Weston Area Health NHS Trust

Quality Report

Weston General Hospital
Grange Road
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Somerset
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Date of inspection visit: 19-22 & 30 May 2015, 5 June 2015
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This report describes our judgement of the quality of care at this trust. 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 patients, the public and other organisations.

Ratings

Overall rating for this trust	Requires improvement
Are services at this trust safe?	Inadequate
Are services at this trust effective?	Requires improvement
Are services at this trust caring?	Good
Are services at this trust responsive?	Requires improvement
Are services at this trust well-led?	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

Weston Area Health NHS Trust provides acute hospital services and specialist community children's services to a population of around 212,000 people in North Somerset, with over 70% of people living in the four main towns of Weston, Clevedon, Portishead and Nailsea. A further 3.3 million day trippers and 375,000 staying visitors increase this base population each year.

It has three locations that are registered with the Care Quality Commission. These are Weston General Hospital which has 265 beds, The Barn in Clevedon and Drove House in Weston-super-Mare which both provide special children's services.

At the time of our inspection the trust was subject to a transaction process, in which Taunton and Somerset NHS Foundation Trust was the preferred acquirer. This was at the Trust Development Authority's Gateway 2.

We inspected this trust as part of our in-depth hospital inspection programme. The trust was selected as it is an example of a moderate risk trust according to our new intelligent monitoring model. Our inspection was carried out in two parts: the announced visit, which took place on the 19-22 May 2015, and the unannounced visits, which took place on 30 May 2015 and 5 June 2015.

Our key findings were as follows:

- There were serious concerns about safety in urgent and emergency care services and in medical services at Weston General Hospital.
- At times when there were a higher number of people attending the emergency department, patients were not always assessed or prioritised in a timely manner. This meant they were not protected from the risk of avoidable harm. We wrote to the provider to inform them of these concerns and required them to inform us of the action which they would be taking to rectify these issues. The response that we received showed that the trust had taken urgent action to deal with the risks identified.
- In the area known as the high care unit on Harptree ward, there were insufficient numbers of appropriately qualified and skilled nurses nurses deployed to care for high dependency patients. We raised this as a concern with the trust during our inspection and subsequently required, in writing, additional evidence to demonstrate what had been put in place to ensure that patients were not at the risk of harm. We received information which demonstrated that the trust had taken action to resolve the immediate concerns raised.
- Overall we found the trust to be visibly clean. There were areas in the hospital environment which were tired and worn and posed some risk to infection control, for example in critical care, although these areas appeared clean. The trust was refurbishing the theatre department at the time of our inspection.
- The trust had a focus on reducing the number of cases of Clostridium difficile, methicillin-resistant Staphylococcus aureus and methicillin-sensitive Staphylococcus aureus. The number of Clostridium difficile cases was higher than expected during the 2014-15 year, although at the time of our inspection the trust had not had a case for 90 days. This had been attributed to the focus on antimicrobial stewardship and also the introduction of bedpan macerators on the wards. Wards had been closed seven times during the winter as a result of Norovirus of which there was said to be a high prevalence in the local community.
- Incident reporting was in line with expectations for the size of the trust. However, not all staff felt able to report incidents, particularly junior doctors, and staff did not always receive feedback about incidents that had been reported.
- Medical staffing was of concern. There were high numbers of vacancies for consultant posts which resulted in unsustainable rotas. The support, training and supervision of junior doctors was reported to be poor. Some junior doctors were undertaking procedures unsupervised, for which they felt ill-prepared and not competent to carry out.
- There was good feedback about the provision of training for nursing staff. However, the support, training and supervision of junior doctors was reported to be poor. This was supported by the director of medical education in the trust. The General Medical Council survey of junior doctors in 2014 also showed this and the results of the survey for 2015 (released the week following our inspection) were worse than for 2014.

Summary of findings

- The trust was providing effective services in maternity and gynaecology, services for children and young people, end of life care and community health services for children. The effectiveness of the mental health community services for children and young people were outstanding. Improvements were required in order for the trust to be effective in delivering urgent and emergency care, medical care, surgery and critical care services. There was a comprehensive programme of nursing audits. In the areas needing improvement there was limited evidence that actions had been followed-up, the details of learning identified as a result of clinical review and audit, or that this had been disseminated.
- Within medical services there was limited evidence of the measuring and monitoring of patient outcomes or that care and treatment was provided in line with evidence based guidance or best practice.
- There was evidence that care was provided in line with best practice services for maternity and gynaecology; specialist community mental health services for children and young people; children and young people and end of life care.
- Every service was found to be caring. The inspection team found staff had a patient focus throughout and were committed to doing their best for patients. We observed staff providing kind and compassionate care with dignity and respect. Care in services for children and young people within Weston General Hospital and for specialist community mental health services for children and young people was rated as outstanding, with other areas rated as good.
- Improvements were required in order that the trust was responsive to patients' needs. Although referral to treatment time targets were consistently better than the England average there was high bed occupancy and high numbers of patients who remained in hospital when they were medically fit for discharge, because there were challenges in securing ongoing care packages in the community.
- The trust consistently failed to achieve the national target for 95% of patients being admitted, treated or discharged from the emergency department within four hours of arrival.
- Patients at the end of their life were sometimes moved between wards to accommodate new admissions to the hospital. There was at times, a lack of clarity of how the bed management policy was operated and about how decisions were made about moving patients.
- Within services for children and young people had open access policies for those known to the service. There was flexibility in the cut off time for support for the emergency department.
- The trust had a clear strategy in place underpinned by values that had been developed with staff.
- The trust was in a period of change with a change of chair and chief executive. Nursing leadership was strong at all levels.
- The Patients' Council established in 2012 was increasing in influence and ensuring that the voice of patients was heard.
- Volunteers were playing a valuable part in the life of the trust in many roles, including the green teams who were keeping the courtyard garden areas in very good condition.
- There were examples of innovation and improvement across services.

We saw several areas of outstanding practice including:

- There was an outstanding example of caring shown to a patient with a learning disability who was coming into the day-surgery unit for a procedure. One of the staff had contacted the patient's care home and discussed the best way to manage the appointment for the patient. The arrangements were then made to reduce the anxieties of the patient, and allow one of the main carers to be with the patient as much as possible during the procedure. An 'easy read' booklet about coming into hospital was send to the care home to go through with the patient in advance of their visit. This showed a good depth of knowledge and sensitivity for people with different needs.
- There was an outstanding staff newsletter produced each month. It included 'celebration of success awards' which were running for their second year. There were messages from public bodies, such as Public Health England, awards and recognition for staff and wards, updates on new staff, messages from patients, training and policy updates, and charity news and updates.

