky behaviours, linked to alcohol and tobacco. Staff said they were therefore looking for every opportunity to coach and support patients, carers and their families. This was designed to engage patients with personalised care, and changing their behaviour to improve their health. This was a key national priority for community services, who needed to provide independence for patients and enable them to maintain responsibility for themselves.

- In the community services we inspected, patients told us they felt included in their care and decisions were taken with them and their loved-ones or professional carers involved. Patients with learning disabilities were able to have copies of their care plans whenever they wanted to see them. They were provided in an Easy Read format when this was the best option for the patient. Carers were included so that they had all the latest information to support the patient effectively. Patients and families in the community hospitals all spoke of being included as partners in their care.

Emotional support

- In all services, staff recognised people's social and emotional needs, as well as their care and treatment needs. Staff working in the community had lots of local knowledge, and were able to direct people to other services. This included the work of the local hospice for people with life-limiting conditions, and charities, both local and national.
- Staff recognised the anxiety that some patients might experience when they experienced delays in the care and treatment. For example, in the minor injury units, staff recognised how people who were particularly frail or had cognitive impairment would benefit from being triaged (assessed) and then treated at the same time. When it was safe for other patients to do so, staff would prioritise a patient, such as someone with a learning disability or living with dementia, and see them as soon as possible. This helped reduce anxiety for both the patient and their carer.

Good

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary of findings

We rated responsiveness as good overall because:

- Care and treatment was planned and delivered to meet the needs of local people. The organisation was meeting almost all the referral target times to deliver care.
- The organisation was focused upon meeting people's needs through hospital avoidance strategies, early assessment to early discharge and shorter hospital stays.
- Staff met the needs of people in vulnerable circumstances. This included people with learning disabilities or autism and those living with dementia.
- There was outstanding support for people who expressed a preference for where they wanted to be at the end of their life. This was achieved for 94% of patients.

However:

- Some parts of the organisation were delivering care to patients which was beyond the level of care for which the organisation was commissioned to provide. This was particularly evident in the learning disabilities service and services within the community adults' teams. This was recognised by the organisation, and although this showed a dedication to patients, it put additional pressure on services that were already stretched.

Our findings

Service planning and delivery to meet the needs of local people

- The service worked closely with commissioners and the Sustainability and Transformation Partnership to plan and develop local services. Wiltshire Health and Care LLP was a new organisation, established, at the time of our inspection, for just 12 months. Working together with commissioners, the organisation looked at both the way existing contracts and agreements were working, but also new ways of working to deliver efficiencies and local or national priorities. The organisation would challenge commissioners around issues of expectations or where commissioning requirements were not delivering care at the right time or the right quality for local people. A member of the senior team demonstrated to us how this was focused on meeting the needs of patients, and fitting services around them, and not the patient around the service.
- There was a focus on prioritising investment. The organisation had recognised how working with the Sustainability and Transformation Partnership for Bath and North East Somerset, Swindon and Wiltshire would provide opportunities to share resources, skills and experience in some areas, and provide efficiency. If this was done effectively and as planned, it would release savings and open up opportunities for improvements. The managing director was clear that the aspiration of the organisation was to focus on the funding, savings and investments going into clinical care at every opportunity.
- Wiltshire Health and Care staff were working to play their part in reducing delayed patient discharges from hospital. The Home First Pathway was a project started in November 2016 and designed facilitate early discharge. The project was based on the 'discharge to assess' approach. This meant patients could be discharged home and their ongoing needs assessed there, rather than in hospital. The pathway involved teams working with patients for up to 10 days following a patient being discharged. Following this, the care for the patient requiring ongoing support would be handed over to a domiciliary care provider. The Early Supported Discharge project was working with stroke patients to deliver specific rehabilitation in their own homes, rather than hospitals. The projects were in the early implementation phase and due for full evaluation towards the end of this year. However, there were already signs of success and commitment from staff. The Early Supported Discharge service in North Wiltshire was launched in May 2017, and staff were visiting patients across the county. Referrals were made by the local acute NHS trusts and within the community inpatient stroke ward in Chippenham Community Hospital. The success of the team was already clear when 15 referrals were made in the first two weeks. This was above expectations, and meant these patients had been able to leave hospital earlier than they would have otherwise.
- The organisation used a multidisciplinary approach to deliver responsive care to patients in their own homes or the community. One of the new projects being

