

Taunton and Somerset NHS Foundation Trust

Inspection report

Musgrove Park Hospital
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Date of inspection visit: 14 to 29 January 2020
Date of publication: 24/03/2020

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

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

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

Ratings

Overall trust quality rating

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Good 

Summary of findings

Combined quality and resource rating

Good 

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

Background to the trust

Taunton and Somerset NHS Foundation Trust provides acute health services for its local population of around 340,000 people, and specialist and tertiary services reach a population of around 544,000 people. The trust provides emergency vascular services for Somerset and some parts of Dorset. This covers a population of around 800,000 people.

Taunton and Somerset NHS Foundation Trust provides the majority of services at the main site, Musgrove Park Hospital in Taunton, but has outpatient services at a number of community hospitals in Somerset. This includes community midwives and some diagnostic and screening services.

The health of people in Somerset is varied compared with the England average. About one in seven children (15,000) live in low income families and one in eight households are said to live in fuel poverty. However, life expectancy for both men and women is higher than the England average. Somerset is a largely rural county without any large cities or a university and the population is relatively older than the national average. There are around 134,000 residents in Somerset over the age of 65, which is 24% of the population. This is significantly higher than the England and Wales average of 19%.

The main site, Musgrove Park Hospital, is built over one large area in a residential part of Taunton and has a range of linked or separate buildings. The hospital is in a compact space with its range of buildings of different ages and use. It was the 67th general hospital to be authorised during the second world war in 1941 and was used as an American Army hospital until it became an NHS hospital in 1951. The Queen's building was the first 'new' building to be opened in 1987 and the Duchess building (which houses A&E) opened in 1995. In 2014, the Jubilee building was completed and fully opened. The Old Building, which houses the operating theatres and critical care, and the Maternity unit remain part of the original hospital and are now among the oldest NHS estate in the country.

Alliance with Somerset Partnership NHS Foundation Trust

The trust is in the final stages of an alliance with the mental health and community provider, Somerset Partnership NHS Foundation Trust, which is expected to be concluded with the creation of a new NHS acute, community and mental health provider organisation on 1 April 2020. Somerset Partnership NHS Foundation trust will be referred to as 'Somerset Partnership' in the rest of this report.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Good  → ←

What this trust does

Patients receive outpatient and inpatient consultant services for a range of specialties for which the trust employs around 5,800 staff. This equates to around 4,500 whole-time equivalent staff of which around 1,200 are nursing and midwifery staff, 580 medical and dental staff, 260 allied health professionals (such as physiotherapists and dietitians), and around 1,100 providing other clinical services.

Summary of findings

Musgrove Park Hospital has a 24-hour accident and emergency department and is the designated trauma unit serving the local area. In 2018/19, around 75,000 patients visited the A&E department with 41,000 patients being admitted for unplanned care. In addition to inpatient, outpatient and emergency care services, the trust operates a high dependency and intensive care unit, 16 operating theatres, and runs 35 medical and surgical wards with around 640 beds. It has a dedicated ward for children and young people and a separate maternity unit. The hospital has a fully equipped diagnostic imaging department operating seven days a week, and a purpose-built cancer treatment centre, the Beacon Centre, which includes chemotherapy and radiotherapy facilities for both inpatients and outpatients.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

We inspected four core services in January 2020, and the 'well led' aspect of the trust later in the same month. The four core services were inspected at Musgrove Park Hospital and were medical care (including older people's care), critical care, maternity, and services for children and young people.

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

Prior to our inspection on site, we gathered information and data from the trust, NHS England and NHS Improvement, and stakeholders (community organisations with an interest in healthcare provided by the trust and the clinical commissioning group). We held focus groups for different staff prior to the core service inspections as part of regular engagement meetings, and during the well-led inspection.

At our last comprehensive inspection of the trust in August/September 2017 (the report published in December 2017) we rated the trust overall as good, although with a requires improvement ratings for safe. Caring was rated as outstanding. The other key questions of effective, responsive well led were rated as good.

For this inspection, we considered all the information we held about the trust when deciding which core services to inspect and based our inspection plan on the areas considered to be the highest risk.

What we found

Overall trust

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

Summary of findings

At core services level, effective, responsive and well-led were rated as good overall. Caring was rated as outstanding. The rating of well-led for the trust management was good as was the trust's use of resources. This led to a combined overall rating for the trust of good.

At core services level, safe remained as requires improvement overall following our last inspection published in late 2017, and more work was required in this area. The questions of effective, responsive and well-led remained as good. Although responsive was good overall, not enough patients were being treated in accordance with NHS constitutional referral to treatment standards. Caring retained its rating of outstanding. This outstanding rating came from caring in medical care and critical care services.

We rated well-led at the trust management level as good. The leadership had the capacity and capability and commitment to deliver high quality, sustainable care. There was a clear vision and credible strategy for the future, which involved and centred on the imminent merger with Somerset Partnership NHS Foundation Trust. There was a strong culture of high-quality, safe and sustainable care throughout the staff. However, some of the systems and processes to ensure harm to patients was avoided did not have sufficient oversight or monitoring.

There were clear responsibilities, roles and systems of accountability to support good governance and management. Information was accurate and effectively processed. There was good engagement with patients staff, and stakeholders. There were systems to support learning, and significant strength in innovation and quality improvement which were highly encouraged.

However, there was some work needed, as recognised by the trust, to tackle wellbeing and the pressure upon staff. More staff, particularly those from a black, Asian and minority ethnic background, needed to feel safe and valued and to feel confident to report abuse from members of the public, including patients and families.

The mortality investigations, encompassing the National Quality Board learning from death requirements, were not consistent, structured, or always of high quality. Learning from death and reporting did not fully meet trust policy. It was not always reported on at the trust board, and there was little evidence of learning in those reports, even though it was clearly undertaken well in the wider trust. Families or those who cared for the patient were not involved in investigations into the death where there were failings in care.

The operational performance at the trust was meeting few of the national targets or standards for treating patients. It was performing worse than the England average in some measures, particularly referral to treatment times (patients waiting to start treatment). The trust was fully aware of performance and this was responded to with recovery plans and actions which key staff were taking with sufficient seriousness.

Medical care (including older people's care) was rated as good overall. The overall rating stayed the same, and due to improvements made, safe moved up from requires improvement to good. The trust had addressed the areas needing improvement from our last inspection, although not entirely in relation to checking emergency equipment. Responsive was rated as good, but not enough patients were being referred for treatment in a timely way and in line with NHS constitutional standards. The other key questions were rated as good and caring remained rated as outstanding.

In safe, the service had enough well-trained staff to keep patients safe and protected from abuse. There was a good safety culture. Staff had training in key skills, understood how to protect patients from abuse, and mostly managed safety well. Staff assessed risks to patients, acted on them and kept good care records most of the time.

However, the four-bed high dependency respiratory unit was not staffed in line with trust policy. Some individual risk assessments were not always completed when patients with mental health needs moved areas. Records of patients with a deteriorating condition were not always completed by medical staff after nursing staff informed them of the increasing risk. Some emergency equipment was not consistently checked on a daily basis.

Summary of findings

Effective was good with care and treatment following evidence-based practice and outcomes for patients were good. Staff were capable and competent and their performance reviewed. Patients were able to make informed decisions. However, mental capacity documentation was inconsistent and endoscopy services had not reached accreditation.