Summary of findings

- The patient safety midwife demonstrated a thorough understanding of risk and clinical governance processes. This person maintained clear audit and investigative trails which supported safe and current midwifery care in practice.
- There was outstanding care for children, young people and their families and for specialist community mental health services for children and young people.
- There were various examples of outstanding multi-disciplinary working between the different professional groups within the community children and young people's services team and also with external agencies and professionals.
- The outpatients' manager responded and developed improvements as a result of incidents that originated outside the outpatients department. For example, problems had been caused by plaster casts that had been applied in other wards and departments. In response, the senior plaster technician in the orthopaedic clinic had devised a teaching programme to improve the skills of other clinical staff. This had been rolled out across the hospital and no further problems had occurred.
- Following manual handling training in 2014/15 medical records staff had become concerned about the weight of boxes of records that they needed to lift. As a result, scales had been installed throughout the hospital to ensure that no boxes heavier than 11kg are lifted by staff. One of the medical records managers told us there had been a decrease in musculo-skeletal injuries since this change.
- At the beginning of 2015 the imaging department had gained full accreditation with the Imaging Services Accreditation Scheme (ISAS). This is a patient-focussed assessment that is designed to ensure that patients consistently receive high quality services. The ISAS website states that ,as of May 2015, only 20 departments in the UK had achieved this accreditation
- Members of staff within the specialist community mental health services for children and young people team were accredited by the Royal College of Psychiatrist's Quality Network for Community CAMHS.
- The trust had achieved Young People's Friendly approval. This meant that the trust had been verified as providing a young people friendly services meeting the Department of Health 'You're welcome' quality criteria.
- Multi-disciplinary and interagency working practices and communication within specialist community mental health services for children and young people.
- The written communication within specialist community mental health services for children and young people was outstanding.
- The trust facilitated peer support group for foster carers who provided homes for children with learning disabilities.
- The trust Patient Experience Review Group which considered the results of patient and staff surveys, considered information from the Patient Advice & Liaison Services (PALS) Manager and contributed to discussions about services.

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

Importantly, the trust must:

- Ensure that patients arriving by ambulance are fully monitored and assessed for priority when in the corridor awaiting admission to the department.
- All patients receive timely assessment in line with College of Emergency Medicine guidance to ensure that they receive suitable and timely treatment.
- Ensure that all staff are aware of and work to standard operating procedures relating to the safer management of controlled drugs.
- Ensure that there are suitable numbers of staff with the qualifications, skills and experience to meet the needs of patients within the high care unit.
- Take action to improve medical staffing levels and skill mix in the emergency division to ensure that people receive safe care and treatment at all times.
- Ensure that junior medical staff in the emergency division are appropriately supported, supervised and trained to ensure that they are competent to fulfil their role.
- Ensure that the ambulatory emergency care unit and medical day case unit are appropriately staffed and equipped at all times.

Summary of findings

- Ensure that patients who attend the ambulatory emergency care and medical day case units are accommodated in areas which are fit for purpose and ensure their comfort, privacy and dignity.
- Continue to take steps to reduce the incidence of avoidable harm as result of pressure ulcers, falls and medication incidents.
- The audit and use of the whole range of the World Health Organisation surgical safety checklists must be improved and evidence provided to show it is being followed at all times. The hospital must ensure there is approval at board level for how the checklist is being used and audited.
- Competency tests around the use of equipment in operating theatres must be improved to demonstrate it is vigorous. Considering there had been a high rate of medicine incidents, competency training must be introduced for medicines' management. There must be an approved protocol for how competency is assessed.
- The main operating theatres must ensure the management of all used surgical instruments is such to be assured the risk of cross-contamination is eliminated.
- The hospital must ensure the medical cover in surgery services, out-of-hours, and specifically at night, is safe and the staff on duty meet the requirements of the out-of-hours policy.
- The number of discrepancies in prescriptions in surgery services must be addressed and errors eliminated.
- The hospital must ensure patient confidential records are secured and stored in such a way as they cannot be seen or removed by unauthorised people.
- Staff in surgery services must get up-to-date with their mandatory and statutory training and meet trust targets.
- The hospital IT systems must be improved to enable staff to extract and be able to use data about all aspects of theatre and surgery services.
- As with most NHS hospitals, the hospital must improve the access and flow of patients in order to reduce delays from theatre for patients being admitted to wards, enable patients to be admitted when they needed to be, and improve outcomes for patients.
- The governance of the surgery service must improve so there is a clear process for assessing and monitoring the safety, effectiveness and responsiveness of the service. The governance team must be able to demonstrate continuous learning, improvements and changes to practice from reviews of incidents, appropriate use of the risk register, mortality and morbidity reviews, formal clinical audits, complaints, formal feedback to staff, and using reliable data and information.
- As with most NHS hospitals, the hospital must improve the access and flow of patients in order to reduce delays from critical care for patients being admitted to wards; reduce the unacceptable number of discharges at night; enable patients to be admitted when they needed to be; ensure patients were not discharged too early in their care; and improve outcomes for patients. The full consideration of Critical Care must be taken into account in hospital escalation plans and staff in the unit closely involved with day-to-day strategic planning.
- The governance of the critical care service must improve so there is a clear process for assessing and monitoring the safety, effectiveness and responsiveness of the service. The governance team must be able to demonstrate continuous learning, improvements and changes to practice from reviews of incidents, appropriate use and review of the risk register, mortality and morbidity reviews (including overarching mortality ratios), formal structured clinical audits, complaints, formal feedback to and from staff, and useful feedback from people who use the service.
- Staff in the critical care service must get up-to-date with their mandatory and statutory training and meet trust targets.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Weston Area Health NHS Trust

Weston Area Health NHS Trust provides acute hospital services and specialist community children's services to a population of around 212,000 people in North Somerset and around 47,000 people in North Sedgemoor, with over 70% of people living in the four main towns of Weston, Clevedon, Portishead and Nailsea. A further 3.3 million day trippers and 375,000 staying visitors increase this base population each year.

It has three locations that are registered with the Care Quality Commission. These are Weston General Hospital which has 265 beds, The Barn in Clevedon and Drove House which both provide special children's services.

In 2013/14 the annual turnover (total income) for the trust was £96,732,000, the full cost was £101,415,000 which mean the trust had a deficit of £4,683,000.

At the time of our inspection the trust was subject to a transaction process, in which Taunton and Somerset NHS Foundation Trust was the preferred acquirer. This was at the Trust Development Authority's Gateway 2.

Deprivation in North Somerset is lower than average. North Somerset is ranked 201 out of 326 local authority districts across England in the Indices of Multiple Deprivation. However, pockets of deprivation exist in and around the coastal areas.

According to the last census in 2011 97.3% of the population of North Somerset was white with the Black and Ethnic Minority Group accounts for 2.7% of the population. 51.4% of the population is female and 48.6% is male.

North Somerset performs in line with or better than the England average on a wide range of public health data including children's and young people's health, adult health and lifestyle and disease and poor health. It performs worse than the England average in just one indicator, drug misuse

We inspected this trust as part of our in-depth hospital inspection programme. The trust was selected as it was an example of a moderate risk trust according to our new intelligent monitoring model. This looks at a wide range of data, including patient and staff surveys, hospital performance information and the views of the public and local partner organisations.

The trust is not a Foundation trust and is due to be acquired by Taunton and Somerset NHS Foundation Trust later in 2015.

The inspection team inspected the following eight core services at Weston General Hospital

- Urgent and emergency services
- Medical Care (including older people's care)
- Surgery
- Critical care
- Maternity and gynaecology
- Services for children's and young people
- End of life care
- Outpatients and diagnostic imaging

and

- Community health and mental health services for children, young people and their families provided through The Barn and Drove Road.