Good

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established was to provide patients at home or in community hospital beds with Higher Intensity Care. This involved staff from a range of disciplines, including community geriatricians, allied health professional such as physiotherapists and occupational therapists, and community nursing teams. Work had already been completed to determine which patients would be eligible, and agreed a way of working among the various disciplines. The organisation had been able to recruit to additional clinical lead posts, and this had enabled seven-day working, so far, in the west region of the area covered.

- The organisation was committed to reducing the time patients stayed in hospital when they were fit for discharge, although had yet to achieve a steady reduction or meet the target. The target was for an average length of stay for a patient of 20 days. Discharges were delayed by problems elsewhere in the health and social care system, including a lack of rapid access to social care home care packages. The Home First Pathway, Higher Intensity Care project, and Early Supported Discharge project were three of the programmes being rolled out to reduce the length of stay and discharge people as soon as they were ready to go home. The organisation had lost an average of 673 bed days each month in the period of July 2016 to January 2017 due to failure to discharge patients who were fit for discharge.

Meeting needs of people in vulnerable circumstances

- The organisation delivered services to people in communities with learning disabilities or autism, although recognised there was more work to do. There were well-trained, committed and experienced staff supporting people with learning disabilities or autism with their health needs. The objective for the future was to move away from a focus on treatment to providing patients with skills and experience to enhance their lives and wellbeing. We had some concerns about patients not always having confidential space to speak with staff. Due to the layout and multiple use of office space, patients had to walk through other office staff to meet their key worker, and some facilities were not signposted to help patients feel welcome.
- Staff were trained to recognise and support people living with dementia. Those staff who worked directly with patients were made aware in advance of anyone with cognitive impairment though patients' records. In the community hospitals, discrete entries were made on white boards in offices so staff could be aware of the needs of new patients admitted who may be vulnerable or have complex needs.

Access to the right care at the right time

- The service mostly met or exceeded national target in relation to waiting times. The organisation provided 14 services for which there were national targets, each seeing at least 92% of patients within 18 weeks of a medical referral. In the second half of 2016, when Wiltshire Health and Care became the provider, the service was performing below (better than) the target, achieving waiting times of less than 18 weeks for 89% of patients. By January 2017, this had risen to 97%, and despite rising demand for most services. The organisation's 2017-2019 delivery plans reported that predictions were for the service to achieve at least the 92% target for the duration of the plan. The one area where there were patients not being seen within the target timeframe was in the learning disabilities service, where there were still 21 patients waiting for appointments. Pressure on the service and key vacancies were contributing to the waiting time.
- The service was addressing areas where they were not performing to high standards around waiting times. There were concerns about delays for children to see the continence nurse. This long wait (average of 16 weeks) had been recognised by the organisation as significant for an affected child. The service was funded for just one specialist nurse. Wiltshire Health and Care had, therefore, recommended to the clinical commissioning group that the service be placed within a larger children's service. This should then address the risks of delays when the nurse was away and improving response times. This had been agreed by commissioners, and the service would be moving to a different provider later in 2017. However, despite this concern, the service was still within the 18-week target.
- Services often under pressure at other community providers in England were responding well to patients' needs. In the year to March 2017, the outpatient physiotherapy team, speech and language therapists, the diabetes team, and the lymphoedema team had seen patients in three weeks. Community teams had been seeing new patients in around a week from referral.

