









# Hampshire Hospitals NHS Foundation Trust

## Inspection report

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2020  
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## Ratings

Overall trust quality rating	Good 
Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Outstanding 
Are services responsive?	Good 
Are services well-led?	Good 
Are resources used productively?	Requires improvement 
Combined quality and resource rating	Good 

## Our reports

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.

# Summary of findings

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.

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.

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

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.

The Evidence appendix appears under the Reports tab on our website here: [www.cqc.org.uk/provider/RN5/reports](http://www.cqc.org.uk/provider/RN5/reports). A detailed Use of Resources report is available under the Inspection summary tab ([www.cqc.org.uk/provider/RN5/inspection-summary](http://www.cqc.org.uk/provider/RN5/inspection-summary)).

## Background to the trust

Hampshire Hospitals NHS Foundation Trust provides general hospital and some specialist services to a population of approximately 570,000 people across Hampshire and parts of west Berkshire, and to patients from much further afield for some specialist services. The population is predominantly rural, with urban areas in Basingstoke, Winchester, Andover, Eastleigh and Alton.

The trust holds contract with four clinical commissioning groups, North Hampshire, North East Hampshire and Farnham, West Hampshire and South Eastern Hampshire. Other stakeholders include Hampshire City Council, Southern Health NHS Foundation Trust, NHSI, NHSE, Healthwatch and other system providers. It works closely with the local university and military to support the local population.

## Overall summary

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

## What this trust does

The trust provides urgent and emergency care, medical care, surgery, critical care, maternity, gynaecology, end of life care, diagnostics, outpatients and services for children and young people at both its Basingstoke and Winchester sites. At Andover, the trust provides all the above services except for critical care, maternity, gynaecology and services for children and young people.

The trust also provides some specialist services to people across the UK and internationally. They are one of two centres in the UK treating pseudomyxoma peritonei (a rare form of abdominal cancer) and provide tertiary liver and colorectal cancer services as well as the haemophilia service.

Hampshire Hospitals NHS Foundation Trust provides services from three main sites:

- Basingstoke and North Hampshire Hospital (BNHH) in Basingstoke

# Summary of findings

- Royal Hampshire County Hospital (RHCH) in Winchester
- Andover War Memorial Hospital

## 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 use information from previous inspections, engagement, notifications and information from staff, patients, stakeholders and the trust to decide what areas of the trust to inspect.

During this inspection we inspected three core services, the trust's use of resources and the trust's leadership. The core services we inspected were, urgent and emergency services, medical care (including older people's care) and surgery.

## What we found

### Overall trust

Our rating of the trust improved. 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 managed safety well. The service 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 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.

# Summary of findings

- 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.

## Are services safe?

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.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. Generally, staff kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The environment on the elderly care wards was dementia friendly.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Despite high vacancy rates, the trust had enough staff using bank and agency. Staff had 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 and adjusted 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, stored securely and easily available to all staff providing care.
- 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:

- Although, mandatory training compliance rates had improved since our last inspection, they did not always meet the trust target.
- Staff had access to safeguarding training, however not everyone had completed this. Compliance rates for medical staff were particularly low.
- The service did not always have efficient systems and processes to safely prescribe, administer, record and store medicines. FP10 prescriptions were not always managed safely. In some areas, there was limited pharmacy oversight. Up to date patient group directive paperwork was not always available on the intranet
- On two surgical wards, emergency equipment was not consistently checked to ensure they were safe to use and in line with guidance.
- The urgent and emergency department at Basingstoke was tired in appearance. There was damage to the walls, chips in some wooden door frames and some chairs were dusty and torn.

# Summary of findings

- The service did not always use the World Health Organisation Checklist for Safer Surgery.
- Signage was poor in the urgent and emergency department at Basingstoke.
- Seating in the main waiting room did not accommodate those who require a higher seat or for bariatric patients.
- The risk assessment for developing blood clots was not always recorded or completed in line with national guidance.
- Recording risk assessments in all notes where patients might have been at risk in the urgent and emergency department at Basingstoke.

## Are services effective?

Our rating of effective improved. 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.
- 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.
- 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 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 knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Staff did not body maps to record the location of transdermal patches
- Patient outcomes were variable and did not always meet expectations. National audits showed the hospital did not always meet national standards.
- Staff did not always keep up-to-date with training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff did not consistently record consent in patient records.
- Although, compliance rates for appraisals had improved since our last inspection, they did not always meet the trust target.
- Patients food and fluid records were not fully completed, and fasting processes were not always in line with national guidance.

## Are services caring?

Our rating of caring improved. We rated it as outstanding because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

# Summary of findings

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

However:

- Staff did not always record patient's personal, cultural, social and religious needs.

## Are services responsive?

Our rating of responsive improved. 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.
- 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:

- People could not always access services when they needed it and did not always receive the right care promptly.
- The service was restricted by the challenges faced with capacity and flow. Demand was outweighing capacity, and escalation areas were being used frequently.
- There were no information leaflets available in other languages or print sizes and no signs to advertise chaperones the urgent and emergency department in Basingstoke

## Are services well-led?

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

- Leaders had the integrity, 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.

# Summary of findings

- 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:

- Minutes from mortality and morbidity meetings across the service were not standardised across the medicine division.
- The medicine division's quarterly performance report lacked detail in many areas such as the division's performance in audits.
- There was no formal process for staff and senior managers to discuss and manage risk, issues and performance. There were limited opportunities for wider learning within the surgical division.
- Senior oversight and visibility had improved since our last inspection at Andover but this still required building upon.
- Staff told us there was no vision or strategy for the development of the surgical service at Andover.

## Use of resources

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

- The trust had seen a material increase in its unscheduled care activity which had impacted its ability to improve its productivity and it had not progressed significantly on the areas we had identified in our previous assessment in 2018.
- Although the trust showed some areas of good productivity, for example on pathology, imaging and procurement, it needed to further progress, on workforce productivity.
- The trust continued to be challenged to deliver against operational standards.
- The trust's financial performance had markedly deteriorated during 2019/20 and it still needed to finalise its financial recovery plan at the time of our assessment.

## Combined quality and resource

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

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

## Ratings tables

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

# Summary of findings

## Outstanding practice

We found examples of outstanding practice in surgery.

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

## Areas for improvement

We found areas for improvement including one breach of legal requirement that the trust must put right. We found 30 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.

## What happens next

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

## Outstanding practice

- The service undertook a new procedure for enlarged prostate glands taking referrals from other NHS trusts. Patients were able to go home on the same day and recovery was much quicker than more invasive procedures to reduce the size of the prostate gland.
- Theatres had implemented innovated processes in response to incidents that had occurred. There was a safety protocol for the same administration of local anaesthetic blocks.
- Theatres used a colour coded tray system for medicines, to act as a visual prompt for staff.
- The surgical service hosted the Peritoneal Malignancy Unit. This was one of three services in the country providing this service.
- Staff completed a 20- week competency programme to care and support patients receiving care in the peritoneal malignancy ward to ensure they had the skills and competence to provide effective care.
- The service was taking part in the PICO project for peritoneal malignancy patients.

## Areas for improvement

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

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

We told the trust that it must take action to bring services into line with one legal requirement. This action related to one service.



# Summary of findings

## In Medical Care:

- The trust must have clear processes for checking expiration dates, storing medication and recording fridge temperatures.

## Action the trust SHOULD take to improve

### Trustwide

- The trust should ensure all qualified nursing staff complete medicine management training.
- The trust should ensure all medical staff complete safeguarding children training

## In Medical Care:

- The service should provide all necessary support for its staff to improve compliance for MCA/DoLS training for medical and nursing staff.
- The service should continue to review nursing staffing in the medical care wards and focus on recruitment and retention to ensure safe staffing levels can be consistently achieved across all wards.
- Staff should document patients personal, cultural, social and religious needs and how they may relate to their care needs as part of assessment processes.
- The service should continue to work to improve its performance in national clinical audits.

## In Surgery:

- The service should ensure there is pharmacy oversight and support to wards and departments.
- The service should continue to embed diversity groups within the trust.
- The service should achieve its referral to treatment target for urology, ear nose and throat and ophthalmology.
- The service should ensure patients have their risk of developing a venous thromboembolism reassessed within 24 hours of admission.
- The service should ensure appraisal compliance meets the trust target.
- The service should consider training in quality improvement methods to support the service to enhance the service provided.
- Senior managers should consider how to strengthen governance process and the mechanisms for identifying and understanding of risk.
- Senior managers should consider how the day surgery unit can monitor and benchmark performance.
- The service should ensure there is effective governance and analyse of the risk for the anaesthetic medicines within the unit.
- The service should consider consistency with the World Health Organisation Safer Surgery Checklist.
- The service should consider a vision or strategy for the development of the service.
- The service should continue to improve senior oversight and visibility within the unit.
- The service should follow processes and procedures in line with the trust's medicines management policy
- The provider should review staff's access to up to date policies and procedures.
- The provider should act to meet the trust target of 90% for appraisals in all staff groups.

# Summary of findings

- The provider should act to improve the completion of patients' food and fluid records and review their dietary care plans to meet the patients' needs safely.
- The provider should act and review the process for fasting pre-operatively in line with guidelines.

## In Urgent and Emergency Services:

- Ensure qualified nurses complete training in the Mental Capacity Act.
- Ensure that there is an accurate process to record medicine related stationary and that this is monitored, including storing, recording and auditing the use of FP10 forms.
- Continue to review and improve care pathways to ensure patient care meets the standards set by the Royal College of Emergency Medicine.
- Continue to work with the rest of the hospital teams to meet the nationally agreed wait times for patients attending the emergency department.
- Ensure that patient directive paperwork on the trust intranet is the most recent and in date version.
- Ensure staff record if patients are at risk of developing blood clots in all notes.
- Review processes for monitoring the use of PGDs.