In caring, patients were treated compassionately and to minimise any distress. The care delivered was outstanding. Patients were given time to make decisions and treated as individuals. Responsive was good and services planned to support patients and treat them in accordance with their needs. However, not all patients were treated in the time required by NHS standards. Patients and families were able to easily give feedback and this was listened to and acted on.

Well-led was good with leaders having the skills, capacity and experience to lead the service. Staff were respected and valued. Governance was effective and most risks were recognised and managed. There was a strong commitment to innovation, learning and improvement.

Critical care was rated as good overall. Effective, responsive and well-led were rated as good. Caring was again rated as outstanding. However, as previously, safe was rated as requires improvement.

In safe, the ageing facilities were complex to manage and maintain. Not all areas were fit for purpose and some equipment stores were not secure. During our inspection we found the unit had unrestricted public access, with the main entry doors being unlocked. This was resolved by the trust shortly after our inspection. The checking of the resuscitation equipment was not carried out consistently, as was the case on our previous inspection. There were not enough specialist doctors trained in advanced airway skills on duty at all times and insufficient pharmacist cover to meet guidelines – although the pharmacist cover was addressed shortly after our inspection. There were not enough allied health professional staff to provide optimal care at all times in line with recommended practice.

However, patients were protected from abuse. Staff had good infection prevention and control processes. There were enough nursing staff to provide safe care and treatment. Patients' records were well completed and clear, and medicines were safely managed.

In effective, which was good, care was delivered on evidence-based practice. There was good pain, nutrition and hydration management. Staff were competent for their roles and worked in a strong multidisciplinary approach to patient care. However, not all staff were having annual performance reviews on time, and there was insufficient input from therapy staff at times.

Caring was outstanding with staff treating patients with compassion and kindness. There was outstanding emotional support to patients and to their families and carers. The service received overwhelmingly positive feedback about the quality of care. Responsive was good with care planned to meet the needs of patients who were treated as individuals.

In well-led, which was good, there was strong leadership with support for staff. Staff felt respected and valued. There was good governance and engagement with patients and staff. Staff were committed to service improvement. However, there was insufficient review of audits, and there were no minutes kept for mortality and morbidity reviews.

Maternity was rated as good overall although safe required improvement. We do not compare the ratings this time with our previous ratings as in the previous report they included a review of gynaecology services. Despite a challenging environment, infection risks were well managed. Midwife staffing levels were safe and regularly reviewed. Records for patients were mostly good and complete. Incidents were investigated and families were provided with honest information when things went wrong. However, staff were not compliant with the target for updating some mandatory training modules. There were issues with the safe management of medicines. Records did not always have the right information about a patient's mental health needs. There was a lack of clarity around the cleaning for birthing pools.

Summary of findings

Care and treatment were effective and based on national guidance. Pain, nutrition and hydration were well-managed. Staff were competent, capable and able to develop. They cared for patients and their families with kindness and insight. The service met the needs of women and included those in need of extra support. However, due to the lack of full cover from anaesthetists at all times, there were risks to the timeliness of procedures, including administration of epidurals and delays in induction of labour. Complaints were not always responded to in good time.

There was good leadership and staff felt supported and valued. There were mostly effective governance and assurance processes including management of risk. Innovation and improvement were encouraged.

Services for children and young people was rated as good overall. Safe improved from requires improvement to good, with other key questions remaining rated as good. The areas in safe we asked the trust to address had been improved. Staff knew how to protect children and young people from abuse. Staffing levels were good, and staff had the right skills and experience to provide safe care. Records were well maintained for patients, and medicines were safely managed. However, the ageing environment was not easy to manage. The ward was located some distance from other services. The unit was often too hot in the warmer months, and due to wear and tear, not easy to maintain and keep clean. Not all patient records were stored securely.

The service provided effective care based on national guidelines. Pain, nutrition and hydration were managed well. Staff had reviews of their performance and they were all involved in decisions around care and treatment for their patients. Children, young people and their families were treated with kindness and supported to make decisions.

There was good access to all the services children and young people needed, including for their mental health. However, the need to provide care and treatment to patients with mental health illnesses had an impact at times on others on the ward especially in the context of the older building and the layout of the unit.

There was strong and committed leadership. Staff promoted a strong and cohesive culture and felt supported and valued. There was good governance and assurance and staff engaged with children and young people, their families and others to help improve the services they delivered.

Other services and ratings

On this inspection we did not inspect urgent and emergency care (A&E), surgery, end of life care, or outpatients. The ratings we gave to these services on the previous inspection published in 2017 are part of the overall rating awarded to the trust this time.

Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – www.cqc.org.uk/provider/RBA/reports

Are services safe?

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

We had concerns about the safety of the anaesthetic cover out of hours, specifically in maternity and critical care services. We had this concern on our previous inspection in 2017, and although this had progressed, it was not fully resolved. Staff were not compliant with the target for updating some mandatory training modules. As with our previous report in 2017, not all emergency equipment was being checked as it should be, although this had improved, but was not fully resolved. This was specifically an issue in maternity, but also critical care and medical care. Medicine management in maternity was not always effective. There were security problems in entry to critical care (although the

Summary of findings

unit was locked to open access shortly after our inspection). There were insufficient numbers of allied health professional staff in critical care for good rehabilitation. Clinical deterioration of patients was not always well documented once the patient was highlighted to the medical staff for review. Mental health documentation was not always complete or useful.

However, patients were protected from abuse and avoidable harm. Most infection prevention and control practices were carried out effectively, although in some ageing buildings they were hard to fully maintain. There were good staffing levels and most records were well managed and medicines looked after safely. There was a strong culture of safety and around reporting incidents.

Are services effective?

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

Care was effective and patients had good outcomes. Staff promoted a good quality of life with patients. There was a strong culture of multidisciplinary input into care and treatment. Care was delivered in line with evidence-based practice and legal frameworks. Pain relief, nutrition and hydration were managed well. Staff were trained and competent in their roles. Patients were able to give their own consent and make informed decisions when they were able. The right people were involved when patients were not able to decide for themselves.

However, not all staff had been given a performance review in the last year. There were some gaps in patients' mental capacity assessment records, and not all key staff had input into multidisciplinary care in intensive care.

Are services caring?

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

Caring was rated as outstanding for medical care and critical care. For children and young people's service and maternity, caring was good. Patients and those who cared for them spoke highly of the care and treatment given to them. This was from conversations held with us, but also from letters of thanks and other comments made directly to the trust. Patients were treated with compassion and kindness and as individuals. They were able to make their own decisions and supported to do so. Families were supported with information and treated with respect. In maternity, the service performed better than expected compared to other trusts in the CQC maternity survey for 2019.

Are services responsive?

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

Services were designed to meet the needs of local people. Patients were treated as individuals and adjustments were made to give patients the best outcome. Care was mostly available to people when it was needed. There was learning from complaints and concerns raised by patients and those who spoke for them.

However, not enough patients were being treated in time in accordance with NHS constitutional treatment standards. Also, not all complaints were responded to in a timely way.

Are services well-led?