Our inspection team

Our inspection team was led by:

Chair: Peter Wilde, Retired Divisional Director, University Hospitals Bristol NHS Foundation Trust

Head of Hospital Inspections: Mary Cridge, Head of Hospital Inspection, Care Quality Commission

The team included 12 CQC inspectors and a variety of specialists including: A chief operating officer, two medical directors, a consultant cardiologist, consultant vascular surgeon, consultant physician, consultant obstetrician/gynaecologist, an anaesthetic and critical care consultant, a paediatric palliative care consultant, a

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junior doctor, a head of nursing for immunology, a head of outpatients, a theatre nurse specialist, an emergency care lead, a head of midwifery/supervisor of midwives, a critical care nurse, a paediatric psychiatrist, a CAMHS nurse specialist, a specialist advisor in end of life care and two experts by experience.

How we carried out this inspection

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the trust. These included the local clinical commissioning group, the Trust Development Authority, the local council, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges.

We held a listening event just outside Weston Super Mare on the 5 January 2015. People who were unable to attend the event shared their experiences by email, telephone and our website.

We carried out an announced inspection on 19-22 May 2015 and two unannounced inspections on Saturday 30 May and Friday 5 June 2015. We held focus groups and drop in sessions with a range of staff in the hospital including nurses, junior doctors, consultants, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff, porters and maintenance staff. We also spoke with staff individually as requested.

We talked with patients and staff from across most of the hospital. We observed how people were being cared for, talked with carers and family members and reviewed patients' records of their care and treatment.

What people who use the trust's services say

We received information from people prior to the inspection through the listening event, emails, our website and phone calls. There was a mixture of positive and negative information, with some patients speaking highly of the care they had received, whilst other raised concerns. This information helped focus the inspectors on areas of the trust to visit.

Between September 2013 and January 2014, a questionnaire was sent to 850 recent inpatients at the trust, as part of the CQC Adult Inpatient Survey 2013. Responses were received from 403 patients from Weston Area Health NHS Trust. Overall, the trust was rated the same as other trusts.

The results of the Patient Led Assessments of the Care Environment (PLACE) for 2014 showed that the trust was performing slightly better than the England average on cleanliness, food and facilities and the same as the England average for privacy, dignity and wellbeing.

In the NHS Friends and Family Test, the trust scored above 90% for patients who would recommend the hospitals in 2014/15. However, the response rate was 45.6% across services, and overall the trust was achieving the target response rate.

In the National Cancer Patient Experience Survey 2014, the trust scored in the top 20% of trusts for eight of the 34 statements these included: staff told the patient they could get free prescriptions, always given enough privacy when being examined or treated and when discussing condition or treatment, staff told patient who to contact if worried post discharge, all staff asking the patient what name they preferred to be called by, staff definitely did everything to control side effects of chemotherapy and staff gave a complete explanation of what would be done. Areas for improvement included possible side effects explained in an understandable way, patients being given the name of the clinical nurse specialist in charge of their care, patients having confidence and trust in all doctors treating them, got understandable answers to important question all or most of the time, patient was

able to discuss worries or fears with staff during visit, clear information about what patients should or should not do post discharge, patient being given enough care from health or social services.

Facts and data about this trust

Weston Area Health NHS Trust provides acute hospital services and specialist community children's services to a population of around 212,000 people in North Somerset.

In 2013/2014 the trust had 18,347 inpatient admissions, including day cases, 145,344 outpatients attendances (both new and follow up) and 57,790 attendances at accident and emergency department,

At the end of 2013/14 the trust had a financial deficit of £4,683,000.

Bed occupancy was over 90% for the majority of 2013/14 reaching a high of 99.2% in the second quarter of the year. It was above England average (85.9%) all year and above the level, 85%, at which it is generally accepted that bed occupancy can start to affect the quality of care provided to patients and the orderly running of the hospital.

The trust had a relatively stable executive team at the time of our inspection, the majority having been in post for at least 2 years. However, the chief executive was scheduled to leave the trust at the end of June 2015 prior to the completion of the transaction process. Recruitment for a chief executive to see the trust through this transitional period was in place at the time of our inspection. There were four non-executive directors in place at the time, one of whom had been appointed as the chair the week prior to our inspection. They had been with the trust for some time.

CQC inspection history

Weston Area Health NHS Trust has had a total of 13 inspections since registration. Eleven of these have been at Weston General Hospital. There were significant concerns found at the inspection in April 2013 when we found patient's privacy and dignity were not always respected and the welfare and safety of patients was not always ensured. As a result we took enforcement action protect the health, Safety and welfare of people using this service. Since then we have undertaken a further two inspections at Weston General Hospital and all standards inspected were found to be met.

Inspections have also been undertaken at Drove House and The Barn in September 2011 and October 2011 respectively at which all standards inspected were found to be met.

Vision and strategy

- The trust had a strategy aimed at securing the future of services for the local population, whilst continuing to focus on the delivery of care. At the time of the inspection the trust was the smallest stand-alone NHS trust in England. The trust and local health commissioners had explored a number of options for the future. The trust had announced in 2014 that it would seek a partner for the trust from within the NHS in an 'NHS only' transaction process. At the time of our inspection the trust was subject to a transaction process, in which Taunton and Somerset NHS Foundation Trust was the preferred acquirer. This was at the Trust Development Authority's Gateway 2.
- In the circumstances of the transaction process the trust had only been required to set out a two year plan. The trust had set a strategic objective for 2014 to 2016 that referred to putting patients at the heart of all they do and by delivering "the right care in the right place at the right time with the right care team".
- The trust had set out the following key aims
- Reduction in avoidable harm
- Quality improvement at the core
- Engagement, motivate and empower
- Deliver NHS constitution standards
- Deliver on value for money

Summary of findings

- The trust values had been developed in 2008 from a series of workshops with staff and had been refreshed in an exercise led by the human resources team four years ago. The values had been set out under the word PRIDE as follows
- People – We value all our patients, carers, visitors and colleagues and care for them with compassion.
- Reputation - We are aware of the impact of our actions on our standing in the local community.
- Innovation - We value fresh approaches and new solutions in our daily work.
- Dignity - We treat everyone we meet at work with equal respect.
- Excellence - We strive to do everything to the best of our ability at all times.
- The trust had a Nursing and Midwifery Strategy that had been developed and approved by nurses and midwives across the trust. The strategy reflected the national strategy "the 6 Cs" with two additional Cs, 'Commanding respect' and 'Controlling care standards'. The focus on nursing care included "Ward Wednesdays" with senior staff working clinically.
- Staff were aware of the overall strategy around the transaction process and of the need to maintain a focus on the shorter term strategy and key aims. There had been a series of engagement meetings hosted by the chief executive to keep staff informed. Some staff were more aware of details than others, depending on their current role.
- Progress against the overall strategy was being monitored by a clinical quality oversight group hosted by the Trust Development Authority. Progress against the delivery focused strategy was being monitored by the Quality and Governance Committee and reported to the Board.