## 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.

Our rating of well-led at the trust improved. We rated well-led as good because:

- Executive leaders had the integrity, 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 trust had appointed two non-executive directors with clinical backgrounds to strengthen independent clinical challenge at board level.
- The board of directors had a vision for what they wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on patient safety, sustainability of services and were aligned to local plans within the wider health economy.
- The board of directors and managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on a set of shared values that were embedded across the organisation.
- The service promoted equality and diversity in daily work and provided opportunities for career development. Staff of all levels across the trust reported that the trust's culture had improved since our last inspection.
- The trust had embedded Schwartz rounds across all three sites since our last inspection.
- There was a new governance structure in place and the board of directors recognised further work was required to strengthen and embed processes.

# Summary of findings

- 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.
- The quality of the board meeting minutes had improved since our last inspection.
- Senior management committees and the board reviewed performance reports. Leaders regularly reviewed and improved the processes to manage current and future performance.
- 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 board and senior staff expressed confidence in the quality of the data and welcomed challenge.
- 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.
- There was a shift in the trust's approach to quality improvement (QI). The trust had a quality improvement (QI) strategy dated 2018-20, that identified the principles for QI and the trust had, since our last inspection, identified a preferred methodology that all projects used.
- Staff reported the taste for change within the trust and the need for training and knowledge development was high.

However:

- Not all the leadership team had the correct skills and experience for their role.
- Senior staff acknowledged that although they had visibility and actions in place for risk in relation to non-clinical trust infrastructure, actual solutions to were difficult to achieve due to time and funding restraints.
- There were still 300 nursing vacancies trust wide which was being managed using bank and agency staff and international recruitment.
- Some senior staff felt that the trust had become less focused on matters concerning the here and now in its desire and push for a new hospital.
- The guardian of safe working hours did not receive protected time for this role and had limited admin support
- Some staff during the core service inspection still reported a disconnect between ward and board. Some reported it was not always clear who was best placed to speak to as there had been so many changes within the leadership team and their portfolios.
- The self-assessment completed by sub-committees highlighted common themes for improvement such as enough time being given to each item to enable debate and decision making.
- At the time of our inspection, the review of the trust risk register was still in progress and more work was required to ensure all risks were reflective of current concerns.
- Managers did not monitor changes for potential impact on quality and sustainability as there was no process to review implementation of business cases.
- Only 58% of the trust's responses to complaints met the trust's timeliness targets.

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Apr 2020	Good ↑ Apr 2020	Outstanding ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 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.

## Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal Hampshire County Hospital	Good ↑ Apr 2020	Good ↑ Apr 2020	Outstanding ↔ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020
Andover War Memorial Hospital	Good ↑ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↑ Apr 2020	Requires improvement ↔ Apr 2020	Good ↑ Apr 2020
Basingstoke and North Hampshire Hospital	Good ↑ Apr 2020	Good ↑ Apr 2020	Outstanding ↑↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020
<b>Overall trust</b>	Good ↑ Apr 2020	Good ↑ Apr 2020	Outstanding ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020

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

## Ratings for Basingstoke and North Hampshire Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Requires improvement ↔ Apr 2020	Good ↑↑ Apr 2020	Requires improvement ↑ Apr 2020
Medical care (including older people's care)	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020
Surgery	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↔ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020
Critical care	Good Nov 2015	Good Nov 2015	Outstanding Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015
Maternity	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015
Services for children and young people	Good Nov 2015	Good Nov 2015	Outstanding Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015
End of life care	Good Nov 2015	Good Nov 2015	Outstanding Nov 2015	Outstanding Nov 2015	Outstanding Nov 2015	Outstanding Nov 2015
Outpatients	Good Nov 2015	Not rated	Outstanding Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015
<b>Overall*</b>	Good ↑ Apr 2020	Good ↑ Apr 2020	Outstanding ↑↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 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.

## Ratings for Andover War Memorial Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017	Good Dec 2017
Medical care (including older people's care)	Requires improvement Jun 2018	Good Jun 2018	Good Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018
Surgery	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↔ Apr 2020	Good ↑ Apr 2020	Good ↑↑ Apr 2020	Good ↑ Apr 2020
Maternity	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015
End of life care	Good Nov 2015	Good Nov 2015	Outstanding Nov 2015	Good Nov 2015	Outstanding Nov 2015	Outstanding Nov 2015
Outpatients	Good Nov 2015	Not rated	Good Nov 2015	Good Nov 2015	Requires improvement Nov 2015	Good Nov 2015
<b>Overall*</b>	Good ↑ Apr 2020	Good ↔ Apr 2020	Good ↔ Apr 2020	Good ↑ Apr 2020	Requires improvement ↔ Apr 2020	Good ↑ Apr 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.

## Ratings for Royal Hampshire County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑↑ Apr 2020	Good ↑ Apr 2020	Good →← Apr 2020	Requires improvement →← Apr 2020	Good ↑↑ Apr 2020	Good ↑↑ Apr 2020
Medical care (including older people's care)	Good ↑ Apr 2020	Good ↑ Apr 2020	Good →← Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020
Surgery	Good ↑ Apr 2020	Good ↑ Apr 2020	Good →← Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020
Critical care	Good Nov 2015	Good Nov 2015	Outstanding Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015
Maternity	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015
Services for children and young people	Good Nov 2015	Good Nov 2015	Outstanding Nov 2015	Good Nov 2015	Good Nov 2015	Good Nov 2015
End of life care	Good Nov 2015	Good Nov 2015	Outstanding Nov 2015	Good Nov 2015	Outstanding Nov 2015	Outstanding Nov 2015
Outpatients	Requires improvement Nov 2015	Not rated	Outstanding Nov 2015	Good Nov 2015	Requires improvement Nov 2015	Requires improvement Nov 2015
<b>Overall*</b>	Good ↑ Apr 2020	Good ↑ Apr 2020	Outstanding →← Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 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.

# Andover War Memorial Hospital

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Tel: 01264 358811  
[www.hampshirehospitals.nhs.uk](http://www.hampshirehospitals.nhs.uk)

## Key facts and figures

Hampshire Hospitals NHS Foundation Trust provides services from three main sites, Basingstoke and North Hampshire Hospital in Basingstoke, the Royal Hampshire County Hospital in Winchester, and Andover War Memorial Hospital.

Andover War Memorial Hospital (AWMH) provides community and hospital services including a minor injuries unit, outpatient clinics, diagnostic imaging, day surgery, rehabilitation and midwife led maternity services. The majority of services are commissioned by North and West Hampshire Clinical Commissioning Groups.

## Summary of services at Andover War Memorial Hospital

Good  

Our rating of this service improved. 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 managed safety well. The service 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 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.



# Summary of findings

- 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:

- Staff had not received training in quality improvement methods.
- Governance processes and mechanisms for identifying and understanding of risk were not always robust.
- The day surgery unit did not benchmark its performance.
- The service did not consistently use the World Health Organisation Safer Surgery Checklist.
- Staff were not aware of the surgical division's vision or strategy.

# Surgery

Good ● ↑

## Key facts and figures

Andover War Memorial Hospital (AWMH) is part of the Hampshire Hospitals NHS Foundation Trust. The hospital has a day surgery unit which provides minor elective surgical procedures, dermatology (skin), one-stop menstrual disorders clinic, one-stop flexible sigmoidoscopy service, cataract and minor eye surgery, urology, diagnostic and endoscopy.

Surgeries that require general anaesthetic are not carried out at this hospital.

The day surgery unit is a 10 -bedded unit with two operating theatres. The unit is open from 8am to 6pm Monday to Friday.

We inspected Andover War Memorial Hospital on 24 January 2020. We visited the day surgery unit, operating theatres and recovery area. We spoke with six patients one relative, and approximately 10 staff which included doctors and nurses.

We observed care and treatment patients were receiving and reviewed six patient records.

Before and after the inspection we reviewed performance information from and about the surgical care service.

## Summary of this service

Our rating of this service improved. 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 managed safety well. The service controlled infection risk well.
- Staff were trained to recognise and respond appropriately to signs of deteriorating health or medical emergencies.
- The service used systems and processes to safely prescribe, manage, record and store medicines and there was increased pharmacy support.
- Emergency equipment was available and checked to ensure it was fit for purpose and available when needed.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service managed patients' pain effectively and provided or offered pain relief regularly.
- Staff 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. Feedback from patients confirmed that staff treated them well and with kindness.
- The trust generally planned and provided services in a way that met the needs of local people.

However:

- We found medicines given for general anaesthesia which is not performed in the day surgery unit. There was no specialist equipment to support patients having general anaesthetics. There was a lack of risk assessments and governance detailing in what circumstances these would be used in an emergency.

# Surgery

- There was a lack of overarching governance processes. There was no formal process for staff and senior managers to discuss and manage risk, issues and performance. Although staff had formal meetings and discussed learning, incidents and risks there was limited opportunities for wider learning within the surgical division.
- Although senior oversight and visibility had improved since our last inspection had improved, this still needed building upon, to ensure senior managers understood the service and the risks.
- The service used the World Health Organisation Checklist Safer Surgery Checklist for some procedures but not all, which could lead to confusion amongst staff.
- Although there was a trust strategy, staff were unaware of whether there would be any changes to the services in the future. There was no vision or strategy for the development of the service.
- Patients could not access the service when they needed it. Waiting times for treatment for ear, nose and throat and ophthalmology were not in line with good practice. However, it was not possible to tell how well the day surgery unit was performing as their data was included in the Royal Hampshire County hospital data.
- Staff had ideas of additional procedures could be performed within the unit which would alleviate capacity on the other two hospitals. However, these had not been developed and implemented. Staff felt this was because the focus of the senior leadership team was on the projects on the other two acute hospitals.