Good

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

- Patients attending for treatment for minor injury were treated promptly. Since the organisation took on the minor injury units in July 2016, the staff had treated almost all patients within four hours of their arrival. In the six months from July 2016, of the 32,225 visits to the minor injury units, 99.5% of patients were seen, treated and discharged within four hours. The median average for patients was around 23 minutes from arrival to being seen.
- Patients at the end of the life and in the care of Wiltshire Health and Care were supported to die in their preferred place. In the six months from July 2016, 92% of patients were able to die in their place of choice. Not all patients who died in the care of the organisation were counted in this result, as not all had provided a preference. However, the number of patients who were asked if they would give their preference was also rising.
- There were parts of the service that were over-delivering on their commissioned contract to keep patients safe. This included, for example, the learning disabilities service. Here staff had been known to sleep in hospital to support an anxious patient. They provided assistance to private-sector placements to ensure they were delivering the right support to patients. The outpatients physiotherapy team had to go 'above and beyond' to meet their waiting time targets in an ever-growing demand for their service.

Learning from complaints and concerns

- People knew how to make complaints or raise concerns, although they were not always given information making it clear which organisation was providing their care. There was clear information on the organisation's website about how to complain, which also gave people the opportunity to compliment staff or the organisation. People could also telephone the Patient Advice and Liaison Service (PALS), which was provided to Wiltshire Health and Care through their agreement with a local NHS Trust. This was a dedicated service to ensure patients' complaints found their way to the right organisation.
- Complaints were handled sensitively, with confidentiality and consideration. The organisation had met with a number of patients and their loved ones for face-to-face discussions. Most staff we met recognised how complaints were a way of making improvements for future care, and seeing a situation from someone else's point of view.
- There was learning at service level from complaints, although there was a lack of assurance of this at board level (see Governance section below). We heard of changes to facilities, extra training provided to staff, and more time to get procedures right as evidence of learning from complaints.

Are services well-led?

Requires improvement

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

We rated well-led for the provider as requires improvement overall because:

- The commissioned portfolio of work for some members of the management team compromised their ability to devote time and energy to what was required of them.
- Not all staff felt they had a voice in important decisions.
- Although there had been some significant improvements made, and work was ongoing, the governance, risk management and quality measurement systems were not effective and did not demonstrate improvements in quality and safety. There was limited evidence to show learning from adverse events was making a difference to care or service provision.
- There was insufficient reporting on complaints and how they were being used to influence change.
- There was a failure to provide satisfactory information to demonstrate the directors of the organisation were fit and proper persons.
- There was a lack of engagement with the public, although this was recognised and there were plans to improve this.

However:

- There was strong and committed leadership.
- There was a vision and strategy to take the service forward in line with the priorities of the wider healthcare economy and the local community.
- Staff were encouraged to innovate and improve care.
- Technological changes were being embraced to lead to safer, more effective and more responsive care for patients.

Our findings

Leadership of the provider

- There was dedication among the leadership of the organisation. The board of Wiltshire Health and Care had evolved and matured in the last year under a committed chair and managing director. There was recognition of more work to do, but we recognised the tireless effort and commitment of senior staff to delivering safe, effective, compassionate and responsive care to the people of Wiltshire. Leaders were appropriately experienced and showed, commitment, professionalism and dedication. We recognised this having met with most members of the relatively small board, including the non-executive members of the board. The senior team all had experience of working in the community, or other experience complementing this. Our team of experienced inspectors commented upon the 'insight' of members of the board, into patients' needs. This included their mental health as well as physical needs.
- The commissioned portfolio of work for some members of the executive team and their staff compromised their ability to devote time and energy to all the tasks expected of them. Although the structure of the board was intentionally lean, and the committees reporting to the board were relatively traditional in type and number, some aspects of the assurance were consequently lacking. Some staff had too many responsibilities to be enabled to devote quality time to everything. For example, the investigation reports of serious incidents were not signed off by a board committee to provide assurance of learning and improvement. The risk register being used before our inspection was poor in quality. The member of staff with board oversight of the professional nursing and allied health professional staff had extensive other commitments. There had been limited patient engagement in the last year, and where patient feedback had been gathered, it had not been used. There was an audit and assurance committee, but this had yet to meet. The medicines governance committee had only just met for the first time. It was anticipated that there would be some improvement to these arrangements following the appointment of an experienced chief operating officer due to start in the late summer of 2017.
- There had been a review of the board performance by the organisation's chair. This had recognised the evolution of the membership. The priorities had been described as focused on patient safety in the past year, so there had been other areas that had not had sufficient attention. The chair had proposed a development programme for the board for action in the current year.