Governance, risk management and quality measurement

- The trust had governance arrangements in place. These had been regularly reviewed and updated. Governance structures had been reviewed internally with new arrangements introduced in November 2014. The board had five sub committees, Remuneration, Quality and Governance, Audit and Assurance, Charity Funds and Finance. The quality and audit committees were chaired by a non-executive director. These sub committees oversaw and received reports from a further 28 groups some of which met on a 'needs to' basis. Key groups included the safeguarding committee, staff experience, patient experience, health and safety and risk management committees. Performance reports that covered quality issues were taken to the board. Whilst the effectiveness of the governance and assurance arrangements had improved over the last two years there was further work to be done as detailed below, there was a sense that these were not fully embedded.
- The trust had a board assurance framework that identified key objectives, priorities, key risks and controls. The framework was in line with current Department of Health guidance and improvements to the document had been agreed with the Audit and Assurance Committee. The framework was updated regularly alongside the corporate risk register. There was evidence that identified gaps in control and assurance were being addressed, with a reduced number of gaps in control or assurance evident. Action plans were in place to address remaining gaps.
- There were arrangements in place to identify, record and manage risks. There was an alignment between recorded risks and what staff told us that they were concerned about. At the time of the inspection there were 38 risks on the corporate risk register, of which some had been on the register for more than three years. These included patient safety being compromised by a lack of medical staff across the organisation. All risks had a handler and a manager assigned to them.
- There were effective arrangements in place to ensure the board and sub committees received information to monitor and manage quality. There was a clear focus on the delivery of day to day business improvements but the trust lacked the capacity to deal with some of the longstanding issues and this had led to the decision to seek to join with another trust.
- The trust had identified for themselves that there was a challenge in a small trust for the leadership and senior management team who were required to undertake multiple roles.

Leadership of the trust

Summary of findings

- The executive leadership team had been stable over the last two years. At the time of the inspection the chief executive was about to leave the trust and a new one has subsequently been appointed. Stakeholders and staff across the trust spoke positively about the outgoing chief executive as a visible and effective leader.
- The Director of Nursing was a highly visible and well respected leader. The team heard positive feedback about her accessibility and responsiveness from staff at all levels and in a variety of roles across the trust. This leadership had translated into strong nursing leadership at all levels. Ward sisters described being "empowered".
- Medical leadership was less effective. There was a question as to whether the time being allocated to the role of the medical director was sufficient. The chronic shortage of consultants in key areas had led to an unsustainable consultant medical rota and excessive pressures on the junior doctor rota. The concerns being raised by junior doctors had not been systematically and effectively addressed.
- Medical leadership within medical services was seen as weak. Consultants worked very hard but they were under great pressure due to the number of vacancies. Some consultants were not visible, accessible or supportive and they showed a lack of insight into, and empathy with the pressures felt by junior medical staff. There was a very palpable feeing of discontent amongst junior medical staff who reported high levels of stress and work overload and a lack of confidence in medical leaders to either recognise or resolve their concerns. The culture in relation to medical staff was not one of fairness and openness and did not encourage challenge. Several examples of bullying behaviour were reported to us. There was little innovation or service development and minimal evidence of learning or reflective practice.
- An interim chair had recently been appointed from amongst the non-executive directors following the unplanned departure of the previous chair. Two new non-executive appointments had been made, including a clinician, although they were not in place at the time of the inspection.
- From the evidence available it appeared that all the non-executive directors had a grasp of the organisation and provided challenge during discussions at committees and at the board. Some of those challenges had an operational focus and went into some detail.
- Staff representatives reported a constructive and cordial relationship with trust leadership. They were consulted appropriately and professionally on policies, their views were taken into account and generally a consensus was reached.
- There were issues of long standing non-compliance in some areas of facilities management that were in the process of being addressed. Soft facilities management, for example cleaning and catering was working well and being proactively managed.
- There was an annual schedule of executive and non-executives leadership 'walkabouts'. There was a checklist in place containing prompts and records were kept. The team could not find evidence of action being taken as a consequence or of the impact of any action.

Culture within the trust

- The team met with 255 staff in focus groups and drop in sessions and spoke to at least as many again on the wards and in the community services visited. There was consistently positive feedback about the trust as a place to work, even amongst staff who had concerns to raise. Staff and volunteers described the trust as a friendly place to work. Many staff talked about their pride in the hospital, their colleagues and the care that was provided. Medical staff spoke very positively about the nursing staff. Nursing and therapy staff talked about how hard many consultants were working, particularly in medical care, to cover the significant gaps. Housekeeping staff told us that they felt supported and part of the ward teams. Staff at all levels and in all roles came across as dedicated and caring and the inspection team considered that this was a key part of the overall culture.
- Many staff told us that they felt respected and listened to but this was not universal. Some of the non-clinical teams felt particularly uncertain about the future in light of the transaction process and felt that it was difficult to raise concerns at this time. Recruitment was a significant concern for many staff and this was reflected in the relevant risk registers.

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- Staff described an open and honest culture and about being encouraged to speak up. This was particularly strong amongst nursing staff. Some staff were less positive and said they did not report issues as they did not get feedback. Others talked about the feedback they had had and how learning was shared in their team meetings.
- The staff survey results had deteriorated significantly between the 2013 and 2014 surveys. The trust scored well on the response rate, for staff receiving relevant training and development, for effective team work and for equal opportunities and a lack of discrimination. There were 12 negative areas, including staff feeling pressure to attend work when feeling unwell, a lack of good communication from senior management and bullying and abuse from patients, relatives and staff.

Fit and Proper Persons

- The trust became subject to a new regulation (Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014) on 27 November 2014. This regulation states that individuals in authority (board members) in organisations that deliver care are responsible for the overall quality and safety of that care. The regulation is about ensuring that board members are fit and proper to carry out that role.
- The trust had prepared to meet the requirements related to Fit and Proper Persons. The processes relating to the recruitment of executive and non-executive directors had been adjusted to take account of the requirement. The trust had introduced a system of an annual self-declaration for existing board members. The trust had taken legal advice as part of their assurance in meeting this regulation.

Public and staff engagement

- The trust established a patients' council in 2012 for the purpose of working with the trust to improve services. The council represented the views of patients, formed working groups as needed. The trust advertised for members who went through a formal application process. Current members included patients and relatives, some of whom had previously complained about the trust. The council reported directly to the trust board.
- The trust, in addition, had a Patient Experience Review Group considered the results of patient and staff surveys, considered information from the Patient Advice & Liaison Services (PALS) Manager and contributed to discussions about services. A number of organisations were represented, including Healthwatch and Crossroads (a support organisation for carers). The patient experience reference group reported to the trust's Quality and Governance Committee and the chair of the council sat on the trust board. There was evidence that the group was increasing their influence and impact, for example by sending quarterly reports to the board and by working on the trust's information scheme including reviewing freedom of information requests.
- The trust had a volunteer programme. Volunteers undertook a range of roles including greeting visitors and patients at the front desk, working in the print room, helping ward clerks, nursing staff and befriending patients, assisting patients at mealtimes and visiting the patients with the book trolley. There was a Garden Project with 'Green Teams' helping to maintain the many courtyards within the hospital grounds. There was also a popular hospital radio service Radio Sunshine. The volunteers that the inspection team met were enthusiastic about their roles and felt included as part of the overall team.
- Staff engagement had been focused in certain areas, for example the involvement of nurses in developing the nursing strategy. Staff across the trust talked about engagement in terms of their immediate teams. Trust-wide engagement was focused on the proposed transaction process at the time of the inspection and this had been led by the chief executive.