## Is the service safe?

**Good**  

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

- Improvements had been made in the management of emergency procedures, resuscitation equipment, medicine management, management of deteriorating patients and mandatory training compliance.
- The service provided mandatory training in key skills to all staff. The data supplied showed that nursing staff had exceeded the trust training target.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff completed safeguarding training and the percentage of staff completing training exceeded the trust target.
- The service had suitable premises and systems were in place to ensure equipment was well looked after.
- 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.
- Staff assessed risks to patients and monitored their safety, so they were supported to stay safe. Staff collected safety information and shared it with staff, patients and visitors.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Assessments were in place to alert staff when a patient's condition deteriorated.
- The service planned for and practiced emergencies and staff understood their roles if one should happen.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.

However:

# Surgery

- The service used the World Health Organisation Checklist Safer Surgery Checklist for some procedures but not all, which could lead to confusion.
- We found medicines given for general anaesthesia which is not performed in the day surgery unit. There was no specialist equipment to support patients having general anaesthetics. There was a lack of risk assessments and governance detailing in what circumstances these would be used in an emergency.

## Is the service effective?

Good ● ↑

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

- Staff had knowledge of how to apply the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff received training for the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards compliance exceeded the trust target.
- The outcomes of people's care and treatment were monitored regularly. Participation in local and national audits was limited due to the nature of the procedures undertaken within the unit. The results of any relevant audits were used effectively to improve quality and patient outcomes.
- Staff had access to and completed formal clinical supervision to identify staff development and training needs.
- The service made sure staff were competent for their roles. The management and support arrangements for staff had improved, such as appraisal, supervision and professional development. Appraisal rates for day surgery staff were above the trust target.
- Andover War Memorial hospital relied on Royal Hampshire County hospital for many additional services. This working relationship had improved to provide joined up care for patients.
- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service managed patients' pain effectively and provided or offered pain relief regularly.
- Staff worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

## Is the service caring?

Good ● → ←

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

- Staff communicated with patients and their relatives and provided information in a way that they could understand.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress. Staff ensured that patients privacy and dignity was maintained.

# Surgery

## Is the service responsive?

Good  

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

- The service was inclusive and took account of patients individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- Facilities and premises were appropriate for the services being delivered. Mixed sex breaches no longer occurred.
- Staff had improved the service to support people who had complex needs or people in vulnerable circumstances.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- Patients could not access the service when they needed it. Waiting times for treatment for ear, nose and throat and ophthalmology were not in line with good practice. However, it was not possible to tell how well the day surgery unit was performing as their data was included in the Royal Hampshire County hospital data. Staff and managers were aware of the challenges around treatment targets and were exploring how they could undertake additional procedures within the unit to help access to treatment times.
- Staff had ideas of additional procedures could be performed within the unit which would alleviate capacity on the other two hospitals. However, these had not been developed and implemented. Staff felt this was because the focus of the senior leadership team was on the projects on the other two acute hospitals.

## Is the service well-led?

Good   

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

- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Leaders had the integrity, skills and abilities to run the service. 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.
- 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.
- 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.
- The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

However:

# Surgery

- There was a lack over overarching governance processes. There was no formal process for staff and senior managers to discuss and manage risk, issues and performance. Although staff had formal meetings and discussed learning, incidents and risks there was limited opportunities for wider learning within the surgical division.
- Although senior oversight and visibility had improved since our last inspection, this still required building upon, to ensure senior managers understood the service and the risks.
- Although there was a trust strategy, staff were unaware of whether there would be any changes to the services in the future. There was no vision or strategy for the development of the service.
- All staff were committed to continually learning and improving services. However, access to quality improvement methods and training was not available. Opportunities for innovation and participation in research were limited.

## Areas for improvement

### **Actions the provider should take:**

- The service should consider training in quality improvement methods to support the service to enhance the service provided.
- Senior managers should consider how to strengthen governance process and the mechanisms for identifying and understanding of risk.
- Senior managers should consider how the day surgery unit can monitor and benchmark performance.
- The service should ensure there is effective governance and analyse of the risk for the anaesthetic medicines within the unit.
- The service should consider consistency with the World Health Organisation Safer Surgery Checklist.
- The service should consider a vision or strategy for the development of the service.
- The service should continue to improve senior oversight and visibility within the unit.

# Royal Hampshire County Hospital

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SO22 5DG  
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[www.hampshirehospitals.nhs.uk](http://www.hampshirehospitals.nhs.uk)

## Key facts and figures

Hampshire Hospitals NHS Foundation Trust provides services from three main sites, Basingstoke and North Hampshire Hospital (BNHH) in Basingstoke, the Royal Hampshire County Hospital (RHCH) in Winchester, and Andover War Memorial Hospital (AWMH).

RHCH provide a full range of planned and emergency district general hospital services, including a 24-hour accident and emergency, general and specialist surgery, general medicine, intensive care, rehabilitation, chemotherapy, diagnostic services, maternity, neonatal, gynaecology, paediatric care and outpatient clinics.

RHCH pioneered the use of intraoperative radiotherapy for breast cancer treatment.

## Summary of services at Royal Hampshire County Hospital

**Good** ● ↑

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

- Generally 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 managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. 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 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.

# Summary of findings

- 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:

- Mandatory training rates did not always meet the trust's target.
- Not all staff had completed training in the Mental Capacity Act/Deprivation of Liberty.
- Not all staff had completed a yearly appraisal.
- Safe staffing levels were not always achieved consistently across the hospital.
- Staff did not always work effectively to manage patient flow within the hospital.
- Not all areas had a dedicated pharmacist and medicines were not always managed well.
- Surgical patients did not have their risk of developing a venous thromboembolism reassessed within 24 hours of admission.
- The hospital did not achieve its referral to treatment target for urology, ear nose and throat and ophthalmology.



# Urgent and emergency services

Good   

## Key facts and figures

The emergency department at Royal Hampshire County Hospital (RHCH) forms part of the unscheduled care division. Front door services include three resuscitation bays, a dedicated emergency department paediatric area (EDPA), an emergency decision unit, 10 high care in-patient beds, six assessment trolleys and six chairs for medical assessment, along with 28 in-patient medical assessment beds.

Ambulatory emergency care and GP referrals can be seen in the newly appointed same day emergency care facility (SDEC) and the three newly created rapid assessment and treatment bays (RAT).

There were 129,773 attendances at Hampshire Hospitals NHS Foundation Trust from July 2018 to June 2019

We undertook an announced inspection of the urgent and emergency care services on the 15 and 16 January 2020.

We previously inspected this service in June 2018. At that time the service was rated inadequate overall, with safe, and well led rated as inadequate, effective and responsive requiring improvement and caring as good.

During this inspection we spoke with four patients and four relatives and carers. We spoke with approximately 24 members of staff including nurses, managers, health care support workers, doctors and reception staff. We observed care in the service and looked at 12 sets of patients' records.

## Summary of this service

Our rating of this service improved. 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. The service controlled infection risk and managed medicines well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents effectively 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 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 and 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.

# Urgent and emergency services

## Is the service safe?

Good ● ↑↑

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

- The service provided mandatory training in key skills including the highest level of life support training to all staff and made sure everyone completed it.
- 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. Staff managed clinical waste well.
- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough 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 and adjusted staffing levels and skill mix, using bank and regular agency staff when required. Locum medical staff were given a full induction
- 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.

However:

- Management of FP10 prescriptions and patient group directions were not monitored efficiently but generally the service used systems and processes to safely prescribe, administer, record and store medicines.
- The service did not have a designated area suitable for teenagers.

## Is the service effective?

Good ● ↑

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

- The service provided care and treatment based on national guidance and evidence-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.
- 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.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

# Urgent and emergency services

- 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 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:

- The service did not always meet standards required by the Royal College of Emergency Medicine for a number of national audits.
- The nursing staff did not meet the trust's target for training in the Mental Capacity Act (2005).

## Is the service caring?

**Good** ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The service did not meet the nationally agreed wait times which meant that some patients did not receive their planned care in the right place. The hospital wide system did not have sufficient means to ensure patients did not linger in the emergency department.
- The staff in the emergency department coordinated care with other services and providers but were not always able to respond to patients needs in a timely way.
- Waiting times from referral to treatment and arrangements to admit, treat and discharge patients did not always meet national standards.

# Urgent and emergency services

However:

- The service planned and provided care in a way that met the needs of local people and the communities served.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- 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.

## Is the service well-led?

Good   

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

- Leaders had the integrity, 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.

## Areas for improvement

**Action the provider should take to improve:**

- Ensure mandatory training meets the trust's target for all areas, including nurse training in the mental capacity act.
- Review processes for monitoring the use of PGDs and FP10 prescriptions.

# Urgent and emergency services

- Continue to review and improve care pathways to ensure patient care meets the standards set by the Royal College of Emergency Medicine.
- Continue to work with the rest of the hospital teams to meet the nationally agreed wait times for patients attending the emergency department.

