

# Hampshire Hospitals NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

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

# Summary of findings

## Background to the trust

Hampshire Hospitals NHS Foundation Trust was established in January 2012 as the result of the integration of Basingstoke and North Hampshire NHS Foundation Trust and Winchester and Eastleigh Healthcare Trust. The Trust provides general hospital and some specialist services to a population of approximately 600,000 people in North and Mid Hampshire, 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 majority of services are commissioned by North Hampshire Clinical Commissioning Group (CCG) and West Hampshire CCG, but the trust also has some nationally commissioned services run from the Basingstoke site and a growing number of patients from West Berkshire CCG.

## Overall summary

**Our rating of this trust went down since our last inspection. We rated it as Requires improvement**  

## What this trust does

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, Andover War Memorial Hospital. BNHH and 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.

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.

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

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.

Hampshire Hospitals NHS Foundation Trust also provides outpatient and assessment services from Bordon and Alton community hospitals.

## 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.

# Summary of findings

## What we inspected and why

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

We inspected Hampshire Hospitals NHS Foundation Trust on 12 to 14 June 2018, 05 July 2018 and the 11-13 July 2018. The core services we inspected as part of our continual checks on the safety and quality of healthcare services were urgent and emergency care, medical care and surgery. We selected the services for inclusion in this inspection based on the intelligence information we held on these areas.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall. What we found is summarised in the section headed; Is this organisation well-led?

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

## What we found

Our overall findings indicated that not all areas we inspected had made improvements since our last inspection. Hampshire Hospitals NHS Foundation Trust was rated overall as requires improvement.

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

Urgent and emergency care went down two ratings from good to inadequate. Safe and well led went down two ratings to inadequate. Effective, caring and responsive went down one rating from good to requires improvement.

Medical care overall went down one rating from good to requires improvement. Safe, effective, responsive and well led went down from good to requires improvement. Caring remained at good.

Surgery overall went down one rating from good to requires improvement. Safe, effective, responsive and well led went down to requires improvement. Caring remained at good.

The executive team had an appropriate range of skills, knowledge and experience. Some executives had been in post for significant periods of time, while others had been appointed in the previous 12 months, which had brought new ideas and different ways of working to the team.

The trust was not meeting all the constitutional performance standards (targets) for accident and emergency four hour wait, Referral to Treatment (RTT), Cancer or Diagnostics. This meant patients may not be receiving care and treatment in a timely manner. The trust were monitoring these areas and exploring ways to improve compliance with these targets.

## Overall trust

- Our rating of the trust went down. We rated it as requires improvement because:
- We rated well led for the trust overall as requires improvement.
- Safe, effective, caring, responsive and well led were requiring improvement overall. We rated surgery and medicine as requires improvement and urgent and emergency as inadequate. We identified that improvements to safety were required in all three of the services we inspected.
- The trust had a clear overarching vision which was 'to provide outstanding care for every patient', The trust's strategic framework stated four organisational goals, which together aimed to deliver the vision.

# Summary of findings

- We were not assured that the trust's leadership team fully understood the current challenges to quality and sustainability. We identified issues that if not addressed in a timely manner would negatively impact on the quality and safety of care received by patients, that the senior leadership team were not aware of.
- There was a lack of compliance by the trust with meeting the Fit and Proper Person Requirement (FPPR) (Regulation 5, HSCA, 2014). We found on this inspection that there was a lack of an effective system to review fit and proper persons being employed.
- The trust had engaged with patients and the local population including hard to reach groups, to inform service development.
- Whilst the national staff survey reported that the percentage of staff experiencing harassment, bullying or abuse in the last 12 months was the same as other acute trust, we heard from a range of sources including staff groups and whistle blowers that there was a culture of bullying and harassment. The trust had recognised this and the board were reported to be committed to addressing.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website [www.cqc.org.uk/provider/RN5/reports](http://www.cqc.org.uk/provider/RN5/reports)

## Are services safe?

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

- Patients were not always protected from avoidable harm. There were limited effective system(s) in place to assess and monitor the ongoing care and treatment to patients, including monitoring patients for signs of clinical deterioration.
- Mandatory training completion rates were not compliant with the trust's targets for the majority of courses. Managers reported that this was due to an inability to release staff from their clinical duties to complete this training. However, this meant that some staff may not have the necessary knowledge and skills to deliver safe and effective care.
- Whilst the trust reported they were in the top quartile for infection rates, during the inspection, we found episodes of poor infection control practice on some wards and in theatres and known infection controlled risks were not always mitigated.
- Equipment including emergency equipment was not always appropriately maintained or checked. We were not assured that in the event of an emergency this equipment would be readily available and fit for use.
- Risks to patients were not always assessed, monitored or managed. The national early warning system was not always used correctly to identify and escalate patient's needs appropriately. Therefore, deteriorating patients may not be identified and timely treatment provided.
- Resuscitation equipment was not always safe and ready for use in an emergency. Gaps in records suggested equipment had not been checked in line with trust policy.
- Medicines were not always stored, administered and disposed of in line with best practice.
- Duty of candour (DoC) was not part of mandatory training. The majority of nursing staff we spoke with lacked knowledge of this area and considered it to be the responsibility of medical staff. The trust had acknowledged that this was an area that required more work to ensure all staff were aware of their responsibilities in relation to DoC.
- Planned nurse staffing numbers were not always achieved. The fill rate for registered nurses and healthcare assistants was below the trust's target in many areas we inspected. This meant that patients may not receive care and treatment in a timely manner and to the standard the trust aimed to deliver.

# Summary of findings

- The layout of the emergency department was not suitable for the number, or age, of admissions the service received. There was significant overcrowding and, at times, patients were being cared for on trolleys in the central area of the department as there were no free cubicles to use.
- There was a lack of consideration given to ligature points and other environmental factors which could allow patients with suicidal tendencies to come to harm.
- In some areas there were not enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.

However,

- Safeguarding systems, processes and practices protected people from abuse and neglect.
- Most staff employed by the trust had qualifications, skills, training and experience to provide the right care and treatment to patients.
- Staff understood their responsibilities to raise and report safety incidents and near misses. Lessons were learnt and some improvements were made when things went wrong.
- Safety information was collected, analysed and used to monitor performance and focus front line staff on areas for improvement to reduce patient harm.

## Are services effective?

Our rating of effective went down. We rated it as requires improvement because:

- Not all staff had the opportunity to participate in an annual appraisal, therefore their development needs were not identified and responded to.
- Supervision meetings were not provided to all staff to support and monitor the effectiveness of the service they provided.
- The trust collected performance data against clinical standards for seven-day working but did not have a strategy for implementing the standards.
- Not all staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 and did not always effectively support patients who lacked the capacity to make decisions about their care.
- Not all policies and procedures had been reviewed to ensure they reflected current best practice and national guidance. Some policies and procedures were past their review date and therefore may not have reflected the latest guidance.
- There was a lack of consideration given to ligature points and other environmental factors which could allow patients with suicidal tendencies to come to harm.
- Staff were not always skilled or competent to undertake their role effectively. This included cases whereby staff had not received any additional competency training to care for or recognise the deteriorating child. The number of staff who had completed a post-graduate qualification in emergency care nursing was low. A lack of oversight meant the department did not know which staff members had completed competency frameworks.
- There was limited access to health promotion information.

However,

- Patients nutrition and hydration needs were assessed and met. All patients were offered food or drink unless they were nil by mouth. Patients' religious, cultural and other preferences were met.

# Summary of findings

- Staff regularly assessed and monitored patients to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave pain relief as necessary.
- The trust participated in a range of national audits to benchmark their performance with other trusts and identify areas for improvement.
- The trust's unplanned re-attendance rate within seven days was generally better than the England average.

## Are services caring?

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

- Feedback from patients was consistently positive about the way staff treated them, we saw many compliments and 'thank you' cards displayed in the ward areas.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved most patients and their families in decisions about their care and treatment and ensured they understood their treatment plan.
- Whilst the trust's performance against friends and family is generally better than the England average, there is a downward trend in relation to the number of patients who would recommend the service.

However,

- The privacy and dignity of patients was not always protected. We saw a number of patients being treated on corridors; these patients did not have access to a patient call bell and as such, found it difficult to get help from the nursing staff when they needed assistance. Staff did not routinely use screens, close doors, or use curtains when providing care or treatment to patients.
- Staff frequently held clinical conversations about patients in public areas that could be overheard by visitors and other patients.
- Patients were not always treated with compassion, kindness, dignity and respect.

## Are services responsive?

Our rating of responsive went down. We rated it as requires improvement because:

- Medical non-elective patients, average length of stay was 8.6 days, which is higher than the England average of 6.4 days.
- Some areas of the trust did not have single sex accommodation. There was no standard operating policy or monitoring for the management of mixed sex breaches. The trust had not reported any breaches to NHS England (NHSE). During our inspection we observed mixed sexed breaches, this meant the trust had not interpreted the national mixed sex guidance correctly and failed to report breaches to NHSE.
- The ED did not always consider patients' individual needs; the department had not taken action to address the accessible information standard. There was limited support or environmental adaptations for vulnerable or agitated patients
- The needs of patients living with dementia were not always met. Dementia training was mandatory but compliance with this training was below the trust target. The care plans for these patients were not always completed to reflect their individual needs and there we were not assured these needs were met.
- Complaints were not always responded to in a timely way.

# Summary of findings

- Theatre utilisation rates were poor, staff thought this was due to various factors including the way theatre lists were organised, lack of equipment, last-minute patient cancellations and staff availability.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department (ED). The trust was not meeting this four-hour standard and patients therefore were not always receiving treatment in a timely manner.

However,

- The trust had winter plans in place and worked with local partners to manage demand and improve patient flow through the hospital.
- The trust planned and provided services in a way that met the needs of local people.
- The trust had introduced a frailty and dementia team based in the ED who assessed these patients once they were admitted to ED and worked with staff internally and in the community to avoid these patients being admitted to the hospital.
- Concerns and complaints were taken seriously and investigated. Lessons were learnt and shared with staff to improve care and treatment.