Innovation, improvement and sustainability

- The trust had decided that long term clinical and financial sustainability of the trust was best served by becoming part of a surrounding NHS trust and this was being pursued through the NHS only transaction process described above.
- The trust had introduced 'Celebration of Success' Awards in 2014 culminating in an awards evening. The trust had decided to make this an annual award in order to recognise the achievements and efforts made by staff in the course of their work.

Summary of findings

- There were examples of innovation and improvement across services. An example of this was the trust's tissue viability specialist being awarded Pressure Care Nurse of the Year in March 2015 by the British Journal of Nursing. This was in recognition of an innovative campaign using gingerbread men to raise awareness of the risk of pressure ulcers. Gingerbread men used during regular 'trolley dashes' to wards to demonstrate to doctors and nurses the areas of pressure ulcer risk by drawing on the biscuits with icing.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? We rated safety in the trust as inadequate because of specific serious concerns within the emergency department and medical services. However, in maternity and gynaecology, services for children and young people (both in the hospital and the community), end of life care, outpatient services and specialist community mental health services for children and young people we rated safety as good. In surgery and critical care we found safety required improvement.	Inadequate 

Urgent and Emergency Services

- At times when there were a higher number of people attending the emergency department patients were not always assessed or prioritised in a timely manner. This meant that they were not protected from the risk of avoidable harm.
- Patients arriving by ambulance when the department was overcrowded, were not assessed or prioritised by hospital staff and were not monitored for deterioration, other than visual observation by ambulance staff.
- Self-presenting patients did not always receive a timely assessment in line with College of Emergency Medicine guidance. This meant that staff were not able to promptly identify or rule out potentially life-threatening conditions and prioritise patients accordingly.
- We wrote to the provider and required them to take immediate action to rectify these issues.
- We received information which demonstrated that the trust had taken action to resolve the immediate concerns raised.

Medical Services

- There was an acute shortage of consultant physicians and this impacted on their accessibility and the level of support that they were able to provide to junior doctors. There was widespread concern expressed by junior doctors about their workload and the lack of senior medical staff support. This meant that they were frequently expected to perform tasks for which they felt ill prepared or competent to perform.
- Some junior medical staff were afraid of or discouraged from raising concerns. This was because they rarely received constructive feedback when they reported concerns and some doctors had been the subject of recrimination for doing so.

High Care Unit

- In the area known as the high care area on Harptree ward, there were insufficient numbers of appropriately qualified and skilled nurses deployed to care for high dependency patients. We raised this as a concern with the trust during our inspection and subsequently required, in writing, additional evidence to demonstrate what had been put in place to ensure that patients were not at the risk of harm. We received information which demonstrated that the trust had taken action to resolve the immediate concerns raised.

Duty of Candour

- The statutory Duty of Candour had been introduced within the trust. The staff that we spoke to throughout the trust said they understood there was a duty to be candid and apologise to patients and relatives.
- Whilst throughout the trust we saw an open an honest approach and examples of where the Duty of Candour had been enacted, a root-cause analysis report of a serious incident within surgical services did not demonstrate practice had been fully understood and embedded by all staff.
- The governance team had reviewed moderate incidents and had identified a gap in terms of informing patients which had been addressed.
- Staff at focus groups described the communication that there had been about this, including information enclosed with pay slips.

Safeguarding

- There had been significant work over the last 12 months to raise the profile of safeguarding.
- There were effective systems in place to ensure that people were protected from abuse. Policies had been reviewed to ensure that visitors and volunteers were appropriately covered.
- The Prevent course had been launched and there had been a positive take up.
- Staff demonstrated a good understanding of the risk of abuse and how to report concerns, although some improvement was required in the numbers of staff completing safeguarding training in some services.

Incidents

- The level of incidents reported in the trust was as expected for similar sized trusts. Staff were aware of their responsibilities to report concerns and knew how to report incidents via the electronic reporting system. However, not all staff did so.

- Some junior doctors said that they were not encouraged to report incidents. The number of incidents reported by junior doctors in the trust was lower than for other professionals.
- Nursing staff said they were encouraged to report incidents and did so.
- Many staff throughout the trust said that they did not receive feedback about incidents they had reported.

Staffing

- Staffing within the trust was a concern and was actively monitored by the board. This was associated in part with the long period of uncertainty about the sustainability of the trust.
- Although there were concerns about nursing vacancies within the trust and the heavy reliance on agency nurses to cover roles, most shifts seemed to be covered. There were some associated concerns relating to temporary staff failing to follow trust processes and policies.
- The trust had a rolling recruitment campaign, which included overseas recruitment.
- There were also vacancies for allied health care professional roles including pharmacists. These had an impact upon the safety of some services and also on the ability of the trust to provide seven-day services.
- There were serious concerns with regards to medical staffing. The proportion of senior medical staff in the trust was lower than the England average. Consultant rotas were not sustainable and we saw, as a result that ward rounds did not always occur every day or at weekends.
- It was widely acknowledged that the 40% deficit in the number of medical consultants put immense pressure on those in post. Both nursing and medical staff referred to the fragility of medical cover as a result of leave and sickness.
- The lack of medical consultants in post impacted on junior doctors' workloads and the tasks they were expected to perform. Concern was expressed across professions regarding this.

Infection control

- There were clear infection control processes and systems in place within the trust. The director of nursing led the management of infection prevention and control within the trust with a team of nursing and medical leads.
- All areas of the trust appeared clean, although some required some refurbishment. The operating theatres were being refurbished at the time of our inspection.

Summary of findings

- We observed staff wash their hands and to use alcohol gel where appropriate. Personal protective equipment (aprons and gloves) were available to staff and we saw them used.
- There had been eight outbreaks of Norovirus in the trust between December 2014 and January 2015. A further outbreak occurred in March 2015. These were associated with a high prevalence of Norovirus within the community. The outbreaks resulted in the closure of wards to visitors in Weston General Hospital.
- There had been a higher number of cases of Clostridium difficile within the trust than expected within the year from April 2014 to March 2015. During this period of time the trust had replaced bed-pan washers with macerators, which allowed waste to be disposed of instantly, negating the risk of substandard cleaning with reusable products. At the time of our inspection, the trust had not had a case of Clostridium difficile for 90 days.

Are services at this trust effective?

Requires improvement

The effectiveness of services within the trust required improvement. We rated services for critical care, surgery, medical and urgent as emergency care as requires improvement; specialist community mental health services for children and young people as outstanding; and all other services within the trust as good.

Although there was a programme of clinical review and audit within the trust, in those services requiring improvement there was no evidence that actions identified had been followed up, the details of learning identified or that this information had been disseminated throughout the organisation. Patient outcomes were not always measured or used to improve the quality of services. There was, however, throughout the trust a clear programme of nursing audit.

Within the specialist community mental health services for children and young people we found that care and treatment was innovative and evidence based. There was a strong focus on working in partnership to achieve goals and outcomes for individuals.

There was good multidisciplinary working throughout the trust.