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

The staff leadership teams had the skills, knowledge, and experience to manage services. High-quality and patient-centred care was promoted along with a strong safety culture. There was a vision for the future of services, and a clear set of values for staff based on the experience for the patient. Staff were well supported and there was good morale and a culture of improvement and learning. Staff were willing to challenge poor practice and support each other to do so. There was a great ethos around innovation, research, development and improvement. There were mostly good governance systems to give assurance of good, safe and quality services.

Summary of findings

However, not all governance meetings considered the results from audits or documented the meetings relating to mortality and morbidity.

Use of resources

The trust had not been rated for its use of resources before. We rated it as good because:

The trust's overall cost per weighted activity unit for 2017/18 benchmarked in the second-best national quartile and during our assessment the trust demonstrated areas of good productivity across clinical services, workforce and corporate services. For example, the trust had a low usage of agency staff and had near-zero nursing vacancies at the time of the assessment. The trust's financial deficit was stable, and the trust continued to address areas where its costs were high, such as clinical support services. The trust also anticipated additional efficiencies from a planned merger with Somerset Partnership NHS Foundation Trust.

Combined quality and resources

Our rating of combined quality and resources stayed the same. We rated it as good because:

Both the trust overall and the use of resources were rated as good. The combined rating for the trust is therefore good, which was the same as our previous inspection.

Ratings tables

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

See the Ratings tables section below for the detail.

Outstanding practice

We found examples of outstanding practice at trust-wide level, in medical care, critical care, maternity, and services for children and young people.

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

Areas for improvement

We found areas for improvement including four breaches of two legal requirements that the trust must put right. We found 56 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

Action we have taken

We issued requirement notices to the trust. Our action related to breaches of legal requirements at a trust-wide level (two with close links to failings in core services) and in critical care.

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

What happens next

We will make sure that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Summary of findings

Outstanding practice

We found the following outstanding practice:

Trust-wide

- The outstanding work around quality improvement at the trust continued. This included a high level of support from the executive team across the organisation. The quality improvement team were committed, enthusiastic, and highly respected. Their work had led to improvements in both small and big things for staff and patients. This was an organisation which gave staff permission to try and not be afraid to fail if it did not work.

Medical care

- We saw and heard of many examples of staff going the extra mile for patients to meet their individual needs. Staff displayed acts of kindness for patients and we saw how staff were consistently kind to patients and visitors. Empathy and respect was embedded in the service and staff demonstrated this as a natural part of providing care and treatment. Staff sang with patients, provided individually requested food, took a patient to chapel in off duty time and used innovative ways to get to know patient's preferences. They acted on the preferences wherever possible. Music and activities were provided that patients responded to and enjoyed.
- We saw how staff responded to patient choice wherever they could. An older couple were able to be cared for in the same room instead of being in separate ward areas.
- Skill mix was reviewed and areas were able to tailor staff recruitment to the needs of their patients. These new roles were part of the agreed establishment, designed to maximise patients' recovery and minimise their time spent in hospital.
- Staff responded to individual patient's needs when providing therapy to gain maximum benefits from the therapy for patient recovery. Activity programmes were designed around patient needs and were innovative and imaginative.
- Staff on the oncology unit ensured patient's understood their condition and treatment options and spent as much time as the patient needed to discuss them.

Critical care

- The unit was supporting two members of staff through the Advanced Critical Care Practitioner course as a way of developing staff skills for the new unit.
- End of life care was given a high priority. Staff had developed a trolley which was used to support patients at the end of their life, and their relatives, to create a calm and comfortable environment within a critical care bed. The unit used memory boxes to support relatives with the grieving process.
- A traffic light system and wellbeing application had been developed to gather staff feedback. This was introduced by a nurse to allow staff to give immediate feedback after their shift, and supported staff wellbeing.
- Research participation figures in the critical care unit were amongst the best in the South West of England.
- The critical care outreach team provided a 'ring for reassurance' service for patients who had been discharged from the critical care unit. Patients could contact the team 24 hours a day if they needed additional emotional support and advice.

Maternity

Summary of findings

- When a baby died, parents were kept informed at every step. If parents did not want their baby to go to the mortuary, mortuary staff would visit parents to explain and reassure them about their baby's journey and how they would be cared for.
- The maternity service had developed an innovative career pathway for maternity support workers to train as a maternity nurse associate. Maternity nurse associates were used to improve care postnatally, especially for women who needed perinatal mental health support.

Services for children and young people

- The children and young people's service had appointed a social, emotional and mental health nurse to reduce delays in arranging these aspects of care for patients presenting with physical injuries.
- The service ran a monthly support group for parents of babies who had been discharged home after a period of care in the neonatal unit bringing together families with a shared experience of neonatal care.
- The staff arranged to create a beach with a sandpit for a family who were unable to go on holiday when their child was admitted to the ward.

Areas for improvement

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

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

Trust-wide

- Ensure the mortality investigations, encompassing the National Quality Board learning from death requirements, are strengthened to be consistent, structured, and of a good quality, meet trust policy, are reported on at the trust board, and show there is learning from death. Families or those who cared for the patient must be involved where they want to be in any investigations into the death where there were failings in care.
- Ensure there are safe levels of anaesthetists on duty and available at all times that meets the guidelines for provision, specifically for maternity services and critical care and when operating out of hours. The lack of full 24 hour cover from anaesthetists meant not all women were receiving timely epidurals in maternity. In critical care there was a risk of a patient being delayed if an advanced airway practitioner was not available due to full cover not being provided. We acknowledge this was on the trust's corporate risk register.
- Ensure all safety equipment in all areas of the trust is checked as required in line with trust policy and national safety standards. Ensure there are governance processes to determine accurately and with full assurance that this is addressed as this was a failure on our previous inspection. This was specifically an issue with maternity services, critical care and the acute medical unit.

Critical care

- Ensure public access to the critical care unit is always restricted by locking the unit and consider the installation of an intercom system and CCTV.

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

Trust-wide

Summary of findings

- Review whether the trust should produce policies for Disclosure and Barring Service checks and Fit and Proper Person Regulation assessments to ensure all areas the trust should self-determine are covered.
- Consider how to better report on findings of the NHS staff survey and improve the reasons for a poor response rate (which we recognise had improved in 2019, but still had room for improvement being below 50% of staff asked to contribute).
- Review the strategy for dementia and the policy for learning disabilities (a strategy not having been provided) to determine how to report better on some of the good achievements made, and whether objectives are being met.
- In the well-regarded work of the freedom to speak-up guardians, examine and determine whether staff who do speak-up are treated as they should be, and executives understand their role in acting on information brought to them by the guardians.
- Bring the trust's values into annual performance reviews (appraisals) as only 34% of staff who responded to the 2018 NHS staff survey said they were discussed and this was below (worse than) the national average. Review the other appraisal and training responses from staff in the 2018 NHS staff survey as insufficient numbers of staff said the appraisal helped them improve how they did their job and set clear objectives. Fewer staff than the national average said training, learning and personal development was discussed with them as part of the review. We recognise work on this was already in progress, but improvement needed to be demonstrable.
- Strengthen the action already taken to support the black, Asian and minority ethnic staff who have suffered a disproportionate level of abuse, and demonstrate this will not be tolerated within the organisation. Educate staff to further support their BAME colleagues and encourage everyone who suffers abuse or discrimination or witnesses it to report it.
- Produce measurable objectives around career progression for black, Asian and minority ethnic staff as this was highlighted at the people committee but without further action considered. Actions in the Workforce Race Equality Standard plan were not owned by anyone and were not measurable to determine achievements. They were without ambition.
- If key reports are not to be published through board papers, publish all those required, including those around equality and diversity and annual reports on patient safety and care on the trust website each time they are produced.
- As was required of the trust since August 2016, assess, audit and then improve (if needed from assessment and audit work) provision of care for patients in the described group against the Accessible Information Standards.
- When including training numbers in annual safeguarding reports for both adults and children, show these as percentages of staff and not absolute numbers or charts without targets so compliance is clear and not needing to be inferred.
- Improve the performance on responding to complaints and state clearly in a policy document what the response time should be so it is clear for staff and those who make a complaint.
- Continue to strengthen the critical work both internally and with healthcare system partners to reverse the growing waiting list for patients to receive treatment or diagnostic screening and procedures. Show clear and prompt progress which meets trajectories and goals for improvement in all areas of performance.
- Determine how IT systems could be improved before any large-scale replacement to reduce the burden on staff, particularly in the light of consultants concerned this reduced clinic time.
- Increase the level of recurrent savings it achieves and reduce its reliance on non-recurrent schemes including within the context of its planned merger with Somerset Partnership.