# Medical care (including older people's care)

Good  

## Key facts and figures

The medical care service at Hampshire Hospitals NHS Foundation Trust provides care and treatment for 10 specialties: cardiology, diabetes and endocrinology, elderly care and stroke, gastroenterology, endoscopy, respiratory, neurology and rheumatology.

There are 454 medical inpatient beds located across 20 wards or units. A ward breakdown by site can be viewed below:

### Basingstoke and North Hampshire Hospital:

Ward/unit	Number of beds	Services provided
E1	22	Gastroenterology and acute general medicine
E2	24	General medicine
E3	28	Respiratory and acute general medicine
E4	25	Diabetes, endocrinology and acute general medicine
F1	22	Acute elderly care
F2	18	Acute elderly care
F3	14	Acute elderly care
Cardiac/CCU	27	Inpatient cardiology
Isolation ward	7	General medicine
Lyford unit	4	Specialty specific day cases and infusions
Overton ward	25	Non-acute rehabilitation
Acute assessment unit (AAU)	14 beds 9 trolleys	Acute medical and frailty unit
<b>Total</b>	<b>230 beds and 9 trolleys</b>	

### Royal Hampshire County Hospital:

Ward/unit	Number of beds	Services provided
Clarke	24	Inpatient cardiology and stroke
Clifton	26	Acute elderly care
Freshfield	26	Delayed transfer of care (DTC) ward

# Medical care (including older people's care)

McGill	40	Ambulatory care, acute medical and frailty unit
Shawford	27	Respiratory and acute general medicine
Twyford	24	Hyper acute stroke unit
Victoria	27	Gastroenterology and acute general medicine
Wykeham	22	Acute elderly care
<b>Total</b>	<b>216 beds</b>	

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

The trust had 46,878 medical admissions from July 2018 to June 2019. A breakdown of these admissions by type can be found below:

- Emergency admissions – 25,173 (53.7%)
- Elective (i.e. planned) – 402 (0.9%)
- Day cases – 21,303 (45.4%)

Admissions for the top three medical specialities were:

- Gastroenterology – 17,153
- General medicine – 14,802
- Cardiology – 3,071

(Source: Hospital Episode Statistics)

This report details our findings following our inspection of Royal Hampshire County Hospital.

During this inspection, we visited medical care ward areas, escalation areas, and the discharge lounge. We attended meetings including bed meetings, board rounds, and leadership and flow meetings.

## Summary of this service

During our inspection we visited medical care ward areas, escalation areas, and the discharge lounge. We attended meetings including bed meetings, board rounds and leadership and flow meetings.

We spoke with approximately 42 staff. This included divisional leaders, medical staff, nursing staff, therapists, pharmacy staff, the discharge team, the site team, and speciality nursing and clinical leads.

We spoke with 13 patients and five relatives to discuss their experience of the care and treatment they received.

We reviewed 14 patient records to review record keeping and consider specific areas of care and treatment. We also analysed other information, including data and trust documents.

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

Staff had training in key skills, understood how to protect patients from abuse, and managed safety well.

The service controlled infection risk well.

# Medical care (including older people's care)

Staff assessed risks to patients, acted on them and kept good care records.

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 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.

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.

## Is the service safe?

Good  

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

- Compliance for nursing staff was very close to, or above, the trust targets in mandatory modules.
- Nursing staff had access to training specific for their role on how to recognise and report abuse and kept up to date with safeguarding training.
- 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. Staff were trained to use them. Staff managed clinical waste well. The endoscopy service had reobtained their Joint Advisory Group accreditation.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Nurse staffing remained a challenge and a known risk. There was a clear focus on recruitment and retention, with staffing numbers in the pipeline improving vacancy rates and the division being innovative with roles.



# Medical care (including older people's care)

- Staff kept detailed records of patients' 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 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.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- Although the service provided mandatory training in key skills to all staff, not all staff kept up to date with their mandatory training. Although compliance rates for medical staff were improving, they did not meet the trust target for any mandatory training modules.
- Medical staff had access to training specific for their role on how to recognise and report abuse, however compliance rates for safeguarding training for remained low.
- The service did not have enough 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 was a high vacancy rate of 31% for medical staffing and 27% for qualified nursing staff across the service.
- Medicines were not always stored correctly and recording of fridge temperatures was not done in line with trust policy.

## Is the service effective?

**Good** ● ↑

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

- The service provided care and treatment based on national guidance and evidence-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 feeding and hydration techniques 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. The service had been accredited under relevant clinical accreditation schemes such as the Joint Advisory Group.
- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.
- 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. The addition of the Same Day Emergency Care (SDEC) unit complemented the services offered to patients.
- Staff gave patients practical support and advice to lead healthier lives.

# Medical care (including older people's care)

- 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.

However:

- Staff did not use body maps to record the location of transdermal patches which meant an increased possibility of patches being placed in the same body area and causing irritation.
- Patient outcomes were variable and did not always meet expectations. National audits showed the hospital did not always meet national standards.
- Staff did not always keep up-to-date with training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).
- The service sought to make sure staff were competent for their roles. However, not all staff groups achieved the trust's target for completion of yearly appraisals, though this was an improving picture compared to how the trust was performing at the last inspection.

## Is the service caring?

Good ● → ←

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Patients spoke positively about the care and treatment they received from all staff.
- Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Patients, families and carers were supported to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good ● ↑

Our rating of responsive improved. 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.

# Medical care (including older people's care)

- Flow continued to be a challenge for the trust, however, this was being better managed since our last inspection, with use of clear escalation processes and specific criteria for moving patients. Staff also felt there had been definite improvement with flow across the hospital with the introduction of the Same Day Emergency Care (SDEC) unit.
- Patients could access the service when they needed it and received the right care promptly.
- There was a clear improvement in the number patient moving wards at night, although out-of-hours moves remained a focus for the service.
- Discharge delays were reviewed regularly within the hospital and with stakeholders.
- 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

However:

- The service was restricted by the challenges faced with capacity and flow. Demand was outweighing capacity, and escalation areas were being used frequently.

## Is the service well-led?

Good  

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

- Leaders had the integrity, 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 knew and understood the trust's visions and values and could tell us how that was being achieved.
- 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. There was an effective multi-professional and collaborative culture within the division.
- Some told us they would feel confident to raise concerns or to make suggestions for improvement.
- 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 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.

# Medical care (including older people's care)

- 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:

- Leaders did not always operate effective governance processes throughout the service. Minutes from mortality and morbidity meetings across the service were not standardised. This meant the ability to learn from these minutes was potentially not as effective.
- The division's quarterly performance report lacked detail in many areas including, for example, when it referred to the audits undertaken by the division but did not provide detail on the division's performance in these audits. This raised questions about the reports ability to fulfil its stated aim of providing assurance to the quality and performance committee regarding the performance of the medical services division.

## Areas for improvement

### **Action the provider must take to improve:**

- The service must have clear processes for checking expiration dates, storing medication and recording fridge temperatures.

### **Action the provider should take to improve:**

- Provide all necessary support for its staff to improve compliance for MCA/DoLS training for medical and nursing staff.
- Continue to review nursing staffing in the medical care wards and focus on recruitment and retention to ensure safe staffing levels can be consistently achieved across all wards.
- Continue to work to improve its performance in national clinical audits.

# Surgery

Good  

## Key facts and figures

Royal Hampshire County Hospital provides elective (planned) and non-elective (emergency) general surgery services in a range of specialities, including general surgery, orthopaedic, urology, ear nose and throat and vascular surgery. The Hospital provides care to people across Basingstoke, Winchester, Andover and surrounding areas in Hampshire and west Berkshire.

The service includes the Nightingale theatres with four theatres and one eye theatre, five surgical wards, a pre-assessment clinic, a same day emergency care unit, a treatment centre with 3 theatres that supports day case surgery.

Services across the trust were changed in December 2019. Royal Hampshire County Hospital no longer treats orthopaedic trauma patients but continues to provide elective orthopaedic surgery. In addition, at the time of the inspection there was no longer a surgical assessment unit and patients on Kemp Welch ward were not surgical patients.

The trust had 36,223 surgical admissions from July 2018 to June 2019. Of these, 10,620 (29.3%) were emergency admissions, 20,105 (55.5%) were day case, and the remaining 5,498 (15.2%) were elective.

We inspected Royal Hampshire County Hospital on 15 and 16 January 2020. We visited theatres, the pre-assessment unit, Wainwright ward, Bartlett ward, St Cross ward, the same day care unit and the treatment centre. We spoke with approximately 15 patients two relatives/visitors and over 30 members of staff that included all grades of nursing staff, healthcare assistants, domestic staff, surgeons, anaesthetists, junior doctors, therapists, a radiographer and managers.

We observed care and treatment patients were receiving and reviewed 16 patients' records.

Before and after the inspection we reviewed performance information from and about the surgical service.

## Summary of this service

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

The overall completion rate for mandatory training for nursing and medical staff at the hospital had improved since the last inspection to 89% which was almost equal to the trust target of 90%.

We saw improvements which showed that medicines were being stored and managed safely and in line with legislation. Medicine fridge temperatures were consistently monitored to ensure medicines remained safe and effective.

We saw improvements which showed equipment was used correctly and was maintained. We also saw that emergency equipment was consistently checked to ensure it was fit for purpose and available when needed.

Staff in the operating theatres and treatment centre followed the World Health Organisation Surgical Safety Checklist and five steps to safer surgery and monitored this to make sure this was completed accurately. We saw the fifth step (debrief) was now completed.

We saw improvements in the leadership, governance and culture which supported the delivery of high-quality person-centred care.