Are services well-led?

Requires improvement

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

- Although we had a mostly positive response from staff we met, there were variable views of leadership coming from staff in their annual NHS questionnaire. In the 2016 NHS Staff Survey, the responses in relation to staff and the support from their managers were as follows:
  - 72% said their immediate manager valued their work.
  - 85% said they knew who senior managers were.
  - 62% said their immediate manager asked for their opinion before making decisions that affected their work.

However:

- Only 33% said senior managers tried to involve staff in important decisions.

This had been recognised by the organisation and it was investigating how it might improve staff involvement and how this had effected change.

- There was experienced financial leadership and governance within the organisation. We met with the head of finance who clearly described and understood their role. They demonstrated awareness of how the organisation worked financially, and had awareness of the financial position as it stood and was projected. The accounts managed by the head of finance were hosted and operated primarily through a separate cost centre within the NHS organisation that hosted Wiltshire Health and Care for legal structural purposes. Support for the head of finance was organised within one of the three NHS organisations in the structure, and with communication with all three where appropriate.
- The clinical commissioning group (CCG) told us they had an open and positive working relationship with Wiltshire Health and Care. They reported, and we found, an organisation with a high level of integrity, where patients were at the centre of the leadership priorities.

Vision and strategy

- There was a clear vision and strategy for Wiltshire Health and Care, and its communities. The delivery plan 2017-2019 described how the organisation was planning services for the years 2017/18 and 2018/19. It recognised how organisations, strategies and priorities changed, sometimes quickly, and therefore limited its work to these two years, rather than a more traditional five-year strategy. The delivery plan described in detail all of those things represented in this report, and the plans for the future. It recognised how demand for services was growing, and where it would need to work with partners and stakeholders to invest.
- There was focus upon specific areas within the strategic plans to play a role in the wider healthcare economy. This included patient admission avoidance programmes to care for people, including those with complex needs, where most appropriate. There were emerging schemes for expedited discharge so patients could go home when they were ready and/or be assessed outside of the acute hospital. These plans were designed to improve the healthcare economy for the wider community. They recognised the pressures on the acute and community hospital services for available beds in the context of rising demand.
- There were plans to improve the multidisciplinary and multi-organisational approach to patient care. Wiltshire Health and Care recognised it was better for patients and service efficiency if the structure fitted patients' needs and not the other way around. For example, joint provision of services was planned within diabetes, podiatry and dietetics, where there were many recognised overlaps in patient needs. There was also expected to be a system-wide review later in 2017 of urgent care provision for Wiltshire. As the provider of two minor injury units, Wiltshire Health and Care recognised it would be required to adapt and closely align to plans to improve service provision across the county. The service was also to contribute to a county-wide review of services for people with learning disabilities. The gaps in the service needed to be better understood. This was part of the overall review, which included a clinical audit of care delivered, before service changes were introduced.

Governance, risk management and quality measurement

- There was insufficient assurance of quality, safety and continuous improvement or how the organisation performed in comparison with others.We recognised there had been significant improvements in governance, which included a revised risk register and interactive dashboards with key information and data. There was a range of data provided to the board, but insufficient analysis and certainty of the data – a lot of which was from new and untested systems. There had been no evidence of recognised improvements to

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reduce patient harm, particularly in the most prevalent areas of risk, which were falls, medication errors and the more serious type of pressure ulcers. The board had recognised there had been no reduction of falls and had commissioned a report into cause and effect to be produced by September 2017. None of the information provided to the board gave any indication of how the organisation was performing in comparison with other similar organisations.