Summary of findings

- Provide context in board reports, annual reports and performance reports so performance data in areas such as infection control, pressure ulcers, falls, training and appraisals, can be measured against the targets, trajectories or standards set.
- Produce a more current evaluation of the NHS seven-day four priority clinical standards and a realistic ambition for meeting those not yet achieved.
- Bring the trust website information in relation to patient confidentiality up to date with the General Data Protection Regulations and make this information more accessible for the public.
- Improve the visibility of research and development work and sponsorship of this work at executive and trust board level.

Medical care

- Continue with making sure medical staff meet the trust target for updating mandatory training.
- Complete risk assessments for patients with mental health needs in each area of the trust they visit.
- Record details of mental capacity assessments fully where the assessments have been undertaken.
- Improve medical staff adherence with trust policy requirements to fully document details of when they have escalated patients with a deteriorating condition and actions that were taken in response.
- Review registered nurse staffing in high dependency respiratory areas so they meet national standards.
- Maintain record security in all areas, including stroke unit, so they are not at risk of being moved by unauthorised people.

Critical care

- Improve staff compliance with mandatory training to meet the trust target of 95%.
- Review infection prevention and control processes so they are in line with national guidelines and trust policy.
- Consistently complete daily checks of specialist equipment, in accordance with trust policy.
- Continue planned expansion of the specialist registrar rota to ensure there is always a doctor on duty with advanced airway and resuscitation skills.
- Increase the number of pharmacists to the Guidelines for the Provision of Intensive Care Services recommended minimum staffing level of 0.1 whole time equivalent each week per level three bed or per two level two beds.
- Review clinical guidelines so they are version controlled and dated.
- Continue to support nursing staff to access post-registration training to meet Guidelines for the Provision of Intensive Care Services guidelines, which recommend 50% of registered nursing staff will be in possession of a post-registration award in critical care nursing.
- Improve the completion rate of appraisals for nursing and administrative staff.
- Review therapy provision/rehabilitation support for patients on the critical care unit.
- Regularly review audit programmes and outcomes within the existing governance meetings.
- Demonstrate the scrutiny of cases reviewed by mortality and morbidity meetings to evidence how actions were identified to improve care and treatment.

Maternity

Summary of findings

- Continue to improve medical staff compliance with mandatory and safeguarding training.
- Improve staff awareness of processes for cleaning birth pools and display guidance for cleaning in relevant areas.
- Improve cleanliness of showers on the maternity unit.
- Remind staff to follow uniform policy.
- Review the risk assessment of maternity theatre one and the procedure room in line with national guidance (maternity care facilities in line with national planning and design (HBN 09-02))
- Improve staff understanding of use of antidote boxes.
- Make sure fire safety risk assessments are completed and reviewed every year.
- Improve recording of mental health risk assessments and verbal handover of mental health risks.
- Continue to improve staff reporting of all incidents.
- Complete action plans to share learning from serious incident investigations.
- Include shoulder dystocia and brachial plexus injuries on maternity dashboard.
- Investigate and respond to complaints in a timely way.
- Audit the use of the World Health Organisation checklist in maternity theatres.
- Improve quality of controlled drug records in line with trust policy.
- Store medical gas cylinders and anaesthetic agents in line with trust policy.
- Improve accuracy of records made of the doses of medicines administered.
- Review the provision of a clinical pharmacy service, including medicines reconciliation, to maternity services in order to comply with current national guidance.
- Improve monitoring of medicine refrigerators in line with trust policy.

Services for children and young people

- Improve, where possible, the temperatures on the wards to reduce discomfort for children and young people, their families and staff.
- Improve the cleanliness of medicine cabinets to ensure any residual labels are removed from the interior shelves.
- Store records securely in locked cupboards.

Is this organisation well-led?

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

We rated the trust as good because:

Summary of findings

- The trust's leadership team had the capacity and capability to deliver high-quality sustainable care. They had the experience to manage a well-led organisation. There was compassionate, inclusive and effective leadership. Leaders at all levels were visible, approachable and supportive of their patients and staff. We interviewed all members of the trust executive board and found a strong and cohesive group of individuals with a wide-range of experience, skills, knowledge and long-service in NHS management. Our conversations with them and with other senior managers, consultants and senior nurses, showed evidence of a strong team with a good working relationship. There was respect for one another and recognition of the skills each individual brought to the team. The leadership team recognised there were challenges to high quality care and sustainability and most staff agreed patient care was the trust's top priority.
- There was a clear and credible vision and strategy to deliver high-quality sustainable care to people. The vision and strategy was developed using a structured planning approach in collaboration with staff, patients and the wider community. It had evolved with work alongside system partners. It was aligned closely with local plans in the wider health and social care community and closely connected with the impending merger with Somerset Partnership NHS Foundation Trust.
- Most staff felt supported, valued and respected. The culture was centred on people who used the services at the trust and the staff who cared for them. There was a strong safety culture which encouraged openness and honesty at all levels. This was modelled by the behaviours of the executive team and staff were able to raise concerns without fear of retribution. The trust and its staff recognised the need to be able to speak-up and had established good arrangements for the role of the freedom to speak-up guardian.
- Staff felt positive and proud to work for the organisation and worked well together. A significantly higher number of staff than the England average would recommend the trust as a place to work and receive care.
- There were responsibilities, roles and systems of accountability to support good governance and management. There were structures and processes to operate a governance system designed to effectively monitor the service and provide assurance. Staff at all levels were clear about their roles and understood what they were accountable for. The trust recognised, acted upon and met its legal obligations to safeguard those people at risk from abuse, neglect or exploitation. There was reporting to a trust board committee about management of patient/carers complaints, and this included some clear examples of what the trust had learned from these and changed as a result.
- There were clear and effective processes for managing risks, issues and performance. Assurance systems in the trust identified, recorded and managed risks. There was an alignment between those recorded risks and what staff were concerned with. We recognised assurance of financial scrutiny by the board and through the corporate risk register and the right level of control over the financial arrangements. Board reports on finance had recently been revised ahead of the planned merger. Reports were of a good quality and clarity. Financial reporting was appropriately scrutinised through executive and board governance processes. The risks of the environment and estate were well understood and managed. Catering, cleaning, portering and laundry were well managed and working well. There was a full programme of clinical audit which was closely monitored. The focus was on determining whether clinical practice was delivered to national or best practice standards. The trust recognised and understood its risks in terms of business continuity and planned for major incidents.
- Appropriate and accurate information was being effectively processed, challenged and acted on. There was a clear understanding of the importance of timely, accurate, detailed and relevant information. Performance data systems used at the trust were deemed, through internal and external audit and assurance, to be reliable, and the quality of data was good. Information technology systems and work being undertaken had a fair reception from staff, although the trust recognised there was more work to be done to improve systems within financial constraints. The trust understood the need for patient records to be held securely and unauthorised people prevented from access. This had been improved.