# Surgery

The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

The service had enough staff to care for patients and keep them safe. Staff understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well.

Staff assessed risks to patients, acted on them and kept good care records. This was an improvement from the last inspection when risk assessments were not consistently completed.

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. This was an improvement since our last inspection when patients privacy and dignity was not maintained. All patients that we spoke with during this inspection were very complimentary about the level of care they had received.

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.

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.

The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

The service generally met national standards for care and treatment in key areas, such as length of hospital and in national audits.

There was not an individual strategy for the surgical division. However, the key strategic aims for surgery were incorporated into the trust's four high level strategic objectives.

However:

There was limited assurance that there was pharmacy oversight and support for wards and departments.

Level 2 adult safeguarding training compliance was below the trust target for both nurses and medical staff.

The service had not achieved its referral to treatment target for urology, ear nose and throat and ophthalmology. However, it was meeting the target for: trauma and orthopaedics and general surgery.

Patients did not have their risk of developing a venous thromboembolism reassessed within 24 hours of admission, this was not in line with national guidelines.

Appraisal rates were still below the trust target, but this was mainly due to the transition to the new online system.

The service promoted equality and diversity in daily work and provided opportunities for career development. However, trust diversity groups were in their infancy and still needed embedding.

## Is the service safe?

Good  

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

- The overall completion rate for mandatory training for nursing and medical staff at the hospital had improved since the last inspection to 89% which was almost equal to the trust target of 90%.

# Surgery

- We saw improvements which showed that medicines were being stored and managed safely and in line with legislation. Medicine fridge temperatures were consistently monitored to ensure medicines remained safe and effective.
- We saw improvements which showed equipment was used correctly and was maintained. We also saw that emergency equipment was consistently checked to ensure it was fit for purpose and available when needed.
- Staff in the operating theatres and treatment centre followed the World Health Organisation Surgical Safety Checklist and five steps to safer surgery and monitored this to make sure this was completed accurately. We saw the fifth step (debrief) was now completed.
- Although compliance with level two safeguarding training was below the trust target, staff understood how to protect patients from abuse.
- The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff managed clinical waste well.
- Staff assessed risks to patients, acted on them and kept good care records. This was an improvement from the last inspection when risk assessments were not consistently completed. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff to care for patients and keep them safe. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Substances subject to the Control of Substances Hazardous to Health regulations were stored securely to prevent harm.

However:

- There was limited assurance that there was pharmacy oversight and support for wards and departments.
- Level 2 adult safeguarding training compliance was below the trust target for both nurses and medical staff.

## Is the service effective?

**Good**  

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

- The service generally 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. Staff fully completed food and fluid charts, and documented escalation and actions.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff 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. We saw improvements had been made in national audits since our last inspection.

# Surgery

- 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. Staff were very positive about the new online system which incorporated appraisals, mandatory training and wellbeing.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Doctors in training were very positive about the training they received and support from seniors.
- Staff gave patients practical support and advice to lead healthier lives, this started at the pre-assessment stage.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They monitored compliance of consent process to ensure they were in line with national guidelines. Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Patients did not have their risk of developing a venous thromboembolism reassessed within 24 hours of admission, this was not in line with national guidelines.
- Appraisal rates were still below the trust target, but this was mainly due to the transition to the new online system.

## Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. This was an improvement since our last inspection when patients privacy and dignity was not always maintained.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Feedback from patients and families was positive about the care they had received.

## Is the service responsive?

Good  

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

- A theatre improvement and productivity programme had helped to improve the utilisation in theatres. There were clear processes and oversight for theatre planning. Theatre utilisation had improved and the amount of cancelled operations due to non-clinical reasons had reduced. The number of non-clinical bed moves, including at night had reduced since our last inspection.



# Surgery

- 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. The investigation and closure of complaints was broadly in line with the trusts policy, this was an improvement since our last inspection.
- 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 and teams within the trust.

However:

- The service had not achieved its referral to treatment target for urology, ear nose and throat and ophthalmology. However, it was meeting the target for: trauma and orthopaedics and general surgery. The service had comprehensive action plans to address the shortfalls in referral to treatment targets.

## Is the service well-led?

Good  

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

- The service had made improvements in a number of areas since our last inspection. The leaders had an approach to continually improve the quality of its services using relevant data and information.
- Governance process and communication between clinical matrons and the operational service managers had improved since our last inspection. 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.
- There was a transparent and open culture where staff escalated concerns, reported incidents and sought support from peers and seniors.
- There was a structured review and judgement process for mortality and morbidity meetings. This was an improvement since our last inspection when there was not a standard approach.
- There was not an individual strategy for the surgical division. However, the key strategic aims for surgery were incorporated into the trust's four high level strategic objectives.
- Patient and relative's views and concerns were sought, listened to and used to shape services.
- The service engaged, listened and involved staff and service users. The majority of staff felt respected, supported and valued and respected there was an active staff recognition scheme.
- Leaders had the integrity, 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.
- Leaders could articulate their governance processes, which were structured. 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.

# Surgery

- 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.
- Staff we spoke to 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. This was an improvement since our last inspection when innovation within the service was limited.
- The service promoted equality and diversity in daily work and provided opportunities for career development. However, trust diversity groups were in their infancy and still needed embedding.

## Outstanding practice

The service undertook a new procedure for enlarged prostate glands taking referrals from other NHS trusts. The steam treatment, called Rezum, involved having steam injected at 1cm intervals, killing enough prostate tissue to shrink the enlarged prostate gland. Patients were able to go home on the same day and recovery was much quicker than more invasive procedures to reduce the size of the prostate gland.

Theatres had implemented innovated processes in response to incidents that had occurred. There was a safety protocol for the same administration of local anaesthetic blocks.

When anaesthetists prepared the medicines to inject for a local anaesthetic block they used a dedicated yellow tray to put the medicines in. Once prepared they put a yellow lid over the tray with stickers on saying stop before you block. Yellow is the national colour used to identify medicines for use in local anaesthetic blocks to identify they are not for intravenous administration (into a vein). The lid over the top of the tray meant they could not be picked up and administered into a vein in error. The lid was removed immediately before the medicines for the anaesthetic block were to be administered, the stickers reminded staff to check the intended site of the block before administration.

Theatres used a colour coded tray system for medicines, to act as a visual prompt for staff. Red trays contained emergency medicines, yellow trays contained local anaesthetic medicines and clear trays were for all other medicines.

## Areas for improvement

### Action the provider should take to improve:

- The service should ensure there is pharmacy oversight and support to wards and departments.
- The service should continue to embed diversity groups within the trust.
- The service should achieve its referral to treatment target for urology, ear nose and throat and ophthalmology.
- The service should ensure patients have their risk of developing a venous thromboembolism reassessed within 24 hours of admission.
- The service should ensure appraisal compliance meets the trust target.

# Basingstoke and North Hampshire Hospital

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## Key facts and figures

The trust provides services from three main sites, Basingstoke and North Hampshire Hospital (BNHH) in Basingstoke, the Royal Hampshire County Hospital (RHCH) in Winchester, and Andover War Memorial Hospital (AWMH).

BNHH provides a full range of planned and emergency district general hospital services, including a 24-hour accident and emergency, general and specialist surgery, general medicine, intensive care, rehabilitation, chemotherapy, diagnostic services, maternity, neonatal, gynaecology, paediatric care and outpatient clinics.

BNHH provide some specialist services to people across the UK and internationally. They are one of two centres in the UK treating pseudomyxoma peritonei (a rare form of abdominal cancer) and provide tertiary liver and colorectal cancer services as well as the haemophilia service.

## Summary of services at Basingstoke and North Hampshire Hospital

Good  

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

- Generally 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 managed safety well. The service controlled infection risk well. Staff assessed risks to patients and acted on them. 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 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.

# Summary of findings

- 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:

- Not all staff had completed training in the Mental Capacity Act/Deprivation of Liberty.
- Not all staff had completed a yearly appraisal.
- Medicines were not always managed well.
- Safe staffing levels were not always achieved consistently across the hospital.
- Surgical patients did not always have their food intake and fluid balance recorded. The pre-operative fasting process did not always follow best practice guidelines. They did not have their risk of developing a blood clot reassessed within 24 hours of admission.
- Medical patients did not always have their personal, cultural, social and religious needs recorded.
- Staff did not always work effectively to manage patient flow within the hospital.

# Urgent and emergency services

Requires improvement  

## Key facts and figures

Basingstoke and North Hampshire Hospital provides an emergency service through a Type 1 emergency department. Services include trauma and cardiology, an emergency decision unit, a dedicated paediatric department and same day medical assessment for ambulatory medical patients. Furthermore, there is a minor injuries service provided by emergency nurse practitioners.

### Details of emergency departments and other urgent and emergency care services

- Basingstoke and North Hampshire Hospital – Emergency department and minor injuries unit
- Royal Hampshire County Hospital – Emergency department
- Andover War Memorial Hospital – Minor injuries unit

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

## Summary of this service

Our last inspection of Basingstoke and North Hampshire Hospital's emergency department was in June 2018. We followed this up with two unannounced focussed inspections in February and April 2019.

In February and April 2019, we visited the department and looked at issues raised in a warning notice under Section 29A that was issued in June 2018. We noted that the trust had made many improvements and this resulted in the conditions of the notice being removed in December 2019.

This inspection was unannounced. We looked at the environment, equipment and observed care. We reviewed 12 sets of patients notes and looked at information provided by the trust before and after the inspection. The inspection team spoke with 10 patients and relatives, 32 members of staff including consultants, junior doctors, nurses of several grades, health care support workers, managers, allied healthcare professionals, security and domestic staff and reception staff.