## Are services well-led?

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

- Senior leaders were not always aware of the risks, issues and challenges in the service that had not been entered on the risk register. This meant that they could not proactively implement actions to mitigate or address these and reduce the risk of patient harm.
- There were not effective systems in place for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Front line staff raised risks but action was not always taken to mitigate the risk. We were not assured senior leaders were taking action to address known risks.
- Concerns identified by the inspection team such as the competency of the workforce and environmental risk factors were not managed appropriately leading to poor patient experience and the risk of avoidable harm to patients.
- While the national staff survey reported positively in many areas about how staff felt about working at the trust, during and following our inspection staff told us that managers did not always take action to address behaviour and performance that was inconsistent with the trust's vision and values. This made staff feel there was not a fair and just culture in the trust and not all staff were treated equally.
- Divisional risk registers were in place that fed into the trust register but these did not include the date the risk was added or review dates therefore there was no evidence that risks were reviewed regularly.
- The trust acknowledged that the quality of reports produced needed to be improved. This improvement included more analysis of data to explain spikes and changes. There was also a need to clarify which reports were presented at other committees and groups to facilitate sharing of information.
- While the trust had a quality improvement (QI) strategy dated 2018-20, that identified the principles for QI and was had recently launched a quality improvement academy. There was no trust wide methodology that all projects used. There were not effective structures, processes and systems of accountability in place to support the delivery of the trust's strategy and quality, sustainable services. We were not assured that patients were sufficiently protected from avoidable harm.

However,



# Summary of findings

- The trust had a clear overarching vision which was 'to provide outstanding care for every patient'. Some services had developed local strategies that contributed to achieving the trust's overall vision for the organisation.
- A range of data on areas such as staffing, quality and safety was prepared monthly and used by the divisions to review their performance and take appropriate action. This information was scrutinised at divisional level before being presented for inclusion in the monthly governance report that was reviewed at board meetings.
- The trust had an active staff recognition scheme that recognised staff who had gone the extra mile for patients or their families, called the Wow! Awards. Staff were very positive about these and felt that they had a positive impact on staff morale.
- There was a quality improvement (QI) strategy and the aim was to increase the number of staff who were trained and participated in QI projects. There were already a number of QI in progress with others at the consideration stage. While this was a relatively new development it did demonstrate that the trust were committed to focusing on continuous learning and improvement.
- Managers across the trust tried to promote a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

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## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in BNHH.

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

## Areas for improvement

We found areas for improvement including breaches of legal requirements that the trust must put right. This included compliance with medicines management, privacy and dignity and lack of patient centred care planning. We found 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 eight requirement notices to the trust. This meant the trust had to send us a report saying what action it would take to meet these requirements.

We issued the trust with a section 29A Warning Notice. This meant we asked the trust to make significant improvements in some areas and gave the trust a date by which this must be completed.

We issued the trust with a section 31 Notice of Decision. This meant we instructed the trust to make significant improvements and requested that the trust provided us with specific information at set intervals to demonstrate that they were compliant with the notice.



# Summary of findings

Our action related to breaches of legal requirements in the core services we inspected.

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

## 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 trust had introduced a multidisciplinary team to screen and support patients people living with frailty. The team was based in ED at Basingstoke hospital and had links with the community as part of the admission avoidance strategy. The aim of the team was to support patients to be seen and discharged to be cared for in their own home.
- The Pseudomyxoma service was of one of only two designated specialist treatment centres in the country. Pseudomyxoma is an extremely rare condition that usually develops from cancers of the appendix. The diverse multidisciplinary team at Basingstoke and North Hampshire hospital had developed the skills to help patients through extensive treatment and shared their knowledge on international courses and conferences.

## 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 the quality of services

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

We told the trust that it must take action to bring services into line with legal requirements. This action related to the core services we inspected.

### Trust level

- The trust must ensure that all FPPR checks are carried out at appointment and reviewed on an annual basis and that evidence of these reviews is documented

### Urgent and Emergency care

The trust **MUST** ensure:

- The trust must ensure that there is an effective system in place to assess and monitor the ongoing care and treatment to patients whilst in the emergency department. This includes, but is not exclusive to, the monitoring of pain, administration of medicines, tissue viability assessments, nutrition and hydration, falls and early warning scores with regular ongoing monitoring.
- The trust must operate an effective governance process within unscheduled care.
- The trust must ensure that there are sufficient numbers of suitably qualified staff competent to care for children on duty in the emergency department at all times. In accordance with the 'Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings' document titled, "Standards for Children and Young People in Emergency Care Settings" (2012).

# Summary of findings

- The trust must ensure that there are a sufficient number of suitably qualified, skilled staff deployed throughout the emergency department to support the care and treatment of patients.
- The trust must ensure all staff in the emergency department are supported to attend mandatory training in key skills in line with the trust target.
- The trust must ensure staff in the emergency department are supported to attend the relevant level of safeguarding training in line with the trust target.
- The trust must ensure the environment in the emergency department accommodates the needs of children, young people and accompanying families in line with the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings (2012).
- The trust must ensure resuscitation equipment in the emergency department is safe and ready for use in an emergency.
- The trust must ensure an appropriate early warning scoring system is consistently used during the initial assessment process and during the ongoing monitoring of children and adults attending the emergency department for care and treatment.
- The trust must ensure staff, looking after children in the emergency department, are appropriately trained in paediatric immediate life support (PILS) and advanced paediatric life support (APLS).
- The trust must ensure the learning from incidents is shared with all staff in the emergency department to make sure that action is taken to improve safety.
- The trust must ensure staff in the emergency department report all clinical and non-clinical incidents appropriately in line with trust policy.
- The trust must ensure pain assessments are routinely carried out in the emergency department in line with the Royal College of Emergency Medicine guidelines for both adults and children
- The trust must ensure patient audit outcomes are routinely shared with all staff in the emergency department and appropriate actions taken where results do not meet national standards.
- The trust must ensure the level of risk in the emergency department is identified, recorded and managed appropriately.
- The trust must ensure that patients receive person centred care and treatment at all times.
- The trust must ensure that patients are treated with dignity and respect at all times.
- The trust must ensure the environment is suitable to meet the needs of all patients, including those presenting with acute or chronic mental health conditions.
- The trust must ensure medicines are stored in line with national requirements.

## Medical care

The trust MUST ensure:

- That patient care and treatment are appropriate, meet their needs and reflect their preferences, including the needs of patients living with dementia.
- Care and treatment is provided taking into account of people's privacy and dignity at all times, including relevant protected characteristics.
- Staff obtain consent and adhere to the principles of the Mental Health Act 1983 and the Mental Capacity Act 2005.

# Summary of findings

- Staff assess the risks to the health and safety of service users of receiving care and treatment and do all that is reasonably possible to mitigate such risks.
- That persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Staff have an appropriate level of life support training to respond to emergencies.
- Equipment used for providing care or treatment to a service user is safe for use and is used in a safe way.
- The proper and safe management of medicines at all times.
- There are effective medicines management arrangements in place to store, administer and dispose of medicines.
- Preventing, detecting and controlling the spread of infections, including those that are health care associated, are managed effectively.
- There are effective leadership and governance processes for the delivery of safe and effective care.
- Systems are in place to assess, monitor and mitigate risks relating to the health safety and welfare of service users.
- There are sufficient adequately trained and skilled nursing staff at all times to meet the needs of patients.
- Systems are in place so staff receive appropriate support, training and appraisal to enable staff to carry out their duties safely.

## **Surgery**

The trust MUST ensure:

- That patient care and treatment are appropriate, meet their needs and reflect their preferences.
- Care and treatment is provided taking into account of people's privacy and dignity at all times, including relevant protected characteristics.
- Staff assess the risks to the health and safety of service users of receiving care and treatment and do all that is reasonably possible to mitigate such risks.
- That persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Staff have an appropriate level of life support training to respond to emergencies.
- The proper and safe management of medicines at all times.
- Preventing, detecting and controlling the spread of infections, including those that are health care associated, are managed effectively.
- Equipment used for providing care or treatment to a service user is safe for use and is used in a safe way.
- The proper and safe management of medicines at all times.
- There are effective leadership and governance processes for the delivery of safe and effective care.
- Systems are in place to assess, monitor and mitigate risks relating to the health safety and welfare of service users.
- Systems are in place so staff receive appropriate support, training and appraisal to enable staff to carry out their duties safely.

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

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services

# Summary of findings

## Trust level

The trust SHOULD ensure:

- Incident investigations are completed in a timely manner and the patient or family are involved in the setting of terms of reference and are informed of the outcome of the investigation before it is signed off as complete.

## Urgent and Emergency Care

The trust SHOULD ensure:

- The trust should ensure there is a positive incident reporting culture where staff get appropriate and timely feedback.
- The trust should ensure the emergency department participate in more clinical audit to be able to evidence care is being provided in line with national recommendations and best practice.
- The trust should ensure action is taken to fully embed the accessible information standards.
- The trust should consider implementing a lead for mental health in the department.
- The trust should consider implementing a lead nurse for children's emergency care at Royal Hampshire County Hospital.

## Medical care

The trust SHOULD ensure:

- There is training for staff in the application of the Duty of Candour.
- Staff have sufficient access to pharmacy support.
- Patient confidential information is not displayed in public areas

## Surgery

The provider SHOULD ensure:

- There is training for staff in the application of the Duty of Candour.
- Staff have sufficient access to pharmacy support.
- Patient confidential information is not displayed in public areas

## Is this organisation well-led?

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

We rated well-led at the trust as requires improvement because:

- Patients were not always protected from avoidable harm. There were limited effective system(s) in place to assess and monitor the ongoing care and treatment to patients, including monitoring patients for signs of clinical deterioration.