Summary of findings

- People who used services, the public, staff and external partners were engaged and involved to support high-quality sustainable service. People's views and experiences were gathered and used to improve services. The trust had services to meet the spiritual or religious needs of patients, carers and staff and for people who were bereaved. The trust supported a team of volunteers and an established council of governors.
- There were reporting systems for learning and developments in continuous innovation and improvement. There was a good culture of safety and in reporting incidents to learn and improve. There was an outstanding approach to quality improvement which had led to improvements in the quality of the service and performance. There was great innovation and development through research.

However:

- There was some work needed, as recognised by the trust, to tackle wellbeing and the pressure upon staff. More staff, particularly those from a black, Asian and minority ethnic background, needed to feel safe and valued to report being abused by members of the public, including patients and families.
- There were some gaps in areas of assurance through the trust board, which although picked up at committee level, did not fully complete the assurance framework or address shortcomings in some of the reports.
- Despite what otherwise was an effective governance system, it had failed to identify that safety checks were not always carried out on wards as required and highlighted on our previous inspection. Some of the systems and processes to ensure harm to patients was avoided did not have sufficient oversight or monitoring.
- The deadlines around complaints were not always being met or not clear and the annual report was not covering all the information we would expect to see (and the board to be made aware of).
- The recurrent savings were not sufficient to maintain and support long-term financial sustainability.
- The operational performance at the trust was meeting few of the NHS constitutional standards for treating patients. The trust was performing worse than the England average in a number of measures, particularly referral to treatment times (patients waiting to start treatment). This was a longstanding problem for the trust which had yet to be turned around. Nevertheless, the trust was fully aware of performance and this was responded to with recovery plans and actions which key staff were taking with sufficient seriousness.
- The integrated performance report to the board did not have sufficient detail around some information or targets/ standards for more accurate analysis or to place the results into context.
- The mortality investigations, encompassing the National Quality Board learning from death requirements, were not consistent, structured, or always of good quality. Learning from death and reporting did not fully meet trust policy. It was not always reported on at the trust board, and there was little evidence of learning in these reports, even though it was clearly undertaken well in the trust. Families or those who cared for the patient were not involved in investigations into the death where there were failings in care.
- Research and development needed more executive oversight and a strategic approach. Information on the work needed to be better presented to the public and other interested parties.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Mar 2020	Good →← Mar 2020	Outstanding →← Mar 2020	Good →← Mar 2020	Good →← Mar 2020	Good →← Mar 2020

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

Ratings for Musgrove Park Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017
Medical care (including older people's care)	Good ↑ Mar 2019	Good ↔ Mar 2020	Outstanding ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020
Surgery	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017
Critical care	Requires improvement ↔ Mar 2020	Good ↔ Mar 2020	Outstanding ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020
Maternity	Requires improvement Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020	Good Mar 2020
Services for children and young people	Good ↑ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020
End of life care	Good Dec 2017	Requires improvement Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017
Outpatients	Good Dec 2017	Not rated	Good Dec 2017	Requires improvement Dec 2017	Good Dec 2017	Good Dec 2017
Overall*	Requires improvement ↔ Mar 2020	Good ↔ Mar 2020	Outstanding ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020	Good ↔ Mar 2020

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

Musgrove Park Hospital

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Somerset
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www.tsft.nhs.uk

Key facts and figures

Musgrove Park Hospital has a 24-hour accident and emergency department and is the designated trauma unit serving the local area. In 2018/19, around 75,000 patients visited the A&E department with 41,000 patients being admitted for unplanned care. In addition to inpatient, outpatient and emergency care services, the trust operates a high dependency and intensive care unit, 16 operating theatres, and runs 35 medical and surgical wards with around 640 beds. The hospital has a fully equipped diagnostic imaging department operating seven days a week, and a purpose-built cancer treatment centre, the Beacon Centre, which includes chemotherapy and radiotherapy facilities for both inpatients and outpatients.

Summary of services at Musgrove Park Hospital

Good   

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

- Patients were protected from abuse and avoidable harm. Most infection prevention and control practices were carried out effectively. There were good staffing levels and most patient records well managed with medicines looked after safely. There was a strong culture around reporting incidents. Most risks to patients were assessed well and acted upon.
- Care was effective and patients had good outcomes. Staff promoted a good quality of life with patients. There was a strong culture of multidisciplinary input into care and treatment. Care was delivered in line with evidence-based practice and legal frameworks. Pain relief, nutrition and hydration were managed well.
- Patients and those who cared for them spoke highly of the care and treatment given to them. They were treated with compassion and kindness and as individuals. People were able to make their own decisions and supported to do so. The right people were involved when patients were not able to decide for themselves.
- Services were designed to meet the needs of local people. Patients were treated as individuals and adjustments were made to give everyone the best outcome. Care was mostly available to people when it was needed. There was learning from complaints and concerns raised by patients and those who spoke for them.
- The staff leadership teams had the skills, knowledge, and experience to manage services. High-quality and patient-centred care was promoted. There was a vision for the future of services, and a clear set of values for staff based on

Summary of findings

the experience for the patient. Staff were well supported and there was good morale and a strong culture. Staff were willing to challenge poor practice and support each other. There was a strong culture around innovation, research, development and improvement. There were mostly good governance systems to give assurance of good, safe and quality services.

However:

- We had concerns about the safety of the anaesthetic cover out of hours, particularly in maternity and critical care services. We had this concern on our previous inspection in 2017, and although this had progressed, it was not fully resolved. Staff were not compliant with the target for updating some mandatory training modules. As with our previous report in 2017, not all emergency equipment was being checked as it should be, although this had improved. There were security problems in critical care (although the unit was locked to open access shortly after our inspection). There were insufficient numbers of allied health professional staff in critical care.
- Clinical deterioration of patients was not always well documented once the patient was highlighted to the medical staff for review.
- Most patient records were held securely, although as with our previous inspection, there were some lapses in this area at times. The care for children admitted with underlying mental health illnesses had sometimes impacted on others on the ward.
- Not all mental capacity assessments were documented consistently. Less than the recommended number of nursing staff in critical care had post-registration training. Not all staff were receiving annual performance reviews.
- The trust had not met the NHS constitutional standards for treating patients on time for a number of years, and this was not improving.
- Governance meetings did not always include key elements and not all were well recorded.