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

- Overall, the department was tired in appearance, with some damage to plasterwork on walls. Storage cupboards were cluttered and untidy. In the main department, the main storage cupboard was small but fitted with shelving. The shelves were labelled but, in some cases, the items in boxes did not match the label.
- Nursing and medical staff did not keep up to date with all their mandatory, medicines management and safeguarding training.
- The department had challenges in medical staff vacancies. The medical staff did not match the planned number with a shortage of middle grade doctors.

# Urgent and emergency services

- The service did not meet the nationally agreed wait times which meant that some patients did not receive their planned care in a timely way or in the right place. We noted there was limited pull from other wards to alleviate pressure for beds in emergency department, no proactive action plan to deliver more beds and there did not seem to be efficient use of the discharge lounge. Patients were treated on trolleys in the corridor in times of pressure, but this was noted to be managed by staff within the department.
- Management of medicines paperwork was not consistent. FP10 forms that patients were able to take to community pharmacies, were not always recorded when they were issued. Up to date patient group directive paperwork was not always available on the intranet. Prescriptions were completed online and on paper. Some medications were not routinely prescribed in the department and the patients possibly had to wait for a review before receiving their regular medication.

However:

- The service had enough staff to care for patients and keep them safe, using bank and locum staff. Staff were trained in key skills and understood how to protect patients from abuse. The service controlled infection risk well, staff assessed risks to patients, acted on them quickly. The service managed safety incidents effectively, learned and shared lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, supported patients in their pain relief when they needed it and meet their nutritional needs. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them in how to make decisions about their care, and had access to good information. Key services were available seven days a week, including x-rays, CT scans, access to psychiatric liaison and mental health services.
- Staff 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.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's values, and how to apply them in their work. Leaders planned to involve staff in the planning of future vision and strategy for the service. Staff felt respected, supported and valued. Staff and leaders were clear on how to meet the needs of patients receiving care and were clear about their roles and accountabilities. Leaders were committed to improving services continually and were clear in how they planned to achieve this.

## Is the service safe?

**Requires improvement** ● ↑

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

- Nursing and medical staff did not keep up-to-date with all their mandatory and safeguarding training.
- Overall, the department was tired in appearance. There was damage to walls that exposed concrete under the plasterwork as a result of door handles knocking into walls. There were chips in the wooden frames of doors and in the doors themselves. This provided an infection control risk as they could not be adequately cleaned as the surfaces were porous.

# Urgent and emergency services

- Seating in the main waiting room was all the same height and size which meant there may not be seating available for those who require a higher seat or for bariatric patients.
- Chairs in the temporary waiting area in the corridor outside the plaster room were dusty and had tears in the seats.
- Signage in the emergency department and from the main hospital corridor was limited and unclear.
- Room 12 situated between the resus department and patients in the corridor, was not clearly visible.
- We saw the plaster room in the paediatric unit had plaster tools left out on surfaces.
- The medical staff did not match the planned number. Staff told us that there was a shortage of middle grade doctors.
- Assessments to record if patients were at risk of developing blood clots were not written in all notes where patients might have been at risk
- FP10 forms that patients were able to take to community pharmacies, were not always recorded when they were issued.
- Up to date patient group directive paperwork was not always available on the intranet.

However:

- The mandatory training was comprehensive and met the needs of patients and staff. Managers monitored mandatory training and had systems to alert staff when they needed to update their training.
- Clinical staff completed training on recognising and responding to patients with mental health needs, learning disabilities and dementia.
- Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns and staff followed safe procedures for children visiting the unit. A safeguarding meeting was held with the trust safeguarding lead each month to discuss referrals and feedback on audits.
- The main department had suitable furnishings which were clean and well-maintained. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.
- Staff followed the restraint policy for patients who became distressed or were aggressive. The environment had been risk assessed for ligature points and rooms used by patients with mental health issues were designed to keep them safe.
- Staff followed infection control principles including the use of personal protective equipment (PPE). Staff disposed of clinical waste safely.
- Staff used a nationally recognised tool to identify patients at risk of deterioration and escalated them appropriately. Staff used standard operating procedures to ensure patients were assessed and treated appropriately.
- The service included round the clock access to mental health liaison and arranged psychosocial assessments and risk assessments for patients thought to be at risk of self-harm or suicide. There were assessment rooms available for use by the children and adolescent's mental health team or as a quiet space for other patients.
- The trust used operational escalation level ratings (OPEL) to identify how busy the department was. The service had a process to escalate ambulance handovers if there were more than three patients waiting or if the handover was taking more than 15 minutes.

# Urgent and emergency services

- Managers calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. The department manager could adjust staffing levels daily according to the needs of patients
- Managers limited their use of bank and agency staff and requested staff familiar with the service. All bank and agency staff had a full induction. The service always had a consultant on call during evenings and weekends.
- Staff followed systems and processes when safely prescribing, administering, recording and storing medicines.
- Safety data was displayed on wards for staff and patients to see using an electronic board in majors.

## Is the service effective?

Good  

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

- Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.
- Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs.
- Staff assessed patient's pain using a recognised tool and gave pain relief in line with individual needs and best practice.
- Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time.
- The service participated in relevant national clinical audits.
- Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.
- New staff told us they were part of a preceptorship programme and they were able to develop additional skills during the first year in post.
- Managers gave all new staff a full induction tailored to their role before they started work.
- The clinical educators supported the learning and development needs of staff.
- Staff worked across health care disciplines and with other agencies when required to care for patients.
- Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests, 24 hours a day, seven days a week.
- The service had relevant information promoting healthy lifestyles and support on the unit.

However:

- We did not see that staff clearly and consistently recorded consent in the patients' records.

## Is the service caring?

Good  

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



# Urgent and emergency services

- Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.
- Patients said staff treated them well and with kindness.
- A high proportion of patients gave positive feedback about the service in the Friends and Family Test survey
- Staff followed policy to keep patient care and treatment confidential
- Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.
- Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.
- Patients gave positive feedback about the service. Staff could give examples of how they used patient feedback to improve the quality of care they provided.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The service had no information leaflets available in other languages or print sizes displayed in the department.
- We saw no signs in reception or on doors advertising chaperones were available
- We noted there was limited pull from other wards to alleviate pressure for beds in emergency department, proactive action plan to deliver more beds and there did not seem to be efficient use of the discharge lounge.
- The service did not meet the nationally agreed wait times which meant that some patients did not receive their planned care in a timely way or in the right place.

However:

- Facilities and premises were appropriate for the services being delivered.
- The service had systems to help care for patients in need of additional support or specialist intervention. Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs.
- Managers monitored waiting times and made sure patients could access emergency services when needed and received treatment within agreed timeframes and national targets. Staff could access emergency mental health support 24 hours a day, 7 days a week for patients with mental health problems, learning disabilities and dementia.
- Managers and staff worked to make sure patients did not stay longer than they needed to. Staff worked to make sure that they started discharge planning as early as possible. This included those with complex mental health and social care needs. There was an out of hours GP service where patients could be assessed, treated and discharged without been seen in the main department.
- Patients, relatives and carers knew how to complain or raise concerns and staff understood the policy on complaints and knew how to handle them.

# Urgent and emergency services

## Is the service well-led?

Good ● ↑↑

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

- Leaders had the integrity, 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.
- 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.
- 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.

## Areas for improvement

### Action the provider should take to improve:

- Ensure qualified nurses complete training in the Mental Capacity Act.
- Ensure that there is an accurate process to record medicine related stationary and that this is monitored, including storing, recording and auditing the use of FP10 forms.
- Continue to review and improve care pathways to ensure patient care meets the standards set by the Royal College of Emergency Medicine.
- Continue to work with the rest of the hospital teams to meet the nationally agreed wait times for patients attending the emergency department.
- Ensure that patient directive paperwork on the trust intranet is the most recent and in date version.
- Ensure staff record if patients are at risk of developing blood clots in all notes.

# Medical care (including older people's care)

Good  

## Key facts and figures

The medical care service at Basingstoke and North Hampshire Hospital provides care for seven specialities: cardiology, diabetes and endocrinology, elderly care, endoscopy, gastroenterology and respiratory. Other medical care specialities including: stroke, neurology and rheumatology are based at the Royal Hampshire County Hospital.

The medical care service at Basingstoke and North Hampshire Hospital consists of 230 beds and nine trolleys. Hampshire Hospitals NHS Foundation Trust had 46,878 medical admissions from July 2018 to June 2019.

Admissions for the top three medical specialties were:

- Gastroenterology – 17,153
- General medicine – 14,802
- Cardiology – 3,071

We inspected the service as part of our routine inspection programme. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected the whole core service and inspected using our five key questions.

We inspected the following ward areas:

- Acute assessment unit (AAU)- Acute medical and frailty unit
- Ward F1- Acute elderly care
- Ward F2- Acute elderly care
- Ward F3- Acute elderly care
- Ward E2- General medicine
- Ward E3- Respiratory and acute general medicine
- Coronary Care Unit (CCU)- Inpatient cardiology
- Overton Ward- Non-acute rehabilitation
- Lyford Unit- Specialty specific day cases and infusions

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit, the inspection team:

- Spoke with 11 patients who were using the service and three relatives of patients using the service.
- Spoke with 41 staff including; clinical matrons, ward sisters, doctors, nurses, clinical nurse specialists, ward admin coordinators and patient flow coordinators.
- Observed multidisciplinary meetings, staffing meetings, safety huddles, staff interactions and care on the wards.
- Reviewed 13 patient records.