- The board assurance framework was a new document with limited information. It had been produced in May 2017 so there was no indication as to whether recognised risks were increasing or decreasing at this stage. The risks assumed were logical and not extensive in length to enable the framework to be manageable. However, there were no timeframes agreed to review the controls to reduce risks.
- Minutes of meetings did not always demonstrate learning had been recognised or was making a difference. For example, the harm-free focus group meetings discussed patient safety in some detail, but the minutes did not capture lessons learned. There were separate documents designed to capture the actions identified from any adverse events, but the minutes did not record any discussions or how decisions had been reached. For example, they did not report discussions, if held, on whether changes to practice had led to a reduction in avoidable harm to patients. In the minutes from May 2017, the mortality review identified a concern about issues with transport for a patient undergoing chemotherapy, and reported treatment had been missed as a result. There was no further detail as to what lessons, if any, needed to be learned. We found out subsequently that the issues with third-party transport were escalated to the provider, and there was no evidence that this had impacted on the patient's disease. There were no lessons reported in the safeguarding report or from the internal investigations into serious incidents. There was no report into any near-miss incidents where lessons could be learned. As we have stated here, we also identified in the May 2017 report of the quality assurance committee that the harm-free focus group report had been recognised as only highlights rather than minutes. This was discussed but no decision was reached.
- There was an evolving recognition of clinical or patient safety risks. The (non-corporate items) risk register had only recently been improved to become a useful document used to add value to governance. The document presented to us prior to this inspection was poor quality and did not reflect the clinical or patient safety risks of the organisation. However, from new documents provided during our inspection, we recognised it had significantly improved during May and June 2017, although remained as work in progress. The new improved risk register was discussed at the meeting of the quality assurance committee in May 2017. However, there was no evidence in the minutes it was discussed at the board meeting in May 2017, although members of the board said it had.
- The board's focus on complaints was centred on how many had been responded to in the time required rather than on what they were about and if any shortcomings needed to be addressed. The board had not, as yet, received an annual report on complaints. The quality, performance and finance monthly report to the board did not include any themes or learning from complaints. The only mention in the report was the number of complaints and the response rate. Although we recognised there were a low number of complaints or concerns, there were no sections in the board report to look at any emerging themes or for areas that required improvement. The board was not aware how many complaints had been upheld. The board were therefore not assured that any changes to practice or processes emerging from complaints had made a difference to patient care. There was also no report on how Wiltshire Health and Care performed compared with other similar organisations in terms of complaints.
- There was insufficient assurance in relation to the management of medicines. There was a medicines governance group reporting to the quality assurance group, although this group had only just met for the first time. There had been a significant lack of specialist executive-level oversight and input from a pharmacist since the organisation was established. A locum pharmacist had been employed four weeks prior to our inspection, and had already started to resolve a number of identified issues. The organisation had not developed a medicines optimisation strategy and had not produced and annual report for 2016/17. Nevertheless, a medicines optimisation annual plan had been produced for 2017/18. However, during our inspection, we found:
  - The service had unintentionally omitted to register the Controlled Drugs Accountable Officer with CQC.

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Requires improvement

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  - The service had not identified a medicines safety officer.
  - There had been a full review of patient group directions, but, despite this, a number of those in use were still either out of date or not showing authorisation.
  - There was a lack of audit of some areas relating to medicines or any formal reporting of audits for assurance.
  - Some controlled drugs were not stored in line with policy.
- There was effective governance of health and safety. Minutes of the meetings from the committee looking at estates, emergency equipment, fire safety, staff health and wellbeing, demonstrated a commitment to the subject. Importantly, the minutes helpfully included matters for escalation to the quality assurance group.
- There was effective governance of finance. The head of finance had devolved budgets to individual service managers. Each budget holder understood they were accountable for their expenditure and the head of finance reported they had a good day-to-day working knowledge. There were monthly meetings with the budget holders, and plans to strengthen the process by including key performance indicators. The head of finance described how the performance and quality reporting had recently been merged with finance to demonstrate how neither is achievable without focus on the other.