# Summary of findings

- The trust recognised that they had work to do to improve diversity and equality across the trust and at board level. Currently, there were no Black and Minority Ethnicity (BME) members of the board at both executive and non-executive levels and therefore its membership did not reflect the local community.
- The trust was not fully compliant with the Fit and Proper Persons Requirement (FPPR). This is a requirement to ensure that directors on the trust board are fit to carry out their responsibilities for quality and safety of care.
- The executive team had a range of skills, knowledge and experience, to lead and manage the trust. We were not assured that the leadership had a focus on quality and safety, as we had seen a deterioration in the quality of care since our last inspection.
- The current clinical leadership model was primarily led by a medical leadership model. The divisional management team was not a triumvirate with nursing, medical and operations seen as the senior management team. Instead there were nursing inputs via performance reviews and divisional governance meetings but they had limited influence in relation to service development and service leadership in some divisions. While the trust's view was that nursing did have a voice in the divisional senior leadership team, the model was medically focused with strong medical leadership and did not encourage joint working.
- There was limited evidence of open constructive challenge at board level. We therefore could not be assured that all options had been considered and decisions were not dominated by individuals.
- The divisional medical directors and medical directors with governance roles, all held full time consultants' contracts alongside these additional governance roles. They have no identified time for these roles and worked flexibly to these arrangements. While this encouraged clinical input into these areas, it did not provide sufficient time for additional roles to be undertaken effectively. Following our inspection the trust provided evidence that the individual was expected to agree with their director the balance of clinical practice and management and leadership responsibilities.
- Whilst the national staff survey reported that the percentage of staff experiencing harassment, bullying or abuse in the last 12 months was the same as other acute trust, we heard from various staff groups and whistle blowers who contacted us during our inspection, raised concerns that there was a culture of bullying and harassment which the trust had recognised but needed to address.
- The results of the 2017 staff survey identified that some department's results had declined and focused work was required to address these issues. This work included not only working with the top five bottom scoring clinical areas but also those who had scored highest in the survey to identify and share good practice.
- The trust was not currently meeting its complaints' response target, that 65% of complaints were responded to within 25 days. The average length of time for complainants to receive a response was 30.4 days.
- Some leaders were not committed to improving services. We were not assured that sufficient improvements had been made to protect patients from avoidable harm since our last inspection.
- There was a process for investigating incidents however, this needed to be improved. Areas for improvement included evidence that the patient or relatives had been invited to be involved in setting the terms of reference for the investigation. There was also a need to ensure a record had been made that the findings of the investigation had been shared with the patient or family before the investigation was signed off as complete.
- Directors, NEDs and governors undertook regular safety walk arounds at all three sites. Feedback following these walk arounds was provided to the clinical matron, who was responsible for developing an action plan to address the findings. We were not assured about the impact of these as issues identified during our inspection had not been noted during the walk arounds.

# Summary of findings

- Staffing levels and skill mix were not sufficient to meet the needs of patients as a result; patients did not have their care and treatment carried out in a timely manner.
- Mandatory training compliance was below the trust target in many areas. We were not assured all staff have the necessary skills and knowledge to meet the needs of patients and prevent avoidable harm.

However,

- The trust had an overarching vision and a strategic framework which provided a 12-month direction of travel for the trust and operational priorities, each with an identified accountable executive and target.
- There was a range of ways frontline staff could raise concerns including 'speak up in confidence' or Freedom to Speak Up Guardian (FTSUG). We were told these systems were well used by staff but we were not provided with the numbers of staff who had used this approach to raise concerns in the last 12 months.
- There were established safeguarding arrangements and identified leads in the trust. The trust wide safeguarding leads were well informed regarding national safeguarding initiatives and there were clear links to the trust board.
- The board participated with the local health economy to drive improvement. The CEO chairs the local Care System group which aims to increase the co-ordination of care. There were also regular meetings between the trust and their partners to explore joint working, projects to date these have included work that has resulted in reducing the length of stay.
- The clinical matron role had been implemented in April 2016, the CN was currently reviewing its effectiveness to ensure it was delivering the expected outcomes that had been anticipated when it was introduced.
- The divisional medical directors were keen to develop and were reported to be open to change. As a team they had started to introduce changes in their areas and trust wide. Examples provided demonstrated that they were keen to improve visibility promote transparency.
- The trust had a quality improvement (QI) strategy and a QI academy had recently been launched to develop capability of staff to undertake QI projects. There were QI champions to support the QI programme and the trust had introduced a QI training programme. This was a relatively new development and therefore we could not assess its impact.
- The board were keen to develop a fair and just culture and ensure staff at all levels were challenged if they did not act in line with the trust's values.
- All directors, NEDs and staff we spoke with were proud to work in the trust. The trust had a staff recognition scheme, in 2017/18 it had 3197 nominations for their WoW awarded, which was impacting positively on staff morale.
- The trust had a board assurance framework (BAF) in place and key risks identified including the ED staffing, lack of capital for updating the estate and equipment and risk that the financial targets may not be met. The BAF was discussed at the risk committee and with executives at regular intervals throughout the year.
- The trust had a process for reviewing deaths that occurred at the hospital. There was a learning from death's policy which in line with the national guidance and a structured review process.
- The internal audit of the trust's risk management was rated as low risk.

## Use of resources

As part of the QA process, the consistency of findings should be checked between use of resources and well-led findings.

# Summary of findings

*Please see the separate use of resources report for details of the assessment and the combined rating.*



## Ratings tables

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

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

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

### Ratings for the whole trust

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

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

## Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Andover War Memorial Hospital	Requires improvement ↓ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018
Royal Hampshire County Hospital	Requires improvement ↔ Jun 2018	Requires improvement ↓ Jun 2018	Outstanding ↔ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018
Basingstoke and North Hampshire Hospital	Requires improvement ↔ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018
<b>Overall trust</b>	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018	Good ↔ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018

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 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	Requires improvement ↓ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Inadequate ↓ Jun 2018	Requires improvement ↓ Jun 2018
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 2016	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>	Requires improvement ↓ Jul 2018	Good ↑ Jul 2018	Good ↔ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↔ Jul 2018

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

### Ratings for Royal Hampshire County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↓↓ Jul 2018	Requires improvement ↓ Jul 2018	Good →← Jul 2018	Requires improvement →← Jul 2018	Inadequate ↓↓ Jul 2018	Inadequate ↓↓ Jul 2018
Medical care (including older people's care)	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Good →← Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018
Surgery	Requires improvement →← Jun 2018	Requires improvement ↓ Jun 2018	Good →← Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018
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>	Requires improvement →← Jul 2018	Requires improvement ↓ Jul 2018	Outstanding →← Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018

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

## Ratings for Basingstoke and North Hampshire Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↓↓ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↔ Jul 2018	Inadequate ↓↓ Jul 2018	Inadequate ↓↓ Jul 2018
Medical care (including older people's care)	Requires improvement ↔ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018
Surgery	Requires improvement ↓ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018
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>	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓↓ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018

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

# Royal Hampshire County Hospital

Romsey Road  
Winchester  
Hampshire  
SO22 5DG  
Tel: 01962 863 535  
[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.

The majority of services are commissioned by North Hampshire Clinical Commissioning Group (CCG) and West Hampshire CCG, but the trust also has some nationally commissioned services run from the Basingstoke site and a growing number of patients from West Berkshire CCG.

## Summary of services at Royal Hampshire County Hospital

**Requires improvement**  

Our rating of services went down. We rated it as requires improvement because:

- Patients were not always protected from avoidable harm. There were limited effective systems in place to assess and monitor the ongoing care and treatment to patients, including monitoring patients for signs of clinical deterioration.
- Staffing levels and skill mix were not always sufficient to meet the needs of patients; as a result patients did not have their care and treatment carried out in a timely manner.
- There were not effective systems in place for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Risk assessments were not consistently completed to inform the development of individual care plans that included actions to mitigate identified risks and individual needs appropriately.
- Staff did not always effectively support patients who lacked the capacity to make decisions about their care. This meant their individual wishes may not be considered.

# Summary of findings

- The governance arrangements and culture at the hospital did not always support the delivery of high-quality person-centred care.
- Medicines were not managed effectively and staff did not follow policies and procedures to ensure these were stored, administered and disposed of safely.
- Emergency equipment was not consistently checked to ensure it was fit for purpose and available when needed.

However,

- Staff did treat patients with dignity and respect. Patients felt supported and said staff cared for them well.
- Safeguarding was seen as a priority by nursing staff, who understood how to protect patients from abuse.
- Patients' pain was regularly assessed and monitored. They received pain control as needed.
- People who use services, carers and family members were involved and encouraged to be partners in their care and in making decisions, and received support they needed.

# Urgent and emergency services

Inadequate ● ↓↓

## Key facts and figures

At Royal Hampshire County Hospital (RHCH) the trust delivers front door services in the emergency department, and has 28 in-patient medical assessment beds and 10 high care in-patient beds. Andover War Memorial Hospital (AWMH) has a minor injuries unit (MIU).

There are six assessment trolleys and six chairs for medical assessment of the acute take, ambulatory emergency care (AEC) and GP referrals. There is also provision of a rapid access clinic and medical assessment for ambulatory medical patients.

There were 124,302 attendances from February 2017 to January 2018 at Hampshire Hospitals NHS Foundation Trust

We spoke with eight patients, reviewed thirteen sets of notes and spent time speaking with fifteen members of staff ranging from housekeepers and health care assistants to receptionists, the clinical lead, junior doctors and members of nursing and operations staff.

## Summary of this service

Our rating of this service went down. We rated it as inadequate because:

- There were limited effective system(s) in place to assess and monitor the ongoing care and treatment to patients, including monitoring patients for signs of clinical deterioration.
- Staffing levels and skill mix were not sufficient to meet the needs of patients as a result; patients did not have their care and treatment carried out in a timely manner. There was not a minimum of one children's nurse present on each shift nor was there consultant presence in the department for 16 hours per day; both were not meeting national guidance.
- Whilst the trust was assessing the most appropriate action to take, there was no viable long term solution to the challenges posed by the environment. A bid for additional money to assist with the redesign of the ED had been placed however no formal plans currently existed to describe how the department would be redesigned should the bid prove successful. Further, there was little regard and no holistic review of risk associated with environmental challenges such as those posed through the existence of ligature points. These unidentified risks had therefore not been sufficiently mitigated against.
- Patients care, treatment and support did not always achieve good outcomes, promote a good quality of life and was not always based on the best available evidence. Audit participation was low during 2017. Where audit activity had occurred, results were not used to improve patient outcomes.
- Sufficient priority was not given to patients' pain needs.
- There did not appear to be one individual taking overall responsibility for the day-to-day running of the department. Front line staff had not always felt supported, respected or valued by their immediate line manager(s); this was reflected in the 2017 NHS staff survey results in which the ED at Royal Hampshire County Hospital performed significantly worse in twenty-one questions when compared to the trust average.