Evidence based care and treatment

- Although some services provided care in line with best practice and evidence based guidance, this was not always the case in urgent and emergency care, medical, surgical and critical care services. In some cases there was a lack of treatment protocols and guidance available and sometimes the protocols and guidance were not followed.

Summary of findings

- Throughout the trust there was a clear programme of nursing audit which was used to improve the service. However, in some areas clinical audit which was undertaken was not followed up on or used to drive improvements and there was no evidence that learning had been identified or that this had been disseminated.
- Within maternity and children and young people's services care was clearly evidence based.
- The innovative and evidence based culture within the specialist community mental health services for children and young people was outstanding.

Patient outcomes

- Although patient outcomes were collated throughout the trust these were not always monitored and used to improve services. This was particularly evident in urgent and emergency care, medical, surgery and critical care services. Some outcome measures were below expectations when compared with similar services. For example, the trust scored poorly in the Sentinel Stroke National Audit Programme (SSNAP) between October and December 2014
- There was not always evidence that programmes which were in place for patients had improved patient outcomes, for example, the enhanced recovery programme within surgical services.
- Within specialist community mental health services for children and young people there was a clear culture of monitoring outcomes against national benchmarks. In other services patient outcomes were monitored and used to improve the service.

Multidisciplinary working

- There was good multidisciplinary working throughout the trust.
- Medical wards operated regular and effective multidisciplinary board rounds which ensured a coordinated and focussed approach to care planning and discharge planning.
- There was evidence of strong interagency working within a number of services, most notably specialist community mental health services for children and young people.

Competent Staff

- There were significant concerns about the support provided to junior doctors within the trust. Successive General Medical Council (GMC) surveys in 2014 and 2015 identified concerns in training experience, teaching, supervision, workload and overall satisfaction. This was consistent with feedback we received from junior doctors during our inspection.

Summary of findings

- Consultant supervision of junior doctors was reported to be poor in some specialties. We were told that there were occasions where junior doctors were undertaking tasks, unsupervised for which they felt ill prepared or competent to perform.
- There was good feedback about the provision of training and support for nursing staff.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Patients told us they had been asked to provide valid consent prior to care and treatment being undertaken.
- Completion of documentation required improvement. Audits of surgical consent forms showed that for those patients over the age of 16 years who had capacity to give valid consent, 95% of forms were completed. For those over the age of 16 years who did not have capacity to give valid consent, 79% of forms were completed.
- Staff throughout the trust demonstrated an understanding of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards.

Are services at this trust caring?

Good

We rated the trust as good overall for caring with children and young people's services in Weston General Hospital and specialist community mental health services for children and young people being rated as outstanding. Throughout the trust services were found to be caring. We saw staff provide compassionate care and they were respectful and considerate in their approach. Patients throughout were supported and treated with dignity and respect, and were involved as partners in their care.

Compassionate care

- Feedback from patients and their relatives was overwhelmingly positive about the way staff engaged with and treated patients.
- We observed positive interactions by staff with patients throughout the trust, where patients were treated with dignity, respect and kindness.
- Within children and young people's services in Weston General Hospital and specialist community mental health services for children and young people we observed a highly person-centred approach to care with strong supportive relationships between staff, patients and their families.
- The Friends and Family test results throughout the trust showed mostly high levels of patient satisfaction.

Summary of findings

Understanding and involvement of patients and those close to them

- Patients were involved in their care and supported to make decisions. We saw examples where staff took the time to communicate with patients about their care in clear language.
- Patients had a clear understanding of their care, treatment and condition.
- Families were involved as partners in care. We heard staff discuss plans to liaise with families about future care packages and meetings were arranged at times to suit patients and their relatives.

Emotional support

- Patients and those close to them were provided with support to help them cope emotionally with their care, treatment or condition. Staff enabled patients to maintain and develop their independence whilst in hospital or receiving care and treatment.
- We saw examples throughout the trust of the empathy staff showed in supporting patients and their families.
- Chaplaincy services were available within the hospital during the daytime from Monday to Saturday.
- Patients were enabled to maintain relationships with those close to them and to maintain their social networks in the community.

Are services at this trust responsive?

Requires improvement 

Overall we found the trust required improvement in its responsiveness to patients' needs. Urgent and emergency care, medical, surgical, critical care, outpatient and diagnostic imaging and end of life care services at Weston General Hospital all required improvement, as did community services for children and young people. All other services were rated as good.

Service planning and delivery to meet the needs of local people

- There were regular meetings and an open relationship between stakeholders. The trust worked with commissioners to plan for and meet the needs of the local population. However, there were shortfalls in this.
- The challenges of core work for the trust being predominantly being focused on the urgent care pathway meant that the delivery of plans could prove difficult.

- Facilities and premises were not always appropriate for the services delivered. This was evident in the ambulatory emergency care unit, the medical day care unit, the high care unit and within the critical care unit.
- The operating theatres were not running efficiently and were underutilised. There was insufficient planning to avoid last minute changes and competing priorities.
- Conversely within children and young people's services at Weston General Hospital the predominantly outpatient service was planned in order to best meet the needs of children, young people and their families, with some clinics planned for outside of school hours. Systems were in place for appointments to be booked at a time that suited children, young people and their families.

Access and flow

- Access and flow within the trust, particularly at Weston General Hospital, was a constant challenge. This had an impact throughout both the planned and urgent care pathway.
- Bed occupancy within the trust was high, consistently above 85%, which is the level at which it has been shown can impact upon the quality of care provided to patients. Alongside this, there were a high number of patients classed as "green to go" within the trust. This meant that they were medically fit for discharge, but waiting for ongoing packages of care within the community to be arranged.
- This high bed occupancy had an impact on the emergency department, where the trust had consistently not met the national target which requires that 95% of patients are admitted, treated or discharged from the department within four hours of arrival. The high bed occupancy also had an impact within surgical services, where patients' discharge from the recovery area could be delayed because of a lack of availability of beds. However, there was a relatively low rate of cancellation of operations in the trust, which had reduced since April 2014.
- Referral to treatment times within the trust were consistently better than the England average between April 2013 and November 2014. This standard requires that 90% of admitted patients start consultant-led treatment within 18 weeks of referral.
- Patients were not always in the best place for their care. We saw patients in the area known as the high care unit on Harptree ward who were close to or in a category which would meet the Faculty of Intensive Care Medicine Core Standards of high

dependency care. We also saw patients who were in the critical care unit who were well enough to be on a ward. Please see above for action taken by the trust in response to these concerns.

- Patients at the end of their life were sometimes moved between wards to accommodate new admissions to the hospital. There was at times, a lack of clarity of how the bed management policy was operated and about how decisions were made about moving patients.
- Within services for children and young people there were open access policies for those known to the service. There was flexibility in the cut off time for support for the emergency department. Although this was usually 5pm, if a patient was delayed in the emergency department whilst waiting for transfer to Bristol Royal Hospital for Children, a doctor and nurse from children and young people's services would remain on site.