Medical care (including older people's care)

Good   

Key facts and figures

The medical care service provides care and treatment for general medicine, older people's care, cardiology, stroke, respiratory medicine, endocrinology and some smaller specialities.

Medical care services are based at Musgrove Park Hospital, with the majority of services managed within the acute medicine directorate. There are a number of services managed within other directorates, such as gastroenterology and oncology.

There are 344 medical inpatient beds located across 15 wards at Musgrove Park Hospital. In addition to this the acute medical unit has 51 inpatient beds and includes an older persons assessment and Liaison (OPAL) service. There are arrangements to use other areas in the hospital at times of high demand.

(Source: Routine Provider Information Request AC1 - Acute context)

The trust had 44,703 patients as medical admissions from July 2018 to June 2019. Emergency admissions accounted for 20,195 (45.2%), 1,005 (2.2%) were elective, and the remaining 23,503 (52.6%) were day case admissions who did not stay overnight.

Admissions for the top three medical specialties were:

- General Medicine, 10,678 patients
- Gastroenterology, 9,447 patients
- Clinical oncology, 4,640 patients

(Source: Hospital Episode Statistics)

During our inspection, we visited 20 wards and units. This included the 15 wards, specialist units and other areas where medical patients were cared for. We spoke with 14 patients or their relatives and 92 staff including junior and senior nurses, health care assistants, junior and senior doctors, allied health professionals, bank and agency nursing staff, pharmacy staff, administrative and clerical staff and volunteers.

We observed interactions between patients, their relatives and staff, considered the environment and looked at 30 medical and nursing care records. Before our inspection we reviewed performance information from and about the hospital.

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and mostly managed safety well. The service controlled infection risk well. Staff assessed risks to patients most, acted on them and kept good care records most of the time. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

Medical care (including older people's care)

- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff consistently treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Nurse staffing levels in the four-bed high dependency respiratory area did not always meet the trust policy, specifically at night, although a business case had been submitted to address this.
- Although this had improved since our last inspection, when this was an area of concern, some emergency equipment was still not consistently checked on a daily basis in all areas.
- Staff were not compliant with the target for updating some mandatory training modules.
- The service was not meeting the NHS constitutional standards for treating patients on time in a number of specialties and over a number of years. This was not improving.

Is the service safe?

Good  

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe most of the time. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient most of the time and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing, medical and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm in most areas. They were able to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

Medical care (including older people's care)

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely most of the time and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- Nurse staffing levels in the four-bed high dependency respiratory area did not always meet the trust policy, specifically at night, although a business case had been submitted to address this.
- Some individual risk assessments in relation to the environment were not always completed when patients with mental health needs moved areas.
- Some of the medical records for patients with a deteriorating condition were not always accurately completed by medical staff after nursing staff informed them of the increasing risk.
- We found some records held in an unlocked ward cupboard on one ward. We had concerns about security of records at our previous inspection, and although this had improved, it was not fully resolved.
- Staff were not compliant with the target for updating some mandatory training modules.
- Although this had improved since our last inspection, when this was an area of concern, some emergency equipment was still not consistently checked on a daily basis in all areas.

Is the service effective?

Good  ➡ ⬅

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes for some specialties.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Medical care (including older people's care)

- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However:

- Mental capacity assessment was not consistently documented in all areas.
- Endoscopy services were not fully accredited by the Joint Advisory Group (JAG). This was around the design of the environment. However, actions were being taken to achieve this accreditation. Funding had been allocated for refurbishment.

Is the service caring?

Outstanding   

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

- Staff consistently treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs as a natural part of providing care. We saw and were informed by patients, of many kind actions staff had taken. A patient told us how a doctor had supported them after witnessing an upsetting event on the ward. A staff member used their personal time to take a patient to church. Patients with additional needs were provided with care in a way they could understand. Every interaction we witnessed from staff was respectful and kind.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs. Staff did everything they could to meet these needs. Patients were always given as much time as they needed to discuss and come to terms with upsetting diagnoses and we saw staff demonstrating genuine empathy for patients' situations. Staff used private space to have difficult conversations with patients and relatives. A patient who was near the end of their life, told us how staff joined in singing at their request.
- Staff consistently supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. We saw staff giving as much time as people needed. Staff took time and made efforts to find out about patients' earlier lives and preferences as a natural part of their care. They used the information to tailor care to the individual patient.

Is the service responsive?

Good   

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

Medical care (including older people's care)

- The service planned care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- The trust was failing to meet the NHS constitutional standards for treating patients in a timely way in almost all of the specialities in medical care. The trust was significantly below both the NHS constitutional standard and the England average.

Is the service well-led?

Good   

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

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

Medical care (including older people's care)

Outstanding practice

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

Areas for improvement

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

Critical care

Good   

Key facts and figures

Critical care services are based at Musgrove Park Hospital. The 12-bedded critical care unit has six intensive therapy and six high dependency beds. The unit is based near the main theatres. The surgical and critical care directorate manages this unit.

In March 2019 an additional two-bedded high dependency satellite unit was opened within the main hospital. Patients who require high dependency care following a planned operation can be admitted directly to these beds. The critical care team consists of nine consultants, over 65 nursing staff, and representatives from allied specialties including microbiology, physiotherapy, radiology, nutrition, and pharmacy. As of September 2019, there were 71.3 nursing whole time equivalents (WTE) and 11.7 other clinical WTE.

(Source: Trust Routine Provider Request)

The critical care unit provides advanced medical procedures including artificial renal support and advanced respiratory and cardiac support. It also deals with a large number of medical and surgical patients who are experiencing severe infections and other medical problems.

The critical care unit provides critical care at levels two and three as defined by the Intensive Care Society. Level two patients are those requiring observation that is more detailed, intervention including support for a single failing organ system, post-operative care and those 'stepping down' from higher levels of care. Level three patients are those requiring advanced respiratory support or monitoring and support for two or more organ systems. This level includes all patients requiring support for multi-organ failure.

A critical care outreach team provides a 24-hour service which assists in the management of ill patients on the wards. This is a highly skilled team who work with staff on the wards to ensure the early detection of the deteriorating patient and follow-up of patients who have been discharged from critical care.

During the period April 2018 to March 2019, the service reported 1,086 admissions. Most of these admissions (28%) came from emergency surgery, with 23.7% from the emergency department, 22.6% from ward areas and 17.8% from planned surgery.

We inspected the critical care unit and the critical care outreach team at Musgrove Park Hospital as part of an unannounced inspection. During our inspection we spoke with one patient, one relative and approximately 34 members of staff. These included the lead consultant and lead nurse, consultants, doctors, nurses, data collection and ward clerks, members of the outreach team and allied health professionals including a physiotherapist and dietitian as well as pharmacists, mental health liaison, organ donation and research nurse leads.

As part of our inspection we observed care and ward rounds. We observed a multi-disciplinary meeting, a governance meeting, a morbidity and mortality meeting and a bed management meeting. We also observed interactions between patients, their relatives and staff, considered the environment and looked at five medical and nursing care records and, five medication prescription charts. Before our inspection, we reviewed performance information from and about the hospital. We also reviewed data we asked for following the inspection.