# Medical care (including older people's care)

## Summary of this service

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

- Staff had safeguarding training on how to recognise and report abuse, and staff knew how to apply it.
- The service managed infection risk well. The wards were visibly clean and free from clutter. Staff used recognised infection prevention methods.
- The environment and equipment were suitable for the service provided including; access to necessary emergency equipment.
- The service assessed and mitigated patient risks. Each patient had risk assessments completed in their care plans and detailed actions against each risk.
- Patient records were clear, up-to-date and reflected the care needs of the patient. Patient records were stored securely.
- The service investigated incidents and lessons learnt shared with staff.
- The service monitored its safety performance and sought to improve performance of the service.
- Managers worked collaboratively and responsively to ensure staffing levels kept patients safe.
- Patient care and treatment were based on national guidance and evidence-based practice. Staff monitored performance against national guidelines and best practice.
- The service ensured staff were competent for their role. Staff had access to training and had regular supervisions and appraisals.
- The service worked in multidisciplinary teams to improve patient care and staff could refer for specialist advice.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and Mental Capacity Act 2005. Staff could access advice from the mental health liaison service.
- Staff treated patients and those close to them with dignity, respect, compassion and kindness. Patients we spoke with commented that their privacy and dignity was respected.
- Staff showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.
- Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff sought specialist support from specialist teams for patients who required additional emotional support and care.
- Staff made sure patients and those close to them understood their care and treatment and supported patients to make informed decisions about their care.
- The service planned and provided a service which met the needs of the population.
- Staff treated complaints and concerns seriously; complaints were investigated, and lessons learnt were communicated to staff.
- Managers and staff worked hard to make sure that patients did not stay longer than they needed to. Managers and discharge teams in the hospital worked with agencies to facilitate discharge from the hospital.
- Managers were visible, approachable and had the skills and abilities to manage the service.

# Medical care (including older people's care)

- Staff worked well as a team and had good morale. They felt respected and valued within their roles and worked hard to give good patient care.
- The service had effective governance processes to monitor performance and discuss learning. The service monitored risks, issues and performance effectively.
- The service was dedicated to quality improvement and innovation at all staff levels. Managers encouraged staff to improve the service.

However:

- Medicines were not always recorded and stored correctly.
- Compliance with mandatory training did not meet trust targets and this needed to improve.
- Medical staff compliance with safeguarding training did not meet trust targets and this needed to improve.
- Compliance with Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training did not meet trust targets and this needed to improve.
- The service should continue to review nursing staffing in the medical care wards.
- We did not see consideration of personal, cultural, social and religious needs of patients documented in their care plan and how they related to the patients' care needs. This meant staff may not be considering what is important to patients when planning care.

## Is the service safe?

**Good** ● ↑

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

- Staff had safeguarding training on how to recognise and report abuse, and they knew how to apply it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff knew who their safeguarding lead was and how to contact them if they needed advice.
- The service managed infection risk well. The areas we visited were visibly clean and free from clutter. Staff used infection prevention methods such as gloves and aprons and were bare below the elbows. The service safely managed substances hazardous to health and waste.
- The environment and equipment were suitable for the service provided to patients. Ward areas had access to necessary emergency equipment. All the equipment we checked had been tested and was in date. The environment on the elderly care wards was dementia friendly.
- The service assessed and mitigated their risks to patients. Each patient had risk assessments completed in their care plans, with detailed actions against each risk. Examples of risk assessments include; nursing assessment, pressure ulcer assessment, nutritional risk assessment, falls risk assessment.
- Patient records were clear, up-to-date and reflected care needs of the patient. Patient records were locked securely but easily accessible to staff when they needed them.
- The service managed incidents well and actions were taken to investigate them promptly. Where lessons were learnt, learning was fed back to staff. We saw learning from incidents on notice boards on the wards for staff and patients to view. Managers would feedback learning from incidents specific to their team during daily meetings.

# Medical care (including older people's care)

- The service monitored its safety performance and sought to improve performance of the service.
- Staff on wards did not always match planned staffing levels, but gaps were filled using bank and agency staff. Managers worked collaboratively and responsively to ensure staffing levels kept patients safe.

However:

- Medicines were not always recorded and stored correctly. We found one insulin syringe that was out of date on the acute assessment unit. During our inspection we also saw one dose of a patient's morphine on the acute assessment unit not documented. We found two missing FP10 forms on the acute assessment unit. FP10 forms are used to prescribe medicines.
- The service should continue to review nursing staffing in the medical care wards and focus on recruitment and retention to ensure safe staffing levels can be consistently achieved across all wards.
- Compliance with mandatory training did not meet trust target, and this needed to improve.
- Medical staff had low compliance in meeting the trust target for safeguarding training completion, and this needed to improve.

## Is the service effective?

Good  

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

- Patient care and treatment were based on national guidance and evidence-based practice. Staff monitored performance against national guidelines. The medical division monitored performance against best practice and determined if they were fully, partially or non-compliant with NICE guidelines.
- Patients received adequate nutrition and hydration. Patients were supported in making food choices and their personal, religious, cultural and other needs were considered. Staff completed risk assessments for patients at risk of malnutrition.
- Patients received appropriate and timely pain relief.
- The service took part in national clinical audits and local audits to monitor and help drive improvement of the service. Where the outcome of audits required some improvement, we saw action plans to drive improvements.
- The service ensured staff were competent for their role. Staff had access to training and had regular supervisions and appraisals and there was a programme of mandatory training to ensure staff maintained essential skills
- The service worked in multidisciplinary teams for the benefit of patients. Staff could refer for specialist advice. For example, staff could refer using an e-referral system for specialist advice from the pain team, mental health liaison team and dementia team.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and Mental Capacity Act 2005. Staff knew how to support patients experiencing mental health illness. Staff could access advice from the mental health liaison service.

However:

- Staff had low compliance in meeting the trust target for Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training completion, and this needed to improve.

# Medical care (including older people's care)

## Is the service caring?

Good ● ↑

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

- Staff treated patients and those close to them with dignity, respect, compassion and kindness. Patients we spoke with commented that their privacy and dignity was respected. Staff respected people's privacy and dignity whilst in distress
- Staff showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs. During our visit staff showed a non-judgemental attitude.
- Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff sought specialist support from the dementia team, learning disabilities team and psychiatric liaison for patients who required additional emotional support and care. The hospital ran a 'dementia carers café' once a month to support relatives and carers of patients with dementia.
- Staff made sure patients and those close to them understood their care and treatment and supported patients to make informed decisions about their care. Staff told us they actively involved patients and those close to them in the design of their care plans. Staff considered patients and relatives wider circumstances and gave them options for care and discharge decisions. Staff had a meeting within 24 hours to discuss and agree the care plan.

However:

- We did not see consideration of personal, cultural, social and religious needs of patients documented in their care plan and how they related to the patients' care needs. This meant staff may not be considering what is important to patients when planning care.

## Is the service responsive?

Good ● ↑

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

- The service planned and provided a service which met the needs of the population. The facilities and premises were appropriate for the needs of the patients receiving care. The service had support from specialists to meet the needs of the patient.
- The service took account of patient's individual needs and preferences. Staff supported patients with mental health problems, learning disabilities and dementia and staff could access additional support services for advice and support with a patient's care plan.
- Staff treated complaints and concerns seriously, and staff told us they aimed to resolve complaints at the time. Complaints were investigated, and lessons learnt from complaints were communicated to staff regularly through team meetings.
- Managers and staff worked hard to make sure that patients did not stay longer than they needed to. Staff were proactive and discussed patient discharge at daily board meetings. Managers and discharge teams in the hospital worked with other agencies to facilitate discharge from the hospital.

# Medical care (including older people's care)

## Is the service well-led?

Good ● ↑

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

- Managers were visible, approachable and had skills and abilities to manage the service safely. However, staff commented that the senior leadership team were not always visible.
- Culture within the service was good, staff worked well as a team and had good morale. Managers were open; they encouraged people to raise concerns and staff felt secure raising issues. Staff felt respected and valued within their roles. Staff worked hard to give good patient care.
- The service had effective governance processes to monitor performance and discuss learning. Governance meeting minutes were comprehensive.
- The service monitored risks, issues and performance effectively. Senior leaders, managers and staff knew the service risks and actively acted to address them where they could.
- The service was dedicated to quality improvement and innovation at all staff levels. Managers encouraged staff to improve the service. We saw quality improvement projects taking part at ward level. For example, outside of F1 ward they had a notice board showing ongoing projects.

## Areas for improvement

### Action the provider must take to improve:

- The service must have clear processes for monitoring and storing FP10 prescription pads, checking expiration dates, recording and storing medicines and recording fridge temperatures.

### Action the provider should take to improve:

- The service should provide all necessary support for its staff to improve compliance for Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training for medical and nursing staff.
- The service should continue to review nursing staffing in the medical care wards and focus on recruitment and retention to ensure safe staffing levels can be consistently achieved across all wards.
- Staff should document patients personal, cultural, social and religious needs and how they may relate to their care needs as part of assessment processes.
- The service should continue to work to improve its performance in national clinical audits.



# Surgery

Good  

## Key facts and figures

The Basingstoke and North Hampshire Hospital provides a full range of planned and emergency services, including a 24-hour accident and emergency, general and specialist surgery, general medicine, trauma and orthopaedic, intensive care, rehabilitation, chemotherapy, diagnostic services, maternity, neonatal, gynaecology, paediatric care and outpatient clinics.