Culture within the provider

- The organisation had recognised all the areas of concern from the 2016 NHS Staff Survey, although not all action plans were on target for delivery. We connected the results of the survey to the action plan produced by the HR Business Partner and presented to the board. Each of the areas of concern had been identified, and an action to lead to change had been agreed. Of the 25 individual actions, eight were on time for delivery or had been completed, 12 were potentially not going to meet their target, and the other five were going to miss or had already missed the target.
- The organisation performed well in relation to staff feeling free from harassment and discrimination. The NHS Staff Survey 2016 reported that of those staff who took part (46%), 94% had not experienced harassment, bullying or abuse from managers. Staff were asked if they had experienced discrimination from their manager, team leader or other colleagues in the last 12 months and 98% said this had not happened.
- There was a variable response to questions relating to culture in the 2016 NHS Staff Survey. These included:
  - 93% said they felt their role made a difference to patients.
  - 95% said they felt trusted to do their job.
  - 81% were often or always enthusiastic about their job.
  - 89% were satisfied with support from colleagues.

However:

- 54% said they were involved in decisions that affected their work.
- 58% said they felt able to make improvements happen in their area of work.

There was a response to the concerns from staff about involvement and improvements. One of the actions was to provide a forum for staff to share their ideas with senior management and this was being led by the managing director.

Fit and proper persons

- There was a failure to provide the relevant assurance that the directors or equivalent staff accountable for delivering care were fit and proper persons to carry out that role. The Fit and Proper Person Requirement is Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This regulation is about ensuring those individuals described above are fit and proper to carry out their role. There was no evidence to suggest any of the directors or equivalent staff were not entirely fit and proper for the role. However, the organisation was not able to demonstrate how they had been assured of this and it is the responsibility of the provider to ensure the requirement is met. We asked to see the files of the relatively small number of staff who would fall under the description above. We would expect to see certain documentary evidence as required by the Regulation covering around 12 areas. This included areas such as proof of identity, qualifications, insolvency and bankruptcy checks, and

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references (among others). None of the eight files had a complete set of information. Some files had almost no information, and some information had been added to the files on the day we requested them.

- There was a clear policy on the code of conduct for the board members. The organisation had a code of conduct and behaviours statement with appropriate appendices, approved by the board in March 2017. This laid out the correct requirements for the Fit and Proper Person Requirement, including its scope, principles, roles and responsibilities and ongoing assessment requirements. Alongside this, the organisation reported that it "published" a Register of Interests of members of the board. The board did receive a copy of the register annually, and we were provided with this as well, but there was no evidence to suggest this was published anywhere.

Staff engagement

- There had been improved engagement with staff, and the organisation recognised there was work still to be done to ensure staff felt their voice was heard. There had been a delay in deciding if an 'employee partnership forum' was the right vehicle for ensuring the employee voice was heard in senior management decision making. This was now due to be reviewed towards the end of 2017. However, there were now regular open forums for staff with the managing director and 'surgeries' with the clinical director. The open forums were an opportunity for staff to look back at the previous year: the first for the organisation; discuss plans for the future including implementation of values and behaviours; and anything else they wanted to raise. The surgeries with the clinical director were an opportunity for staff to speak over the phone on any areas of practice that were of concern. However, the board meetings did not describe what the meetings, and what represented a considerable amount of the managing director and clinical director's time, had achieved.
- There was a range of ways in which the organisation connected and engaged with staff. There were monthly newsletters for all staff with items of news, team information, and safety briefings. Staff were also made aware of complaints and compliments. The report from the Patient Advice and Liaison Service (PALS) was included in two of the three monthly staff newsletters we read. The area this part of the newsletter lacked was in telling staff only about whether the complaint had been responded to in time, rather than any themes developing or anything that needed to be addressed.

Public engagement

- As the organisation recognised, there was a lack of engagement with patients, carers and the wider public to develop and improve services. The organisation's delivery plan for 2017-2019 stated a comprehensive engagement plan for Wiltshire Health and Care was to be developed. Sources of feedback were to be increased and other organisations such as Healthwatch were going to help with patient feedback on services. A board member had been appointed to develop the 'patient voice' on the board and to take forward the patient and public engagement plan.
- Staff did not feel feedback from patients was being used for organisational changes. In the 2016 NHS Staff Survey, 41% of staff who took part said feedback from patients was used to make informed decisions. In terms of receiving feedback from patients, only 46% of staff said they received this regularly. However, 99% of these staff said it was regularly collected in their department. There was an action on the staff survey plan, although it did not provide confidence this would be consistently delivered, embedded, or lead to improvements and changes in practice.