# Urgent and emergency services

- There were not effective systems in place for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The management of risks, issues and performance in the emergency department was not robust. Concerns identified by the inspection team such as the competency of the workforce and environmental risk factors were had not been recognised or managed appropriately leading to poor patient experience and the increased risk of avoidable harm being caused to patients.

However:

- Feedback from patients we spoke with said staff treated them well and with kindness. Patients told us they had been given enough information about their condition and/or treatment in a way that they could understand.
- Staff reported the morale within the department was good despite frustrations regarding a lack of long term strategy, staffing challenges and flow through the ED.

## Is the service safe?

**Inadequate** ● ↓↓

Our rating of safe has been downgraded by two ratings. We rated it as inadequate because:

- The trust was not meeting the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings (2018) in that there was no audio and visually separated children's waiting area. Whilst there was a waiting area located directly off the main adult waiting area this was poorly supervised by clinical staff.
- Resuscitation equipment was not always safe and ready for use in an emergency. Gaps in records suggested equipment had not been checked in line with trust policy.
- There was a lack of consideration given to ligature points and other environmental factors that could allow patients with suicidal tendencies to come to harm.
- There was not an effective system in place to assess and monitor the ongoing care and treatment to patients whilst in the emergency department. Completion of early warning tools, which supports the early recognition of deteriorating patients, was poorly complied with. Patients were noted to wait up to three hours between observations being completed despite there being recorded risk factors. Whilst this was recognised as an area of poor compliance with local nurse-led audits, the department had failed to take action to resolve the issue.
- The emergency department did not have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.
- There was not a minimum of one children's nurse present on each shift in line with the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings. Registered nurses (adult) had not received additional competencies beyond paediatric resuscitation training, to provide them with the skills required to recognise a child whose condition may be deteriorating. Following our inspection, the trust worked to resolve this by providing access to additional competency based training.
- The trust provided mandatory training in key topics to all staff but did not ensure everyone had completed it. Qualified nursing staff met the trust target in three out of the 12 mandatory training modules and the trust target was not met for any of the safeguarding training modules for which medical staff were eligible. Nurse completion of child safeguarding training was reported as 34.9%. Medical staff did not meet the trust target of 80% in any of the ten mandatory training modules.

However:

# Urgent and emergency services

- Staff were able to describe learning from incidents which had occurred within the department.
- Staff understood and applied the requirements of the statutory duty of candour requirements.
- The environment was clean and appropriately maintained.
- Staff complied with bare below the elbow practices.
- Staff had a good working knowledge around safeguarding the vulnerable person.

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- Whilst policies were aligned to national best practice guidance, staff did not always apply those standards in the delivery of care. For example, staff did not consistently use early warning tools or sepsis screening tools to support the delivery of care.
- There had been limited participation in national clinical audits during 2017, in part due to a lack of substantive medical staff to support the audit programme. Where audits had been undertaken, there was limited evidence of improvements, especially in regards to AuditR audit activity.
- Patients did not always have their pain assessed and managed in line with the Core Standards for Pain Management Services in the UK (2015). Where patients had acute pain, we did not see an individualised analgesic plan appropriate to their clinical condition.
- Staff were not always skilled or competent to undertake their role effectively. This included cases whereby staff had not received any additional competency training to care for, or recognise the deteriorating child. The number of staff who had completed a post-graduate qualification in emergency care nursing was low. A lack of oversight meant the department did not know which staff members had completed competency frameworks.
- Staff understanding of the Mental Capacity Act was limited.

However,

- The trust's unplanned re-attendance rate within seven days was generally better than the England average.
- Staff were working with both internal and external health partners to improve performance within the department. This included the introduction of patient specific clinical pathways that would enable patients to be directed to clinical specialities without the need to access emergency care.

## Is the service caring?

**Good** ● → ←

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

- Staff treated patients with kindness and respect.
- Staff protected the privacy and dignity of patients.
- There were examples of compassionate care and emotional support provided specialist nurses.

# Urgent and emergency services

- The trust performed better than the national average in two questions in the 2016 emergency department survey:
  - Did a member of staff explain why you needed these test(s) in a way you could understand?
  - Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?

## Is the service responsive?

**Requires improvement** ● → ←

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

- Whilst some adaptations had been made to accommodate children, there lacked a holistic approach to children's services. Staff did not utilise play specialists routinely despite there being a need for such a service.
- The service did not always consider patients' individual needs; the department had not taken action to address the accessible information standard. There was limited support or environmental adaptations for vulnerable or agitated patients.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the ED. The trust met the standard once in May 2017 and breached the standard 11 times for the remainder of the reporting period from June 2017 to April 2018. From May 2017 to December 2017, performance against this metric showed a trend of decline and fell below the England average from September 2017, before improving for the remaining period up to April 2018, where it was slightly above the England average.
- The trust did not meet its agreed four-hour trajectory of 93% for quarter 1 of 2018/2019. Year to date performance was reported as 86.9%. Performance for June 2018 was reported as 85.6%.

However

- Staff had a good understanding of, and access to equipment and information to support those individuals living with dementia.

## Is the service well-led?

**Inadequate** ● ↓↓

Our rating of well led went down. We rated it as inadequate because:

- The management of risks, issues and performance in the emergency department was not robust. Concerns identified by the inspection team such as the competency of the workforce and environmental risk factors were not managed appropriately leading to poor patient experience and the risk of avoidable harm to patients.
- There did not appear to be one individual taking overall responsibility for the day to day running of the department. Not all senior leaders had an awareness of national guidance relevant to emergency care.
- There existed a reactive culture towards risk management.
- Morale in the department was reported to be better than that of Basingstoke and North Hampshire Hospital however frustrations around leadership, flow and the uncertainty of the future of the service had led to a culture of acceptance with staff lacking the drive to challenge systems and processes within the department.

# Urgent and emergency services

- There existed a form of planning blight in regards to the delivery of services within the existing infrastructure.
- Staff did not always have sufficient access to information. There were not robust procedures in place for feeding back results of audit.
- There was not a systematic approach in place to continually improve the quality of services in the department. There were not effective structures, processes and systems of accountability in place to support the delivery of the trust's strategy. There lacked a system-wide vision or strategy for the delivery of emergency care across the trusts geographical footprint.
- The trust did not analyse, manage and use information well to support all its activities. Some senior leads did not have a holistic understanding of performance, risk or quality. Whilst some audits were in place, audit participation was low and staff were not able to demonstrate where appropriate actions had been taken because of audit results. Significant focus was placed on addressing performance concerns. A lack of accountability and professional standards meant staff were not always focussed on quality.

However,

- The trust responded positively when we raised concerns regarding the provision of children's services and took swift action.
- A decision to invest in additional consultants demonstrated a commitment of the trust to continue to deliver emergency care.
- Staff reported the nursing and operational leadership as being visible within the department.

## Areas for improvement

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

The trust must ensure:

- The trust must ensure that there is an effective system in place to assess and monitor the ongoing care and treatment to patients whilst in the emergency department. This includes, but is not exclusive to, the monitoring of pain, administration of medicines, tissue viability assessments, nutrition and hydration, falls and early warning scores with regular ongoing monitoring.
- The trust must operate an effective governance process within unscheduled care.
- The trust must ensure that there are sufficient numbers of suitably qualified staff competent to care for children on duty in the emergency department at all times. In accordance with the 'Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings' document titled, "Standards for Children and Young People in Emergency Care Settings" (2012).
- The trust must ensure that there are a sufficient number of suitably qualified, skilled staff deployed throughout the emergency department to support the care and treatment of patients.
- The trust must ensure all staff in the emergency department are supported to attend mandatory training in key skills in line with the trust target.
- The trust must ensure staff in the emergency department are supported to attend the relevant level of safeguarding training in line with the trust target.

# Urgent and emergency services

- The trust must ensure the environment in the emergency department accommodates the needs of children, young people and accompanying families in line with the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings (2012).
- The trust must ensure resuscitation equipment in the emergency department is safe and ready for use in an emergency.
- The trust must ensure an appropriate early warning scoring system is consistently used during the initial assessment process and during the on-ongoing monitoring of children attending the emergency department for care and treatment.
- The trust must ensure medical staff, looking after children in the emergency department, are appropriately trained in paediatric immediate life support (PILS) and advanced paediatric life support (APLS).
- The trust must ensure pain assessments are routinely carried out in the emergency department in line with the Royal College of Emergency Medicine guidelines for both adults and children
- The trust must ensure patient audit outcomes are routinely shared with all staff in the emergency department and appropriate actions taken where results do not meet national standards.
- The trust must ensure the level of risk in the emergency department is identified, recorded and managed appropriately.
- The trust must ensure the environment is suitable to meet the needs of all patients, including those presenting with acute or chronic mental health conditions.

## The Trust should:

- The trust should ensure reported incidents are fully investigated with all opportunities for lessons learnt to be identified and fed-back to staff in an appropriate and timely way.
- The trust should ensure the emergency department participate in more clinical audit to be able to evidence care is being provided in line with national recommendations and best practice.
- The trust should ensure action is taken to fully embed the accessible information standards.
- The trust should consider implementing a lead for mental health in the department.
- The trust should consider implementing a lead nurse for children's emergency care at Royal Hampshire County Hospital.

# Medical care (including older people's care)

**Requires improvement** ● ↓

## Key facts and figures

The medical care service at the trust provides care and treatment for 10 specialties: cardiology, diabetes and endocrinology, elderly care and stroke, gastroenterology, endoscopy, respiratory, neurology and rheumatology.

During our inspection we visited six out of eight ward areas. We visited: Freshfield, the McGill acute assessment unit, Shawford, Twyford, Victoria, Wykeham. We also visited the discharge lounge.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During our inspection, we spoke with 32 staff including nurses, healthcare assistants, doctors, physiotherapists and activity coordinators. We spoke with seven patients and one relative.