Basingstoke and North Hampshire Hospital (BNHH) provides some specialist services to people across the UK and internationally. They are one of two centres in the UK treating pseudomyxoma peritonei (a rare form of abdominal cancer) and provide tertiary liver and colorectal cancer services as well as the haemophilia service.

The trust runs a range of surgical services for inpatient and day case procedures including urology and peritoneal malignancy as well as services for hepatobiliary, upper gastrointestinal, colorectal, ENT, ophthalmology, orthopaedics, oncology, maxillofacial and oral surgery. Following national recommendations and local consultation, the trust changed its trauma and elective orthopaedic service, with elective surgery at Royal Hampshire County Hospital and trauma surgery at Basingstoke and North Hampshire Hospital.

## Summary of this service

### Basingstoke and North Hampshire Hospital

Basingstoke and North Hampshire Hospital hosts the Peritoneal Malignancy Unit for the treatment of pseudomyxoma (a rare form of abdominal cancer) which spreads cancerous cells to the lining of the abdominal cavity. Additionally, the hospital has a Diagnostic Treatment Centre (DTC), four endoscopy rooms, the Eye Day Care Unit (EDCU) with one eye theatre (local anaesthetic cases only) and a pre-assessment unit.

The trust had 36,223 surgical admissions from July 2018 to June 2019. Of these, 10,620 (29.3%) were emergency admissions, 20,105 (55.5%) were day case, and the remaining 5,498 (15.2%) were elective

We inspected this service using our comprehensive inspection methodology. We carried out this unannounced inspection (people did not know we were coming) on 15 and 16 January 2020.

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?

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

During this inspection we visited the following services--

- C2 – Liver and peritoneal malignancy ward
- C3 – Non- elective surgery ward
- C4 – Elective surgery ward
- Admission ward
- EDCU – Emergency day care unit
- D1 – Elective orthopaedic ward

# Surgery

- D3 & D4 – orthopaedic/ trauma wards
- Diagnosis and Treatment Centre
- Eye day care unit

The inspection team spoke with 18 patients and their relatives, appropriately 24 members of staff including nurses, health care assistants, allied health care staff such as physiotherapists and pharmacist, doctors, receptionists, and domestic staff. We observed care and treatment and reviewed 14 patients' records. We also reviewed information, documents and data provided by the trust both before and after the inspection.

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

The staff looked after the equipment well and infection control procedures were followed to minimise the risks of cross infection.

Incidents were reported, and these were investigated. Action plans were developed, and lessons learnt were shared widely to effect learning and practices changed.

The service used systems and processes to safely prescribe, administer, record and store medicines. Patients medicines were reviewed, and any changes were discussed with the consultants.

The service controlled infection risks well. Staff followed guidance used control measures to protect patients, and others from infection. They maintained equipment and the premises were visibly clean and used methods to identify clean equipment.

The service had policy and procedures which staff followed to recognise and respond to sepsis, a severe blood infection in line with national guidance which staff followed.

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff supported those unable to communicate using suitable assessment tools. and gave additional pain relief to ease pain.

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

The service provided care and treatment based on national guidance and evidence-based practice.

There was effective multi-disciplinary working where staff of different roles such as dieticians and specialist nurses worked cohesively for the benefits of patients. They supported each other to provide good care.

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff supported patients to make informed decisions about their care and treatment. They followed guidance to gain their consent written and verbally.

Patients who lacked capacity or were suffering from mental ill health were effectively supported to make their decisions about their care. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act 1983 and the Mental Capacity Act 2005.

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. Data or notifications were consistently submitted to external organisations as required.

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Families were supported to remain with the patients during their treatment.

# Surgery

The staff were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

The senior managers and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues. They developed and reviewed action plans to reduce and mitigate their impact

Services were available 24 hours a day, seven days a week to support timely patient care. Arrangements were in place for out of hours services through their on- call service such as consultants, theatre staff and mental health services.

The senior managers and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues. They developed and reviewed action plans to reduce and mitigate their impact.

Leaders had the integrity, skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They understood and managed the priorities and issues the service faced. Risks were managed, and strategy developed to mitigate risks.

However:

In surgery medical staff did not meet the trust's target for any of the mandatory training modules for which they were eligible, and this included safeguarding adults training.

Nursing staff compliance with safeguarding training was below the target as set by the trust.

On two of the surgical wards, emergency equipment was not consistently checked to ensure they were safe to use and in line with guidance.

The service did not always manage prescriptions forms (FP10) safely and there was a lack of oversight on their usage.

The system for storing oxygen cylinders was not safe as these were stored on the floor and may pose safety risks.

The food and fluid charts were not consistently completed to inform staff's practices and enabling them to support patients' dietary needs.

The service did not always follow fasting process prior to surgery in line with good practice guidelines.

## 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. Nursing staff received and kept up-to-date with their mandatory training.
- Staff had training on how to recognise and report abuse, and they knew how to apply it. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risks well. Staff followed guidance used control measures to protect patients, and others from infection. They maintained equipment and the premises were visibly clean and used methods to identify clean equipment.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use equipment and carried out daily safety checks of specialist equipment.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

# Surgery

- Staff used a nationally recognised tool to identify patients at risk of deterioration and escalated them appropriately.
- The service had policy and procedures in place to recognise and respond to Sepsis (severe blood infection) in line with national guidance which staff followed.
- Electronic records were easily accessible to staff and included multi- disciplinary records and blood results to ensure patients continued to receive safe and effective care.
- 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.

However:

- In surgery medical staff did not meet the trust's target for any of the mandatory training modules for which they were eligible, and this included safeguarding adults training.
- Nursing staff compliance with safeguarding training was below the target as set by the trust.
- In two of the wards, emergency equipment was not consistently checked to ensure they were safe to use and in line with guidance.
- The service did not always manage FP10 prescriptions safely and there was a lack of oversight on their usage.
- Patients food and fluid records were not fully completed and posed risks of patients not having their dietary needs met in a consistent way.
- Oxygen cylinders were not always stored safely as some were left on the floor.

## Is the service effective?

**Good** ● ↑

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

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance when providing care and audited at intervals.
- Patients undergoing elective surgery had a pre- assessment completed which was a process to identify patients' suitability for surgery.
- The service had access to mental health liaison and specialist mental health support if staff were concerned about a patient's mental health to provide them with appropriate care and support.
- Staff in the recovery followed their internal procedure and sought additional support to ensure patients were safe to be discharged to the wards.
- Staff supported patients to make informed decisions about their care and treatment. They followed guidance to gain their consent written and verbally.
- Patients who lacked who lacked or were suffering from mental ill health were effectively supported to make their decisions their care. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act 1983 and the Mental Capacity Act 2005.

# Surgery

- The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided support and development opportunities. All new staff received an induction tailored to their role before they started work.
- Staff of different disciplines worked together as a team to benefit patients. They supported each other to provide effective care.
- Services were available 24 hours a day, seven days a week to support timely patient care. Arrangements were in place for out of hours services through their on-call service such as consultants, theatre staff and mental health services.

However:

- The service did not always manage patients' fasting process in line with practice guidelines.

## Is the service caring?

Good ● → ←

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

- Staff assessed patients emotional well-being and provided emotional support and made referrals when patients needed specialist help. This included appropriate referrals to other services as needed.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Families were supported to remain with the patients during their treatment.
- The staff were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Patients could be referred to counsellors or psychology support if needed. Staff identified the need and accessed support for the patients.

## Is the service responsive?

Good ● ↑

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

- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff supported those unable to communicate their pain and used recognised tools to assess and treat pain.
- 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.
- Patients could access the service when they needed it. Waiting times from referral to treatment and were mostly in line in line with national averages. Managers and staff worked together to make sure that they started discharge planning as early as possible.

# Surgery

- The service treated concerns and complaints seriously, investigated them and shared lessons learned with staff. It was easy for people to give feedback and raise concerns about their care and treatment.

## Is the service well-led?

Good  

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Senior managers were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- Staff felt respected, supported and valued. Managers were focused on the needs of patients and 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. Safety culture and staff morale had improved in theatres since our last inspection following the appointment of new managers.
- 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.
- Leaders operated effective governance processes. 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.
- Senior managers and staff actively 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.

## Outstanding practice

The surgical service hosted the Peritoneal Malignancy Unit which offered maximal tumour debulking and cytoreductions. This was one of three services in the country providing this service.

Staff completed a 20-week competency programme to care and support patients receiving care in the peritoneal malignancy ward to ensure they had the skills and competence to provide effective care.

The service was taking part in the PICO project for peritoneal malignancy patents. This was aimed to identify patients as potentially needing a PICO would have one placed prophylactically and they would be provided with information, and support in line with the pathway.

## Areas for improvement

### Action the provider should take to improve:

- The service should follow processes and procedures in line with the trust's medicines management policy.
- The provider should review staff's access to up to date policies and procedures.

# Surgery

- The provider should act to meet the trust target of 90% for appraisals in all staff groups.
- The provider should act to improve the completion of patients' food and fluid records, and review their dietary care plans to meet the patients' needs safely.
- The provider should act and review the process for fasting pre-operatively in line with guidelines.

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](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://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

#### Regulation

Treatment of disease, disorder or injury

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



# Our inspection team

Amanda Williams, Head of Hospitals South West, led the inspection.

The team included two inspection managers, 12 inspectors including specialist mental health and medicines inspectors, 15 specialist advisers, one executive reviewer, two assistant inspectors, one analyst and one inspection planner. 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.