Innovation, improvement and sustainability

- There was encouragement for staff to innovate to improve patient care. This had been recognised in a number of services, including within the tissue viability team, the continence service, the ambulatory intravenous therapy service, and in early supported discharge for stroke patients. There were innovative therapies for people living with dementia, including reminiscence and art therapy. The organisation had recently embarked on a new partnership with the Stroke Association to provide guidance and advice to people recovering from strokes.
- Future plans were designed around the recognition of services needing to be sustainable across the healthcare economy. Those discussed above in this report have included a rapid and integrated response to getting people home from hospital; admission avoidance; and treating people where they live, even in complex situations. Health coaching was being introduced to

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give clinicians the confidence to encourage patients to manage their own mental and physical health proactively. This was recognised as being good for patients, their families, staff, and enabled services to continue to meet demand.

- The organisation was embracing technological change to provide efficiency and productivity. Wiltshire Health and Care had recently introduced a clinical patient record system, which improved remote electronic record keeping for staff in the community. This had improved communication, multidisciplinary working, and efficiency. Staff were able to obtain information as well as update care records. For example, professional opinion could be provided by sending images of wounds to the organisation's specialist tissue viability team. The organisation had recently introduced clinical and performance dashboards. These provided immediate oversight of performance, such as waiting times or length of hospital stay. Clinical data provided information about safety, such as staff levels, incidents, and incidence of infection.

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors (2) Unless the individual satisfies all the requirements set out in paragraph (3), [a service provider] must now appoint or have in place an individual— (a) as a director of the service provider, or (b) performing the functions of, or functions equivalent or similar to the functions of, … a director. (3) The requirements referred to in paragraph (2) are that— (a) the individual is of good character, (b) the individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed, (c) the individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed, (d) the individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity, and (e) none of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual. (4) In assessing an individual's character for the purposes of paragraph (3)(a), the matters considered must include those listed in Part 2 of Schedule 4.

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Requirement notices

(5) The following information must be available to be supplied to the Commission in relation to each individual who holds and office or position referred to in paragraph (2)(a) or (b)—

(a) the information specified in Schedule 3, and

(b) such other information as is required to be kept by the service provider under any enactment which is relevant to that individual.

The organisation was unable to provide the Commission with the complete set of information as specified by this Regulation.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 17 (2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular to – (a) assess, monitor and improve the quality and safety of the services provided in the carrying out on of the regulated activity (including the quality of the experience of service users in receiving those services. (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of the service users and others who may be at risk which arise from the carrying on of the regulated activity; The organisation was not able to provide assurance of the provision of safe and quality care due to a lack of good governance in the minor injury units. There was a lack of regular team meetings, low rates of incident reporting, few routine audits undertaken, and overall governance. Some staff had too many responsibilities to be enabled to devote quality time to everything they were required to deliver.

This section is primarily information for the provider

Requirement notices

The organisation was not able to provide assurance it was assessing and monitoring the safety and quality of care effectively through good governance at the board and sub-committees of the board.

There was insufficient evidence to show improvements to care had been made from incidents and near misses. Minutes from governance meetings did not demonstrate where learning had made a difference.

There was an improving but still inconsistent approach to risk management. A lack of governance due to some committees not meeting until very recently had left gaps in assurance.

There was a lack of evidence provided to the board to show there had been learning from complaints, and little patient engagement to ensure that patients play a part in influencing how the organisation evolved.

The investigation of serious incidents did not always identify the root cause of the incident and the action plans did not always capture or address the failings in care.

There was a lack of good audit work to demonstrate to the board that patients were receiving good outcomes. Some audits were inconsistent across services.