Meeting people's individual needs

- Staff within the trust were focussed on meeting individual patients' needs. There was a clear patient focussed culture within nursing staff.
- There were systems in place on wards to identify where patients had complex needs, for example those with visual or hearing impairment or those living with dementia.
- We observed that patients had drinks easily within reach and that patients were offered refreshments regularly. People were assisted to eat and drink as necessary. The hospital volunteer service was actively involved in supporting patients to eat and drink at mealtimes. Patients had varied opinions about the quality of the food available, but spoke of being given options of the size of meal and positively about the support provided.
- There were some initiatives within the trust to respond to the needs of different patient groups. These included, for example, a 'quiet hour' on the stroke unit after lunch, where lights were dimmed and patients were able to rest.
- There were long delays of up to six weeks for the discharge of patients due to a lack of capacity in the community to provide care packages. Whilst the hospital completed rapid discharge documentation quickly the delays meant that patients' preferred place of dying was not always achieved.

Dementia

- The average age of patients receiving care was 79 years and as a result there was a significant proportion of patients who had some form of cognitive impairment, memory loss or were living

with dementia. There was a focus by staff on the needs of patients who were part of the aging population in the trust. However, assessments and documentary evidence showed that this was not embedded within the trust.

- There were systems in place to identify, assess and provide care for patients living with dementia and other forms of cognitive impairment. However, the trust had not met targets set by commissioners in relation to these. Data for the period of time between October and December 2014 highlighted shortfalls in performance, although the trend was improving.
- A trust-wide audit of dementia care for inpatients was undertaken in November 2014, which demonstrated that only 43% of patients had a cognitive care plan in place and only 24% of patients were correctly identified as having dementia (using a "forget-me-not" sticker above their bed). There was limited use of the "This is me" or "All about me" documentation.
- The lack of completion of dementia training was of concern also. On some medical wards this was at a level of 50% or below.

Learning from complaints and concerns

- There was a complaints process within the trust. Complaints were received and processed by the patient advice and complaints team in the first instance and then responses were coordinated and managed by the appropriate deputy director of nursing.
- Between April 2014 and March 2015, 1397 contacts were made with the patient advice and complaints team (23 of which went on to be registered as formal complaints) and 238 formal complaints were registered. This was a 5.7% increase on the previous year. Only 74% of complaints were resolved within the timescale which was individually agreed with the complainant and 31% of complaints were upheld.
- An annual complaints report was prepared. This identified that during the 2014-15 year an internal audit of the trust complaints handling process was undertaken, the report of which was made available in February 2015. Recommendations included: notifying complainants of possible delays as soon as possible; improving the number of complaints responded to within timescales; and improving the documentation of the dates complaints were received.
- We reviewed 10 complaints over the year prior to our inspection. Our findings mirrored those of the internal audit undertaken by the trust. Complaints were not always responded to within the agreed timescales and there were significant delays in notifying the complainants why these

Summary of findings

timescales had slipped. We did see some improvement in this in the more recent complaints we reviewed. In most of the complaints we reviewed the investigation was thorough and responses were open, apologetic and provided adequate information to the complainant.

Are services at this trust well-led?

Requires improvement

Overall we found that leadership required improvement. The team made 10 judgements about the leadership of each of the core services and the community health locations at the trust, of which six were judged to be good and three required improvement and one was inadequate. At trust level there were many positive aspects, including the open culture and positive focus on patients. The arrangements for governance were improving but not fully embedded. Significant risks, including the chronic shortage of consultants in key areas, had proved very difficult to resolve and had not been resolved at the time of the inspection. There had been an unplanned change of chair and the chief executive, who was highly visible and trusted by staff, was leaving shortly after the inspection. A new chief executive has since been appointed.

At trust level there were issues of long standing technical non-compliance in some areas of facilities management that were in the process of being addressed.

Nursing leadership was strong but medical leadership was less effective. There had been recent changes to structures within the trust, unconnected to the transaction process. Divisions had become directorates and some changes had been made to the committee structure. Whilst the changes had been made and appeared to be working well it was too early to judge the effectiveness of the new arrangements.

The trust had a clear strategy to achieve clinical and financial sustainability through the NHS only transaction process that it was engaged in. In the circumstances the trust had been required to have a two, rather than five, year strategy in place and this was focused on the delivery of safe and effective care.

There was a positive atmosphere at the trust and staff appeared very engaged with the inspection process and team. There was remarkably good attendance at focus groups across all staff groups, with the exception of consultants. Staff spoke very positively about the trust as a place to work, although there was evidence that uncertainty over the future, together with staffing pressures, were having a negative impact on morale.

Overview of ratings

Our ratings for Weston Area Health NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Inadequate	Requires improvement	Good	Requires improvement	Inadequate	Inadequate
Surgery	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Critical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	☆ Outstanding	Good	Good	Good
End of life care	Good	Good	Good	Requires improvement	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Community health services for children, young people and families services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Good	Good	Good	Requires improvement	Good	Good

Overview of ratings

Our ratings for Child and adolescent mental health community services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Good	☆ Outstanding	☆ Outstanding	Good	Good	☆ Outstanding

Our ratings for Weston Area Health NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Outstanding practice and areas for improvement

Outstanding practice

- There was an outstanding example of caring shown to a patient with a learning disability who was coming into the day-surgery unit for a procedure. One of the staff had contacted the patient's care home and discussed the best way to manage the appointment for the patient. The arrangements were then made to reduce the anxieties of the patient, and allow one of the main carers to be with the patient as much as possible during the procedure. An 'easy read' booklet about coming into hospital was send to the care home to go through with the patient in advance of their visit. This showed a good depth of knowledge and sensitivity for people with different needs.
- There was an outstanding staff newsletter produced each month. It included 'celebration of success awards' which were running for their second year. There were messages from public bodies, such as Public Health England, awards and recognition for staff and wards, updates on new staff, messages from patients, training and policy updates, and charity news and updates.
- The patient safety midwife demonstrated a thorough understanding of risk and clinical governance processes. This person maintained clear audit and investigative trails which supported safe and current midwifery care in practice.
- There was outstanding care for children, young people and their families and for specialist community mental health services for children and young people.
- There were various examples of outstanding multidisciplinary working between the different professional groups within the community children and young people's services team and also with external agencies and professionals.
- The outpatients' manager responded and developed improvements as a result of incidents that originated outside the outpatients department. For example, problems had been caused by plaster casts that had been applied in other wards and departments. In response, the senior plaster technician in the orthopaedic clinic had devised a teaching programme to improve the skills of other clinical staff. This had been rolled out across the hospital and no further problems had occurred.
- Following manual handling training in 2014/15 medical records staff had become concerned about the weight of boxes of records that they needed to lift. As a result, scales had been installed throughout the hospital to ensure that no boxes heavier than 11kg are lifted by staff. One of the medical records managers told us there had been a decrease in musculo-skeletal injuries since this change.
- At the beginning of 2015 the imaging department had gained full accreditation with the Imaging Services Accreditation Scheme (ISAS). This is a patient-focussed assessment that is designed to ensure that patients consistently receive high quality services. The ISAS website states that, as of May 2015, only 20 departments in the UK had achieved this accreditation
- Members of staff within the specialist community mental health services for children and young people team were accredited by the Royal College of Psychiatrist's Quality Network for Community CAMHS.
- The trust had achieved Young People's Friendly approval. This meant that the trust had been verified as providing a young people friendly services, meeting the Department of Health 'You're welcome' quality criteria.
- Multidisciplinary and interagency working practices and communication within specialist community mental health services for children and young people were outstanding.
- The written communication within specialist community mental health services for children and young people was outstanding.
- The trust facilitated peer support group for foster carers who provided homes for children with learning disabilities.