Summary of this service

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

Critical care

- The service had enough staff to care for patients and keep them safe. Staff mostly had training in key skills, understood how to protect patients from abuse, and managed safety well. The service mostly controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff consistently treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- There were concerns surrounding the environment and equipment. The critical care unit was situated within ageing buildings so the environment was complex to manage. There was unrestricted access to the unit (although this was resolved shortly after our inspection). There was unrestricted access to some equipment cupboards where locks had been damaged.

Is the service safe?

Requires improvement   

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

- Staff were not compliant with the target for updating some mandatory training modules.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe. This led to difficulties in maintaining infection prevention and control measures and other environmental risks. The critical care unit was situated within ageing buildings so the environment was complex to manage. There was unrestricted access to the unit at the time of our inspection (although this was resolved shortly afterwards) and resuscitation equipment was not always checked daily.
- The service did not have enough support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. There were not enough allied health professionals to meet some recommendations in the Guidance for the Provision of Intensive Care Services, 2019, relating to therapy team staffing.

Critical care

- The service did not always have enough specialist doctors. There were not enough anaesthetists to provide rapid 24-hour advanced airway and resuscitation skills in line with the Guidance for the Provision of Intensive Care Services standards. However, recruitment was underway and we were told this would be fully addressed by mid-2020.
- The service did not have enough pharmacist cover to meet the recommendation of the Faculty of Intensive Care Medicine guidance. The trust told us, following our feedback, that it intended to progress recruitment for additional pharmacy cover.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse in children, and they knew how to apply it.
- The service mostly controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured actions from patient safety alerts were implemented and monitored.
- Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special techniques to provide food and hydration when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

Critical care

- The service made sure staff were competent for their roles. Managers held supervision meetings with them to provide support and development. Staff had access to support and development from their team leaders and practice educators.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Not all guidance was version controlled and dated.
- Although partly due to a high number of new staff, less than the recommended number of nurses held a post-registration award in critical care. However, staff were working towards this qualification and there was effective training and development.
- Daily multidisciplinary meetings did not routinely include therapists and pharmacists, which was not in line with the Core Standards for Intensive Care Services.

Is the service caring?

Outstanding ☆ ➡ ➡

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

- Staff consistently treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. There were numerous examples where staff had gone the extra mile and exceeded patients' and relatives' expectations. Patients said staff treated them well and with kindness. We spoke with one patient who told us the care they had received had been "exemplary" and everyone had been "wonderful". We saw two nurses supporting a patient to go out of the unit. Staff ensured there was portable equipment and a specialist chair was used. Staff asked the patient if they were warm enough and took time to wrap the patient in a blanket. Staff spent time with the patient to explain where they were and where they were going.
- Staff consistently provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs and were highly motivated to support patients and relatives. Patients' emotional and psychological needs were seen as being as important as physical needs. Families had been supported to spend time with their loved ones who were at the end of their lives. This included spending an extended period of time with relatives and gathering support from other departments in the hospital to help all members of the family to come to terms with loss.
- Staff consistently supported patients, families and carers to understand their condition and make decisions about their care and treatment. The service received overwhelmingly positive feedback about the quality of care. Relatives were encouraged to bring things from home and to read to patients and write in their critical care diary as a way of supporting them in their recovery. Staff supported relatives to help with personal care of the patient by brushing their hair, washing their face or massaging their hands and feet.

Critical care

Is the service responsive?

Good   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. The service admitted, treated and discharged patients in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- The service did not always have full access to therapies to help care for patients in need of additional support or specialist intervention.

Is the service well-led?

Good   

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action. The vision and strategy were focused on sustainability of services. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Critical care

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- Governance meetings did not always include discussion of relevant audits and opportunities to improve outcomes may be missed.
- Minutes were not recorded for mortality and morbidity review meetings.

Outstanding practice

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

Areas for improvement

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

Maternity

Good 

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

Key facts and figures

Maternity services at Taunton and Somerset NHS Foundation Trust provide antenatal, intrapartum and postnatal maternity care, at Musgrove Park Hospital and in local community settings across Somerset. There are 41 maternity beds at Musgrove Park Hospital (although nine of these were in the Bracken Birthing Centre which was closed for refurbishment at the time of our inspection. The trust reported 2,903 babies were born at the trust from July 2018 to June 2019. During this inspection we inspected maternity services at Musgrove park hospital. The service also provided community maternity services to women across Somerset. The Somerset Neonatal Intensive Care Unit (SNICU) was located alongside the maternity unit providing level 2 care to babies.

We inspected the following areas:

- Labour ward with eight delivery rooms including one birthing pool and a procedure.
- Willow antenatal ward with 11 beds delivering inpatient antenatal care including monitoring and induction of labour, and four triage beds.
- Fern ward postnatal ward with 12 beds, and two transitional care beds.
- Rowan suite bereavement room

A midwife led unit, Bracken Birth Centre, with three birthing rooms, including two with birthing pools was in a building alongside the main maternity department. Bracken Birth Centre was closed for refurbishment until summer 2020 at the time of inspection. When this reopens the unit will have 8 beds (six beds and two birthing rooms).

We inspected maternity services as they were rated requires improvement at the last CQC inspection in May 2016. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During the inspection, we observed care provided by staff and spoke with five women about their care and treatment and three relatives of women receiving care. We spoke with 58 staff including the head of midwifery, matron, directorate manager, the lead obstetrician, anaesthetists, theatre staff, the risk and governance midwife, junior through to senior midwives, specialist midwives, maternity support workers, trainee nurse associates, maternity voices partnership lead and domestic staff.

We observed a risk and governance meeting and three safety briefings on the labour ward, reviewed nine care records and analysed data provided to us by the trust.

Summary of this service

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

We rated this service as good because:

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

Maternity

- Staff provided effective maternity care. The service provided care and treatment based on national guidance and evidence-based practice. The effectiveness of care and treatment was monitored, and findings used to make improvements. Staff were competent for their roles. Staff supported women to make informed decisions about their care and treatment and provide consent. Women were supported to feed their babies well and the service had achieved 'gold' in the UNICEF baby friendly accreditation.
- People were supported, treated with dignity and respect, and were involved as partners in their care. Support for women who experienced pregnancy loss was especially caring and sensitive to the needs of women and their families.
- The service was planned and delivered to meet the needs of the local population and was responsive to people's individual needs.
- The service was well led, and the leadership team understood and managed the priorities of the service, and there was a vision and strategy aligned to local and national priorities.

However:

- Systems and processes were not always reliable or appropriate to keep people safe. Checks to specialist equipment and medicines management processes were not always effective. The service did not meet national guidelines for 24 hours a day, seven days a week anaesthetic cover for obstetric theatres.

Is the service safe?

Requires improvement



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

We rated safe requires improvement because:

- The service did not meet national guidelines for 24 hours a day, seven days a week anaesthetic cover for obstetric theatres. Progress had been made to improve anaesthetic cover since the last inspection but this was not resolved fully. The trust recognised the risk and was recruiting five additional speciality doctors to fully cover the rota. Two of the five posts had been recruited to at the time of inspection and the trust expected the rota to be fully covered by May 2020.
- Specialist equipment checks were not always completed and this had not improved since the last inspection.
- Systems and processes to safely prescribe, administer, record and store medicines were not always effective.
- Records did not always include all relevant information relating to risk assessing and managing women's mental health needs.
- Medical staff were not meeting the target for updating mandatory training.
- Staff we spoke with were not clear about procedures to clean birthing pools but the birthing pool on the labour ward was visibly clean.