We reviewed 20 sets of patient records at the hospital

We inspected the whole core service and looked at all five key questions.

## Summary of this service

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

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

- There was limited assurance about safety which put patients at an increased risk of harm.
- Staff did not always effectively support patients who lacked the capacity to make decisions about their care.
- The service did not always meet people's needs.
- The governance and culture did not always support the delivery of high-quality person-centred care.

However,

- The service treated patients with dignity and respect.

## Is the service safe?

**Requires improvement** ● ↓

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

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

- Staff did not always assess, monitor or manage risks to people who used the service. We were not assured the national early warning system was always used correctly to identify and escalate patient needs appropriately.
- Compliance with mandatory training was below the trust target for all ten mandatory modules for medical staff and below the target for six out of ten modules for nursing staff.
- Medical staff compliance with safeguarding training on how to recognise and report abuse was below the trust target for safeguarding adults and children modules.

# Medical care (including older people's care)

- The service did not control all infection risks. We observed episodes of poor infection control practice on some wards we visited.
- There was a lack of assurance equipment was safe and ready to use. Checks on emergency equipment were not always completed daily.
- Nursing staff vacancy rates were high on elderly care wards and the respiratory ward. The fill rate was not always met through use of bank and agency staff. This may impact on the care and support people receive.
- The service did not have effective processes to manage medicines safely. Staff did not always follow best practice when storing, administering and disposing of medicines.

However,

- Nursing staff understood and followed the process to report safeguarding concerns.
- The service had enough medical staff to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, Managers used this information to improve the service.

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- The endoscopy service was not JAG accredited at the time of inspection. The service was in the process of re-submitting this following improvement to decontamination processes and mixed sex facilities.
- There were gaps in management and support arrangements for staff, such as appraisal, supervision and professional development. Appraisal rates for all staff were below the trust target.
- The trust did not have a strategy for implementing clinical standards for seven-day working.
- Tools used to assess pain for people who could not communicate their pain were not consistently used.
- Staff understanding of their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 was variable. Staff did not always effectively support patients who lacked the capacity to make decisions about their care.

However,

- The service provided care and treatment based on national guidance and evidence. Managers checked to make sure staff followed guidance.
- Sentinel Stroke National Audit (SSNAP) stroke audit results were similar to the England average. The trust combined total key indicator was grade A in April 2017 to July 2017 audit.



# Medical care (including older people's care)

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service could cater for patients' religious, cultural and other preferences.
- Staff worked well together for the benefit of patients.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion and kindness.
- Feedback from patients was consistently positive about the way staff treated them.
- Staff involved patients and those close to them in decisions about their care and treatment.

However,

- The emotional needs of patients and families were not always considered and responded to appropriately.

## Is the service responsive?

**Requires improvement** ● ↓

Our rating of responsive went down. We rated it as requires improvement because:

- Recording of personalised care planning and dementia care plans were poor.
- There was a high number of non-clinical bed moves, including at night, with some patients moving two or more times. This could impact on patient's continuity of care and their well-being, especially where vulnerable patients were moved.
- The service was discharging patients late in the evening from the discharge lounge.
- The trust's responses to complaints were not always completed in a timely manner.

However,

- The trust planned and provided services in a way that met the needs of local people.
- Patient's had timely access to services. Referral to treatment times at Royal Hampshire County Hospital were met at the time of inspection.

## Is the service well-led?

**Requires improvement** ● ↓

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

# Medical care (including older people's care)

- Senior leaders were not always aware of risks. Risks, issues and poor performance were not always dealt with appropriately and in a timely way. The risk management approach was applied inconsistently or was not linked effectively into planning processes.
- Not all risks identified on inspection were included on the risk registers and it was not clear if risk registers were reviewed regularly.
- We were not assured of the trust's governance process for managing medicines safely. The 2015 inspection identified issues relating to medicines management and during this inspection we found further regulatory breaches relating to medicines. This meant we could not be assured the trust had an effective governance process for managing medicines safely.
- There was no clear strategy for ensuring patient privacy by providing care in single sex environments. We were not assured the trust was declaring all mixed sex breaches that occurred.
- The trust had an approach to continually improve the quality of its services but we were not assured of its effectiveness to keep patients safe. There were gaps in some of its governance processes including management of mixed sexed environments.
- Creating a positive culture was not given sufficient priority. There were problems with bullying and harassment across services. Managers did not always take action to address staff behaviours that were not in line with the trust values.

However,

- The trust had a vision for what it wanted to achieve but it was in an early stage of development.
- There was some evidence of learning and improvement.
- Managers had the skills and abilities to run a service.
- The trust engaged well with patients, staff, and the public to plan and manage appropriate services.

## Areas for improvement

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

The trust **MUST** ensure:

That patient care and treatment are appropriate, meet their needs and reflect their preferences. Regulation 9 (1)

- Care and treatment is provided taking into account of people's privacy and dignity at all times, including relevant protected characteristics. Regulation 10 (1)(2)(a)(c)
- Staff assess the risks to the health and safety of service users of receiving care and treatment and do all that is reasonably possible to mitigate such risks. Regulation 12(2)(a)(b)
- That persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Staff have an appropriate level of life support training to respond to emergencies. Regulation 12 (2)(c)
- Equipment used for providing care or treatment to a service user is safe for use and is used in a safe way. Regulation 12 (2)(e)
- The proper and safe management of medicines at all times. Regulation 12 (2)(g)
- The risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated are managed effectively. Regulation 12 (2)(h)

# Medical care (including older people's care)

- That premises and equipment are fit for purpose and infection control standards are followed at all time. Regulation 15(1)(2)
- There are effective leadership and governance processes for the delivery of safe and effective care. Regulation 17(1)(2)(a)
- Systems are in place to assess, monitor and mitigate risks relating to the health safety and welfare of service users. Regulation 17 (2)(b)
- There are sufficient adequately trained and skilled staff on elderly care wards to meet the needs of the patients accommodated. Regulation 18(1)
- Systems are in place so staff receive appropriate support, training and appraisal to enable staff to carry out their duties safely. Regulation 18 (2)(a)

The provider SHOULD ensure:

- There is training for staff in the application of the Duty of Candour.
- Staff have sufficient access to pharmacy support.
- Patient confidential information is not displayed in public areas

# Surgery

Requires improvement  

## Key facts and figures

Royal Hampshire County Hospital (RHCH) provides emergency and elective surgery for a range of specialties for patients requiring trauma and orthopaedic, ophthalmology, colorectal, urology, ear, nose and throat (ENT), maxillofacial and gynaecology and general surgery.

Royal Hampshire County Hospital includes the Nightingale theatres with four theatres and one eye theatre; The Treatment Centre/Short Stay Surgical Centre (SSSU) with three theatres and the Heathcote Theatres with two theatres. There is a pre-assessment unit. The surgical division also includes the following areas.

The trust had 34,186 surgical admissions from February 2017 to January 2018. Emergency admissions accounted for 9,003 (26.3%), 19,571 (57.3%) were day case, and the remaining 5,612 (16.4%) were elective.

We inspected Royal Hampshire County Hospital on 14 June 2018. We visited theatres, the pre-assessment unit, Wainwright ward, Kemp Welch ward, Bartlett ward, St Cross ward, and the Treatment Centre / SSSU. We spoke with approximately 13 patients, relatives/visitors and 54 members of staff that included all grades of nursing staff, healthcare assistants, domestic staff, consultant surgeons, consultant anaesthetists, junior doctors, dieticians, therapists, pharmacists, pharmacist assistants and senior management.

We observed care and treatment patients were receiving and reviewed 20 patients' records.

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

## Summary of this service

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

- There was limited assurance about safety processes and procedures.
- Risk assessments were not consistently completed for care plans to be developed to manage the identified risks appropriately.
- Staff did not follow policies and procedures to manage medicines safely. The service did not have effective processes to manage medicines safely.
- Emergency equipment was not consistently checked to ensure it was fit for purpose and available when needed.
- The process for protecting their privacy and dignity was not managed effectively.
- Services were organised and delivered to meet the needs of the local population.
- The leadership, governance and culture did not always support the delivery of high-quality person-centred care.

## Is the service safe?

Requires improvement   

# Surgery

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

- The process for assessing and escalation for deteriorating patients were not always followed. There was a risk that staff may not recognise or respond appropriately to signs of deteriorating health or medical emergencies.
- Venous thromboembolism (VTE) and bleeding risk assessments were not consistently used with action. There was no evidence patients identified as high risk were followed up.
- The service did not have effective processes to manage medicines safely. Staff did not always follow best practice when storing, administering and disposing of medicines.
- Not all staff had completed mandatory training in key skills and were not compliant with the trust's target. Staff may not have the necessary skills to deliver care safely.
- The service did not give safeguarding training for medical staff sufficient priority. The trust safeguarding training target was only 80%. Medical staff's compliance with safeguarding training on how to recognise and report abuse was below the trust target for adults and children modules. There was a risk patients may not be safeguarded from harm.
- The service did not effectively control all infection risks. Equipment and premises were not always clean which could increase the spread of infection.
- The service had suitable premises but did not always use them appropriately or maintain them well. Equipment was not always well maintained as safety checks were not completed. Equipment was not always available.
- Emergency equipment was not checked regularly and in line with the trust's policy to ensure that they were safe to use and available to provide safe care to patients in an emergency.
- Staff were not following safety guidelines as the five steps to safer surgery checklist was not consistently followed. This may impact on patient safety during surgical procedures.
- There were periods of understaffing or inappropriate skill mix. Agency, bank and locum staff were regularly used to make up for staffing shortfalls. They did not always have the skills and competencies to ensure people's safety was always protected.
- Staff did not always keep detailed records of patients' care and treatment. Records were inconsistent and did not have information about patients' risks up-to-date and readily available to all staff providing care.
- The service did not have effective processes to manage medicines safely. Staff did not always follow best practice when storing, administering and disposing of medicines.
- Incidents were not investigated in a timely manner so action could be taken to mitigate these and learning shared.
- Safety results relating to falls, pressure ulcers were not always displayed for patients and visitors to see.