Outstanding practice and areas for improvement

- The trust Patient Experience Review Group which considered the results of patient and staff surveys, considered information from the Patient Advice & Liaison Services (PALS) Manager and contributed to discussions about services.

Areas for improvement

Action the trust MUST take to improve

- Ensure that patients arriving by ambulance are fully monitored and assessed for priority when in the corridor awaiting admission to the department.
- All patients receive timely assessment in line with College of Emergency Medicine guidance to ensure that they receive suitable and timely treatment.
- Ensure that all staff are aware of and work to standard operating procedures relating to the safer management of controlled drugs.
- Ensure that there are suitable numbers of staff with the qualifications, skills and experience to meet the needs of patients within the high care unit.
- Take action to improve medical staffing levels and skill mix in the emergency division to ensure that people receive safe care and treatment at all times.
- Ensure that junior medical staff in the emergency division are appropriately supported, supervised and trained to ensure that they are competent to fulfil their role.
- Ensure that the ambulatory emergency care unit and medical day case unit are appropriately staffed and equipped at all times.
- Ensure that patients who attend the ambulatory emergency care and medical day case units are accommodated in areas which are fit for purpose and ensure their comfort, privacy and dignity.
- Continue to take steps to reduce the incidence of avoidable harm as result of pressure ulcers, falls and medication incidents.
- The audit and use of the whole range of the World Health Organisation surgical safety checklists must be improved and evidence provided to show it is being followed at all times. The hospital must ensure there is approval at board level for how the checklist is being used and audited.
- Competency tests around the use of equipment in operating theatres must be improved to demonstrate it is vigorous. Considering there had been a high rate of medicine incidents, competency training must be introduced for medicines' management. There must be an approved protocol for how competency is assessed.
- The main operating theatres must ensure the management of all used surgical instruments is such to be assured the risk of cross-contamination is eliminated.
- The hospital must ensure the medical cover in surgery services, out-of-hours, and specifically at night, is safe and the staff on duty meet the requirements of the out-of-hours policy.
- The number of discrepancies in prescriptions in surgery services must be addressed and errors eliminated.
- The hospital must ensure patient confidential records are secured and stored in such a way as they cannot be seen or removed by unauthorised people.
- Staff in surgery services must get up-to-date with their mandatory and statutory training and meet trust targets.
- The hospital IT systems must be improved to enable staff to extract and be able to use data about all aspects of theatre and surgery services.
- As with most NHS hospitals, the hospital must improve the access and flow of patients in order to reduce delays from theatre for patients being admitted to wards, enable patients to be admitted when they needed to be, and improve outcomes for patients.
- The governance of the surgery service must improve so there is a clear process for assessing and monitoring the safety, effectiveness and

Outstanding practice and areas for improvement

responsiveness of the service. The governance team must be able to demonstrate continuous learning, improvements and changes to practice from reviews of incidents, appropriate use of the risk register, mortality and morbidity reviews, formal clinical audits, complaints, formal feedback to staff, and using reliable data and information.

- As with most NHS hospitals, the hospital must improve the access and flow of patients in order to reduce delays from critical care for patients being admitted to wards; reduce the unacceptable number of discharges at night; enable patients to be admitted when they needed to be; ensure patients were not discharged too early in their care; and improve outcomes for patients. The full consideration of Critical Care must be taken into account in hospital escalation plans and staff in the unit closely involved with day-to-day strategic planning.
- The governance of the critical care service must improve so there is a clear process for assessing and monitoring the safety, effectiveness and responsiveness of the service. The governance team must be able to demonstrate continuous learning, improvements and changes to practice from reviews of incidents, appropriate use and review of the risk register, mortality and morbidity reviews (including overarching mortality ratios), formal structured clinical audits, complaints, formal feedback to and from staff, and useful feedback from people who use the service.
- Staff in the critical care service must get up-to-date with their mandatory and statutory training and meet trust targets.

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
Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider had not ensured the care and treatment of service users was (a) appropriate, and (b) met their needs. Patients in the critical care service were not discharged in a timely way from the unit onto wards when they were ready to leave. Patients were also discharged too often at night.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider had not ensured care and treatment was provided in a safe way for service users by: (b) doing all that is reasonably practicable to mitigate any such risks; (c) ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely, and (g) the proper and safe management of medicines. Staff did not always follow plans and pathways identified to mitigate the risks of patients acquiring pressure ulcers and the risk of falling. Not all staff in surgery services had vigorous equipment or medicines management competency tests. Staff were not meeting the provider's targets for updating their mandatory training. There was an unacceptable level of discrepancies in prescriptions in surgery services.

This section is primarily information for the provider

Requirement notices

At times, morphine was prescribed as a variable dose within the emergency department. Records did not should how much was administered or what happened to any unused drug in accordance with safer management of controlled drugs legislation.

Medicines were not always administered accurately in accordance with the prescriber's instructions and at suitable times to make sure that people who used the service were not placed at risk.

Not all staff in the critical care service were meeting the provider's targets for updating their mandatory training.

Junior medical staff were not always adequately supported and supervised and were frequently asked to undertake tasks which they were not trained or prepared for.

Patients on the high care unit on Harptree Ward did not always receive care from appropriately qualified, competent or experienced staff.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The provider was not ensuring all premises and equipment used by the service provider was: (a) clean. Used surgical instruments were not transported from two of the main operating theatres to protect people and other equipment from the risks of cross-contamination.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider had not operated systems or processes to: (a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity, and

This section is primarily information for the provider

Requirement notices

(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risks which arise from the carrying on of the regulated activity, and

(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and the decisions taken in relation to the care and treatment provided.

The surgery services were not able to demonstrate incidents, clinical audits, and mortality and morbidity reviews were learned from to improve patient care. Staff were not able to extract sufficient information from the database to provide good governance information.

The audit of the surgical safety checklist in main theatres was inadequate. There was no policy for how the audit should be performed and how the results should be used.

The surgery wards were not ensuring patient notes were secure at all times.

The critical care service was not able to demonstrate continuous learning, improvements and changes to practice from reviews of incidents, appropriate use of the risk register, mortality and morbidity reviews (including overarching mortality ratios), formal structured clinical audits, complaints, formal feedback to and from staff, and useful feedback from people who use the service.

Staff who reported incidents which affected the health, safety and welfare of people using services, or had the potential to cause harm, did not always receive feedback or assurance that appropriate action had been taken to remedy the situation.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider had not taken appropriate steps to ensure that, at all times, sufficient numbers of suitably qualified, skilled and experienced staff were employed for the purposes of carrying on the regulated activity.

This section is primarily information for the provider

Requirement notices

There were not always sufficient numbers of medical staff on duty in the surgery division out of normal working hours.

There was an acute shortage of consultant physicians. This meant that they were not able to provide adequate training, support and supervision to junior medical staff and the medical day case unit and ambulatory emergency care unit were not always fully staffed with appropriately trained nursing staff. This meant there was a risk that people who used the service may not receive adequate support in the event of a medical emergency.