However:

- Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Midwifery staff had training on how to recognise and report abuse, and they knew how to apply it.

Maternity

- The service usually controlled infection risk well. Staff used equipment and control measures to protect women, themselves and others from infection. They generally kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each woman and took action to remove or minimise risks. Staff identified and quickly acted upon women at risk of deterioration.
- The service had enough maternity staff with the right qualifications, skills, training and experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of women's care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately most of the time. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, women and visitors.

Is the service effective?

Good 

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

We rated effective good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.
- Staff gave women enough food and drink to meet their needs and improve their health. Staff supported women to feed their babies well. The service made adjustments for women's religious, cultural and other needs.
- Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for women. The service had been accredited under the UNICEF Baby Friendly scheme, achieving the gold standard.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.

Maternity

- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain women's consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit women's liberty appropriately.

However:

- The service did not always meet national guidelines for epidurals being available within 30 minutes.
- The service did not include shoulder dystocia and brachial plexus injuries on the maternity dashboard.

Is the service caring?

Good 

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

We rated caring good because:

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs. The care for women who had experienced pregnancy loss was especially sensitive to the needs of these women and their families.
- The trust's performance in the CQC survey of women's experiences of maternity services had improved. The trust performed better than expected compared to other trusts in the 2019 CQC maternity survey.
- Staff supported women, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good 

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

We rated responsive good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help women access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge women were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included women in the investigation of their complaint.

Maternity

However:

- There were some delays to induction of labour, but the service recognised this as a risk.
- Complaints were not always investigated and responded to within the trust's target timeframes.

Is the service well-led?

Good   

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

We rated well-led good because:

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

However:

- The leadership in maternity were aware of the risks relating to anaesthetic cover but not fully involved with the mitigation and progress in recruitment.
- The service did not audit the completion and quality of World Health Organisation checklist in theatres to ensure it was being completed effectively.

Maternity

Outstanding practice

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

Areas for improvement

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

Services for children and young people

Good   

Key facts and figures

The trust has 49 inpatient paediatric beds across one site:

- Musgrove Park Hospital: 31 beds located within the children's unit and 18 beds located within Somerset Neonatal Intensive Care Unit (SNICU)

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

Children's services are based at Musgrove Park Hospital and are managed within the women and children's directorate. Services cover children from the birth (for preterm or sick infants) through to 18 or 19 years of age (for those with a disability) and are located in a child friendly environment within the old building.

The children's unit provides general paediatric care for children requiring emergency and planned admissions for surgery, general paediatric and mental health issues, and children receiving oncology management under the care of the consultant paediatric oncologist at the trust and the direction of the tertiary service at Bristol.

The services are divided into a paediatric assessment unit, Acorn ward for babies and small children, Oak ward for older children, a paediatric high dependency unit and a children's outpatient unit.

The neonatal unit, attached to the maternity unit, is a neonatal intensive care unit, and categorised as a level two unit. Additional services include a specialist diabetes team and a children's community team, with specialised paediatric community nurses caring for children with long term conditions.

The trust had 5,273 episodes of activity from July 2018 to June 2019. Emergency episodes accounted for 87%, 12% were day case episodes, and the remaining 1% were elective (planned).

We visited the hospital on 14 to 16 January 2020. The inspection was unannounced. During the inspection we visited the children's wards, outpatient department, child development centre and the neonatal unit. We spoke with ten children and young people, and 14 parents. We also spoke with 28 members of staff including consultants, nurses, health care assistants, allied health professionals, pharmacy staff and administrative staff, cleaners and a teaching assistant.

We observed interactions between children, young people and their families and staff, considered the environment and looked at ten medical and nursing care records. Before our inspection we reviewed performance information from and about the hospital.

We found progress had been made in all areas of the requirements from the previous inspection in 2016.

Summary of this service

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

- The service had enough staff to care for children and young people and keep them safe. Staff had training in key skills, understood how to protect children and young people from abuse, and managed safety well. Staff assessed risks to children and young people, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

Services for children and young people

- Staff provided care and treatment, gave children and young people enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of children and young people, advised them and their families on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff consistently treated children and young people with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to children and young people, families and carers.
- The service planned care to meet the needs of local people, took account of children and young people's individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of children and young people receiving care. Staff were clear about their roles and accountabilities. The service engaged well with children, young people and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The children's unit and the neonatal unit were situated within ageing buildings and the management and maintenance of the environments were complex and challenging.
- Although the units and most clinical areas were seen to be visibly clean, well-organised and tidy some areas were showing signs of age, wear and tear, making them harder to keep clean.
- Not all records were stored securely. Although locks were on order, some records were held in unlocked ward cupboards.
- The provision of care and treatment to children and young people with mental health illnesses had at times impacted upon others on the ward.

Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it most of the time.
- Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

Services for children and young people

- Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and there were plans to share it with children, young people, their families and visitors by displaying it on the wards.

However:

- The environments presented challenges because of their age and distance from key areas of the hospital, for example the emergency department, radiotherapy and theatres.
- Although the units and most clinical areas were seen to be visibly clean, well-organised and tidy some areas were showing signs of age, wear and tear, making them harder to keep clean.
- Staff and parents told us about their discomfort in some areas. The ward was very hot in the summer, a couple of rooms were without windows and the vents had leaked.
- Not all records were stored securely. Although locks were on order, some records were held in unlocked ward cupboards.

Is the service effective?

Good ● ➡ ➡

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of children and young people subject to the Mental Health Act 1983.
- Staff gave children, young people and their families enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for children, young people and their families' religious, cultural and other needs.
- Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for children and young people. The service had been accredited under the UNICEF Baby Friendly Awards.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.

Services for children and young people

- Key services were available seven days a week to support timely care for children, young people and their families.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on children and young people's care and treatment. All staff had access to an electronic records system that they could all update.

Is the service caring?

Good  → ←

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

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs and concerns.
- Staff provided emotional support to children, young people, families and carers to minimise their distress. They understood children and young people's personal, cultural and religious needs.
- Staff understood the emotional and social impact that a child or young person's care, treatment or condition had on their, and their family's wellbeing.
- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. Children, young people and their families were involved with their care and decisions taken.

Is the service responsive?

Good  → ←

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge children and young people were in line with national standards.
- There were arrangements to meet children and young people's urgent or emergency mental health care needs at all times, including outside office hours and in an emergency.
- Staff made sure children and young people living with mental health problems, learning disabilities and long-term conditions, received the necessary care to meet all their needs.

Services for children and young people

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included children, young people and their families in the investigation of their complaint.

However:

- The provision of care and treatment to children and young people with mental health illnesses had at times impacted upon others on the ward.

Is the service well-led?

Good   

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

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

Outstanding practice

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

Services for children and young people

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Our inspection team

This inspection was led by Alison Giles, Inspection Manager, and overseen by Catherine Campbell, Head of Hospital Inspection. Executive reviewers, Stephen Posey, Chief Executive Officer, and Sarah Connery, Financial director, and a specialist adviser supported our inspection of well-led for the trust. Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.

The team for the core services inspection included an inspection manager, inspectors, and specialist advisers.