However,

- Nursing staff understood and followed the process to report safeguarding concerns.
- Staff recognised incidents and reported them appropriately.

## Is the service effective?

**Requires improvement**  

# Surgery

Our rating of effective went down. We rated it as requires improvement because:

- Staff had access to national guidance but the service did not always ensure that care and treatment was consistently based on national guidance and that staff followed this guidance.
- There were gaps in management and support arrangements for staff, such as appraisal, supervision and professional development. Appraisal rates for all staff were below the trust target.
- The trust did not have a strategy for seven day services. Not all services in the surgical departments were offered seven days a week. Services that did operate mostly had limited capacity.
- There was limited focus on supporting people to live healthier lives.
- Staff had poor knowledge of how to apply the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. There was no mandatory training for the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards.

However,

- Information about people's care and treatment, and their outcomes, was routinely collected and monitored. This information was used to improve care. There was participation in relevant local and national audits such as review of services, benchmarking and peer review. Surgical outcome data was mostly similar to the England average.
- Staff from a range of professional groups worked well together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Patients were provided with enough food and drink to meet their needs.
- Patients pain was managed well. They were assessed and monitored regularly and received pain control as needed.
- Consent to care and treatment was obtained in line with legislation and guidance.

## Is the service caring?

Good   

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

- Feedback from people who used the service, and those who were close to them, was positive about the way staff treated them.
- People were treated with respect and kindness during all interactions with staff and relationships with staff were positive.
- People felt supported and said staff cared for them well.
- Staff responded compassionately when people needed help. Staff supported people to meet their basic personal needs as and when required including emotional support. People's personal, cultural, social and religious needs were mostly understood.
- People who use services, carers and family members were involved and encouraged to be partners in their care and in making decisions, and received support they needed. Staff spent time talking to people, or those close to them. Staff communicated with people and provided information in a way that they could understand.

However,

# Surgery

- People's privacy and dignity was not always considered when they received care. Staff did not always understand the need to make sure that people's privacy and dignity was maintained.

## Is the service responsive?

**Requires improvement** ● ↓

Our rating of responsive went down. We rated it as requires improvement because:

- Theatre utilisation was sub-optimal due to a lack of resources and effective organisation.
- There was an upward trend of cancelled operations for non-clinical reasons over the last two years.
- There was a high number of non-clinical bed moves, including at night, with some patients moving two or more times. This could impact on patient's continuity of care and their well-being, especially where vulnerable patients were moved.
- The trust's responses to complaints were not always completed in a timely manner.
- Although the trust collected data on referral to treatment times these were not broken down to hospital site level. This meant the trust could not monitor the responsiveness of the service.

However,

- People's needs and preferences were considered and acted on to ensure that services were delivered in a way that was convenient.
- The needs and preferences of different people were taken into account when delivering and coordinating services, including those with protected characteristics under the Equality Act, people who were in vulnerable circumstances or who have complex needs.
- Staff were aware of learning from complaints.

## Is the service well-led?

**Requires improvement** ● ↓

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

- There was no current strategy with realistic objectives and plans for high-quality and sustainable service. Staff were unsure how they could achieve the trust's vision with the lack of staffing resources and the cost improvement program.
- The trust had an approach to continually improve the quality of its services but we were not assured of its effectiveness to keep patients safe. There were gaps in some of its governance processes including management of mixed sexed environments.
- There was no clarity in how the governance process for communication between clinical matrons and the operational service managers.
- Senior leaders were not always aware of risks. Risks, issues and poor performance were not always dealt with appropriately and in a timely way. The risk management approach was applied inconsistently or was not linked effectively into planning processes.



# Surgery

- The approach to service delivery and improvement was reactive and focused on short-term issues.
- Staff satisfaction was mixed with negative results in the staff survey for communication, managers skill and staff morale.
- There was limited innovation or service development.
- Relevant data and information was gathered but there was limited evidence of it being used to improve the service.

However,

- Structures, processes and systems of accountability were clearly set out at management level.
- 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.
- There was an active staff recognition scheme.

## Areas for improvement

We found areas for improvement in this service.

The provider MUST ensure:

- That patient care and treatment are appropriate, meet their needs and reflect their preferences. Regulation 9 (1)
- Care and treatment is provided taking into account of people's privacy and dignity at all times, including relevant protected characteristics. Regulation 10 (1)(2)(a)(c)
- Staff assess the risks to the health and safety of service users of receiving care and treatment and do all that is reasonably possible to mitigate such risks. Regulation 12(2)(a)(b)
- That persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Staff have an appropriate level of life support training to respond to emergencies. Regulation 12 (2)(c)
- Equipment used for providing care or treatment to a service user is safe for use and is used in a safe way. Regulation 12 (2)(e)
- The proper and safe management of medicines at all times. Regulation 12 (2)(g)
- The risk of and preventing, detecting and controlling the spread of, infections, including those that are health care associated are managed effectively. Regulation 12 (2)(h)
- That premises and equipment are fit for purpose and infection control standards are followed at all time. Regulation 15(1)(2)
- There are effective leadership and governance processes for the delivery of safe and effective care. Regulation 17(1)(2)(a)
- Systems are in place to assess, monitor and mitigate risks relating to the health safety and welfare of service users. Regulation 17 (2)(b)
- There are sufficient adequately trained and skilled staff on elderly care wards to meet the needs of the patients accommodated. Regulation 18(1)
- Systems are in place so staff receive appropriate support, training and appraisal to enable staff to carry out their duties safely. Regulation 18 (2)(a)

# Surgery

The provider SHOULD ensure:

- There is training for staff in the application of the Duty of Candour.
- Staff have sufficient access to pharmacy support.
- Patient confidential information is not displayed in public areas

# Andover War Memorial Hospital

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Andover  
Hampshire  
SP10 3LB  
Tel: 01962863535  
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## 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).

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 Hampshire Clinical Commissioning Group (CCG) and West Hampshire CCG, but the trust also has some nationally commissioned services run from the Basingstoke site and a growing number of patients from West Berkshire CCG.

## Summary of services at Andover War Memorial Hospital

**Requires improvement** ● → ←

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

- Compliance with mandatory training in key skills was below the trust's target. This meant we could not be assured staff had the necessary knowledge and skills to deliver safe and effective care.
- Medicines were not managed effectively. We identified issues with the storage, administration and disposal of medicines.
- There was limited pharmacy input into services to support staff and patients. Despite there being a pharmacy rota, which identified when pharmacy visits were planned, these visits did not take place.
- Emergency equipment was not consistently checked in line with the trust's policy to ensure it was fit for purpose and available when needed.
- Emergency procedures were not effective as staff were not clear about their responsibilities and not all were trained and assessed as competent to respond in the event of an emergency.
- There was limited assurance of the trust's process for managing and declaring to NHS England mixed sex breaches, in line with the national guidance, on the endoscopy unit.
- The governance processes and culture at the hospital did not always support the delivery of high-quality care.

# Summary of findings

- There was a risk that staff may not recognise or respond appropriately to signs of deteriorating health or medical emergencies. This meant that patients may not receive appropriate care and treatment.

However:

- Patient care records were detailed, clear, up-to-date and easily available to all staff providing care. This ensured individual's needs were identified and there was evidence that they had received care and treatment as planned.
- People were treated with respect and supported to be involved in their care.
- Patients were assessed and monitored regularly to identify if they were in pain, and action was taken to provide pain relief when necessary. Staff supported those patients unable to communicate using suitable assessment tools and gave additional pain relief to ease their pain as necessary.
- Staff appraisal rates were above the trust's target. This demonstrated that the majority of staff had participated in an annual appraisal.

# Medical care (including older people's care)

Requires improvement  

## Key facts and figures

The medical care service at Andover War Memorial Hospital included one 22 bed rehabilitation ward (Kingfisher ward) and endoscopy services. The endoscopy unit consisted of 10 trolleys and two operating theatres. Six of the trolleys were dedicated for endoscopy use. The unit was open from 8am to 6pm Monday to Friday.

The unit was not used solely for endoscopy procedures as other surgical procedures were carried out at the same time.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

We inspected Andover War Memorial Hospital on 12 June 2018, there were no endoscopy patients receiving care at that time. We carried out a follow-up visit on 4 July 2018. During our inspection, we spoke with 11 staff including nurses, healthcare assistants and doctors. We spoke with four patients.

We reviewed four sets of patients' records at the hospital.

We observed care and treatment patients were receiving. Before and after the inspection we reviewed performance information from and about the service. We inspected the whole core service and looked at all five key questions.

## Summary of this service

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

- There was limited assurance about safety which put patients at an increased risk of harm. Emergency procedures were not effective as staff were not clear about their responsibilities.
- Medicines were not managed safely and processes were not followed for safe storage, administration and stock checks. There was limited pharmacy input to support the staff and patients. Emergency equipment was not checked regularly and in line with the trust's policy to ensure that they were safe to use and available to provide safe care to patients in an emergency.
- There was limited assurance of the trust's process for managing and declaring mixed sex breaches on the endoscopy unit.
- The governance processes and culture at the hospital did not always support the delivery of high-quality care.
- There was not a clear process in place for accessing support during a medical emergency.

However:

- People received effective care that met their needs.
- People were supported, treated with respect and involved in their care.

## Is the service safe?

Requires improvement  

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

# Medical care (including older people's care)

- There was a process in place for accessing support during a medical emergency but staff were not clear about their responsibilities.
- Emergency equipment was not checked regularly and in line with the trust's policy to ensure that it was safe to use and available in an emergency. People may be put at risk as the staff were unclear about their internal process for accessing help and support in an emergency.
- We were not assured emergency equipment on the endoscopy unit was readily available and fit for purpose.
- Staff did not always follow processes to manage medicines safely. Staff did not always follow best practice when storing and disposing of medicines. There was limited input from the pharmacy team to support staff and patients in managing medicines.
- Staff were not following safety guidelines as the five steps to safer surgery checklist, used for endoscopy procedures, was not consistently followed. This may impact on patient safety during surgical procedures.
- Compliance with mandatory training was below the trust target for all ten mandatory modules for medical staff and below the target for six out of ten modules for nursing staff.
- The service did not give safeguarding training sufficient priority. The trust safeguarding training target was only 80%. Medical staff's compliance with safeguarding training on how to recognise and report abuse was below the trust target for adults and children modules. There was a risk patients may not be safeguarded from harm.
- There was not always enough nurse staffing at night on Kingfisher ward. This may impact on the care and support people receive.

However:

- Nursing staff understood and followed the process to report safeguarding concerns.
- The service controlled infection risks well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff completed and updated risk assessments for patients.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service could cater for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- There was an appraisal process in place and staff had received appraisal of their work.

# Medical care (including older people's care)

- People who use services were empowered and supported to manage their own health, care and wellbeing to maximise their independence.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff worked well together as a team to benefit patients.

However:

- The outcomes of people's care and treatment were not always monitored regularly. Participation in audits and benchmarking was limited. The results of monitoring were not always used effectively to improve quality.
- Policies and procedures in endoscopy had not been reviewed in line with the trust's policy.
- Whilst the endoscopy unit was JAG accredited, practice we observed relating to management of mixed sex environment did not meet JAG standards.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion and kindness. Feedback from patients was consistently positive about the way staff treated them.
- Staff provided emotional support to patients to minimise their anxiety or distress
- Staff involved patients and those close to them in 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:

- Facilities and premises were not appropriate for the services being delivered as mixed sex accommodation in the endoscopy unit was not effectively managed.
- Complaints were not dealt with in a timely way and there was little evidence of formal learning from complaints and incidents within the service.
- There was no evidence of service planning and the service was using less than 50% of its theatre capacity for endoscopy procedures at the time of the inspection.

However,

- On Kingfisher ward staff were aware of meeting patient's individual needs, including for patient's living with dementia.

# Medical care (including older people's care)

## Is the service well-led?

**Requires improvement** ● ↓

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

- Senior managers were not aware of what was happening on the frontline at Andover War Memorial hospital and did not prioritise the risks and quality of the service. There were few examples of leaders making a demonstrable impact on the quality or sustainability of services.
- The health and safety processes were not followed and risks were not identified in order for action plans to be developed to mitigate them. This included emergency equipment and processes that were not fit for purpose.
- The trust had an approach to improving the quality of its services but it was not effective enough.
- There was no clear strategy for ensuring patient privacy by providing care in single sex environments. We were not assured the trust was declaring all mixed sex breaches that occurred.
- There was little evidence of service improvement or innovation.
- There was no service development plan for endoscopy at Andover War Memorial Hospital

However,

- The trust engaged well with patients, staff, and the public to plan and manage appropriate services.

## Areas for improvement

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

The trust MUST ensure:

- Care and treatment is provided taking into account of people's privacy and dignity at all times, including relevant protected characteristics. Regulation 10 (1)(2)(a)(c)
- Staff assess the risks to the health and safety of service users of receiving care and treatment and do all that is reasonably possible to mitigate such risks. Regulation 12(2)(a)(b)
- That persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Staff have an appropriate level of life support training to respond to emergencies. Regulation 12 (2)(c)
- Equipment used for providing care or treatment to a service user is safe for use and is used in a safe way. Regulation 12 (2)(e)
- The proper and safe management of medicines at all times. Regulation 12 (2)(g)
- There are effective medicines management arrangements in place to store, administer and dispose of medicines. Regulation 12 (2)(g)
- There are effective leadership and governance processes for the delivery of safe and effective care. Regulation 17(1)(2)(a)
- Systems are in place to assess, monitor and mitigate risks relating to the health safety and welfare of service users. Regulation 17 (2)(b)
- There are adequately trained and skilled nursing staff at all times to meet the needs of patients. Regulation 18 (1)



# Medical care (including older people's care)

The trust should ensure:

- There is training for staff in the application of the Duty of Candour.
- Staff have sufficient access to pharmacy support.

# Surgery

Requires improvement   

## 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, one-stop menstrual disorders clinic, one-stop flexible sigmoidoscopy service, cataract and minor eye surgery, urology, diagnostic and endoscopy. Surgeries that require general anaesthetic were 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 12 June 2018 and completed a follow-up visit on 5 July 2018. We visited the day surgery unit, operating theatres and recovery area. We spoke with two patients, and 14 staff which included doctors and nurses.

We observed care and treatment patients were receiving.

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

- There was limited assurance about safety processes and procedures.
- There was a risk that staff may not recognise or respond appropriately to signs of deteriorating health or medical emergencies.
- Emergency equipment was not checked to ensure it was fit for purpose and available when needed.
- The service did not have effective processes to manage medicines safely including stock management and safe storage.
- The process for protecting their privacy and dignity was not managed effectively.
- The delivery of high-quality care was not assured by the leadership, governance or culture.

## Is the service safe?

Requires improvement  

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

- The service provided mandatory training in key skills but failed to make sure everyone completed it.
- The service had suitable premises but did not always use them appropriately or maintain them well. Equipment was not always well maintained.
- Emergency equipment was not checked regularly and in line with the trust's policy to ensure that it was safe to use and available in an emergency. People may be put at risk as the staff were unclear about their internal process for accessing help and support in an emergency.

# Surgery

- Staff were not following safety guidelines as the five steps to safer surgery checklist was not consistently followed. This may impact on patient safety during surgical procedures.
- The service did not have an effective processes to manage medicines safely. Staff did not always follow best practice when storing, administering and disposing of medicines.
- There was no consistent process for staff to follow to manage deteriorating patients. There was a risk that staff may not recognise or respond appropriately to signs of deteriorating health or medical emergencies.

However:

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff understood how to protect patients from abuse. Safeguarding was given sufficient priority.
- People received care and treatment in a caring manner.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe. Any staff shortages were responded to quickly and adequately.
- Staff recognised incidents and reported them appropriately.

## Is the service effective?

**Requires improvement** ● → ←

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

- The outcomes of people's care and treatment were not always monitored regularly. Participation in local audits was limited. The results of monitoring were not always used effectively to improve quality.
- Staff did not have access to formal clinical supervision in order to identify staff development and training needs.
- There were gaps in management and support arrangements for staff, such as appraisal, supervision and professional development. Appraisal rates for day surgery staff were below the trust target.
- There was limited participation in multidisciplinary working. Andover War Memorial hospital relied on Royal Hampshire County hospital for many additional services. This working relationship was not always effective to provide joined up care for people.
- Staff had poor knowledge of how to apply the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. There was no mandatory training for the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards.

However:

- Patients received care and treatment based on national guidance and evidence based practice.
- Patients were provided with adequate food and drink to meet their needs.
- Patients were assessed and monitored regularly to see if they were in pain and pain relief was administered as necessary.
- Consent to care and treatment was obtained in line with legislation and guidance most of the time.

# Surgery

## Is the service caring?

**Good** ● → ←

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

- Feedback from people who use the service and those who were close to them was positive about the way staff treated people.
- People were treated with respect and kindness during interactions with staff and relationships with the staff were positive.
- People feel supported and said staff cared for them well.
- Staff responded compassionately when people needed help. Staff supported people to meet their basic personal needs as and when required including emotional support. People's personal, cultural, social and religious needs were mostly understood.
- People who used services, carers and family members were involved and encouraged to be partners in their care and in making decisions, and received support they needed. Staff spent time talking to people, or those close to them.
- Staff communicated with people and provided information in a way that they could understand.

However:

- Staff did not always understand the need to make sure that people's privacy and dignity was maintained.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The service was not proactive in changing the service to meet the needs of local people. There was no evidence of service planning and the service was currently utilising less than 50% of its theatre capacity.
- The service could not benchmark its performance as it did not collect data for the services provided at Andover War Memorial Hospital at site level.
- Facilities and premises were not appropriate for the services being delivered as mixed sex accommodation in the day surgery unit was not effectively managed.
- The service was not set up to support people who had complex needs or people in vulnerable circumstances.
- Complaints were not dealt with in a timely way.

However:

- There were processes in place that people could give feedback about the service, including ways to raise concerns and complaints.

# Surgery

## Is the service well-led?

**Inadequate** ● ↓

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

- Senior managers were not aware of what was happening on the front line at Andover War Memorial hospital and did not prioritise the risks and quality of the service. There were few examples of leaders making a demonstrable impact on the quality or sustainability of services.
- The health and safety processes were not followed and risks were not identified in order for action plans to be developed to mitigate them. This included emergency equipment and processes that were not fit for purpose.
- There was no current strategy and objectives for the development a high-quality and sustainable service. There was no credible statement of vision for the service.
- The day surgery unit team did not feel part of the wider trust and worked only at Andover War Memorial Hospital.
- The governance arrangements were unclear and did not operate effectively. There were no discussions at unit level to review key items such as the strategy, values, objectives, plans or the governance framework.
- Senior managers and day surgery staff did not always use information to support decision making to improve the service.
- There was little innovation or service development and improvement was not a priority among local or senior leaders of the day surgery unit.

However,

- Staff told us they were supported by their immediate line managers.

## Areas for improvement

We found areas for improvement in this service.

The provider **MUST** ensure:

- Care and treatment is provided taking into account of people's privacy and dignity at all times, including relevant protected characteristics. Regulation 10 (1)(2)(a)(c)
- Staff assess the risks to the health and safety of service users of receiving care and treatment and do all that is reasonably possible to mitigate such risks. Regulation 12(2)(a)(b)
- That persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Staff have an appropriate level of life support training to respond to emergencies. Regulation 12 (2)(c)
- Equipment used for providing care or treatment to a service user is safe for use and is used in a safe way. Regulation 12 (2)(e)
- The proper and safe management of medicines at all times. Regulation 12 (2)(g)
- There are effective leadership and governance processes for the delivery of safe and effective care. Regulation 17(1)(2)(a)

# Surgery

- Systems are in place to assess, monitor and mitigate risks relating to the health safety and welfare of service users. Regulation 17 (2)(b)
- Systems are in place so staff receive appropriate support, training and appraisal to enable staff to carry out their duties safely. Regulation 18 (2)(a)

The provider SHOULD ensure:

- There is training for staff in the application of the Duty of Candour.
- Staff have sufficient access to pharmacy support.

# Basingstoke and North Hampshire Hospital

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## Key facts and figures

Basingstoke North Hampshire Hospital (BNHH) provides emergency and elective surgery for a range of specialties for patients requiring trauma and orthopaedic, ophthalmology, colorectal, urology, ear, nose and throat (ENT), maxillofacial, peritoneal malignancy and gynaecology and general surgery.

Basingstoke and North Hampshire Hospital includes the main theatre suite with seven theatres; the Diagnostic Treatment Centre (DTC) with four theatres and four endoscopy rooms and the Eye Day Care Unit (EDCU) with one eye theatre (local anaesthetic cases only). There is a pre-assessment unit. The surgical division also includes the following areas.

There is also a private patient unit, the Candover Clinic, which is funded and operated by Hampshire Hospitals Foundation Trust. The clinic had a 22-inpatient ward and two theatres

The trust had 34,186 surgical admissions from February 2017 to January 2018. Emergency admissions accounted for 9,003 (26.3%), 19,571 (57.3%) were day case, and the remaining 5,612 (16.4%) were elective.

We inspected Basingstoke and North Hampshire Hospital on 13 June 2018. We visited main theatres, the pre-assessment unit, C2, C3, C4, D1, D2, D4, DTC, EDCU and the Candover clinic.

We spoke with approximately 11 patients, relatives/visitors and 78 members of staff that included all grades of nursing staff, healthcare assistants, domestic staff, consultant surgeons, consultant anaesthetists, junior doctors, dieticians, therapists, pharmacists, pharmacist assistants and senior management.

We observed the care and treatment patients were receiving and reviewed 10 patient records.

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

## Summary of services at Basingstoke and North Hampshire Hospital

**Requires improvement** ● ↓

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

- There was limited assurance about safety.

# Summary of findings

- Risk assessments were not consistently completed therefore care plans were not developed including actions to manage the identified risks appropriately.
- Medicines were not managed effectively and staff did not follow policies and procedures to ensure these were stored, administered and disposed of safely.
- Emergency equipment was not consistently checked in line with the trust's policy to ensure it was fit for purpose and available when needed.
- People did not always receive care and treatment in a caring manner.
- Patients' privacy was not given sufficient priority.
- The leadership, governance and culture did not always support the delivery of high-quality person-centred care.

However,

- Services were organised and delivered to meet the needs of the local population.
- Staff understood how to protect patients from abuse. Safeguarding was given sufficient priority.
- People's needs and preferences were considered and acted on to ensure that services were delivered in a way that was convenient.



# Urgent and emergency services

Inadequate ● ↓↓

## Key facts and figures

Our inspection was initially announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. However, we also undertook two unannounced inspections to observe routine activity.

Basingstoke and North Hampshire Hospital (unscheduled care) provides an emergency medicine service through a Type 1 Emergency Department (ED) including trauma & cardiology. There is a minor injuries service provided by the emergency nurse practitioner service.

The department has:

- 12 majors cubicles (including side rooms)
- Four bedded resuscitation room where both adults and children are seen.
- 7 bed short stay ward

Medical patients who are referred by their GP are admitted directly to the acute admission unit adjacent to the ED. We did not inspect the AAU as part of this inspection however, it was considered within the Medicine core service inspection.

Basingstoke and North Hampshire Hospital emergency department supports the treatment of patients presenting with minor, major and traumatic injuries. Serious traumatic injury patients receive stabilisation therapy, before transfer to the major trauma centre at a neighbouring NHS trust.

From 01 February 2017 to 30 January 2018, 124,302 patients attended the Emergency Department at Hampshire Hospital NHS Trust.

We spoke with 35 members of staff including housekeepers, health care assistants, nurses, nurse managers, operational service managers, doctors (junior grade and consultants) and allied health professionals. We reviewed 25 sets of notes and observed care being provided to patients across the minors and majors care pathways.

## Summary of this service

Our rating of this service went down. We rated it as inadequate because:

- Patients were not always protected from avoidable harm. There were limited effective system(s) in place to assess and monitor the ongoing care and treatment to patients, including monitoring patients for signs of clinical deterioration.
- Staffing levels and skill mix were not sufficient to meet the needs of patients as a result; patients did not have their care and treatment carried out in a timely manner. There was not a minimum of one children's nurse present on each shift nor was there consultant presence in the department for 16 hours per day; both were not meeting national guidance.
- The layout of the emergency department was not suitable for the number, or age, of admissions the service received. There was significant overcrowding and, at times, patients were being cared for on trolleys in the majors area of the

# Urgent and emergency services

department as there were no free cubicles to use. Patients were also directed back to the main waiting room to await test results or review from speciality. There was limited clinical oversight of the waiting room therefore those patients waiting prolonged periods of time were not routinely receiving physical observations. This meant staff may not always detect a deteriorating patient.

- Patients care, treatment and support did not always achieve good outcomes, promote a good quality of life and was not always based on the best available evidence. Audit participation was low during 2017 and results were not used to improve patient outcomes. Sufficient priority was not given to patients' pain needs.
- Patients were not always treated with compassion, kindness, dignity and respect. Staff attitudes and poor environmental design resulted in a negative impact on the care patients were receiving and limited the time staff had to spend with patients. We observed numerous incidents where patients' privacy and dignity needs had not been met appropriately.
- Patients could not access care and treatment in a timely way. Waiting times for treatment and arrangements to admit, treat and discharge patients were worse than the England average and national standard.
- There had not been the leadership capacity and capability to deliver high quality, sustainable care. Leadership within the department had not been sufficiently effective. There did not appear to be one individual taking overall responsibility for the day-to-day running of the department. Front line staff had not felt supported, respected or valued by their immediate line manager(s) however the appointment of a new matron was reported as being extremely positive by staff.
- Staff had not been engaged and morale in the department was low; frustrations around leadership, low staffing, capacity and flow and the environment had led to a culture of acceptance with staff lacking the drive to challenge systems and processes within the department.

However:

- Whilst we rated caring as requires improvement, feedback from patients we spoke with said staff treated them well and with kindness. Patients told us they had been given enough information about their condition and/or treatment in a way that they could understand.
- In the majority of cases, staff could recognise the vulnerable adult and made the necessary referrals to the most appropriate specialist service.

## Is the service safe?

**Inadequate** ● ↓↓

Our rating of safe has been downgraded by two ratings. We rated it as inadequate because:

- The layout of the emergency department was not suitable for the number, or age, of attendances the service received. During our inspection we saw there was significant overcrowding and, at times, patients being cared for on trolleys in the corridor area as there were no free cubicles to use. At our unannounced inspection, we observed staff routinely conducting physical observations of patients in the main waiting area with little consideration to patient privacy or dignity.
- Whilst the trust was meeting the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings (2018) in that there was an audio and visual separation of the children's waiting area from the adult section, this was poorly supervised by clinical staff. Adult patients were observed during an unannounced inspection receiving care in the dedicated children's treatment room.

# Urgent and emergency services

- Anxious patients or those suffering from mental health conditions were directed to wait in a poorly designed area directly adjacent to the children's waiting area. There was no secure access to prevent unauthorised access to the children's waiting area. The trust relocated the children's waiting area following our inspection and increased the overall clinical supervision of children whilst they waited to be seen by a clinician.
- Resuscitation equipment was not always safe and ready for use in an emergency. Gaps in records suggested equipment had not been checked in line with trust policy.
- The environment was poorly maintained. Broken equipment was located in corridors adding to the cluttered appearance of the department.
- There was a lack of consideration given to ligature points and other environmental factors that could allow patients with suicidal tendencies to come to harm.
- There was not an effective system in place to assess and monitor the ongoing care and treatment to patients whilst in the emergency department. Completion of early warning tools, which supports the early recognition of deteriorating patients, was poorly complied with. Patients were noted to wait up to three hours between observations being completed despite there being recorded risk factors. Whilst this was recognised as an area of poor compliance with local nurse-led audits, the department had failed to take action to resolve the issue.
- The emergency department did not have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.
- There was not a minimum of one children's nurse present on each shift in line with the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings. Registered nurses (adult) had not received additional competencies beyond paediatric resuscitation training, to provide them with the skills required to recognise a child whose condition may be deteriorating. Following our inspection, the trust worked to resolve this by providing access to additional competency based training.
- The trust provided mandatory training in key topics to all staff but did not ensure everyone had completed it. Qualified nursing staff met the trust target in three out of the 12 mandatory training modules and the trust target was not met for any of the safeguarding training modules for which medical staff were eligible. Nurse completion of child safeguarding training was reported as 34.9%. Medical staff did not meet the trust target of 80% in any of the ten mandatory training modules.
- Compliance with bare below the elbows policies was poor. Staff were observed wearing wristwatches and long sleeves in clinical areas. Waiting areas were littered with food packaging, food, used tissues and disposable bowls. Nursing staff were observed cleaning waiting areas. Cleaning schedules were sporadically completed therefore providing only limited assurances of frequent cleaning.
- Learning from incidents was limited. Lessons learnt were not always extrapolated; trend analysis was not considered as a means of resolving recurring issues. Staff were not always sighted on changes to practice, which resulted from incidents being reported.

However,

- Staff could recognise the vulnerable adult and made the necessary referrals to the most appropriate specialist service.
- There was a robust and detailed system in place for reviewing the mortality and morbidity of children who had accessed the service. This process had led to changes in practice relating to the early escalation to relevant medical personnel of the impending arrival of an acutely unwell child.

# Urgent and emergency services

- When things went wrong, staff could describe the processes they would follow for ensuring patients or relevant persons were notified and supported.

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- Whilst polices were aligned to national best practice guidance, staff did not always apply those standards in the delivery of care. For example, staff did not consistently use early warning tools or sepsis screening tools to support the delivery of care.
- There had been limited participation in national clinical audits during 2017, in part due to a lack of substantive medical staff to support the audit programme. Where audits had been undertaken, there was limited evidence of improvements, especially in regards to AuditR audit activity.
- Patients did not always have their pain assessed and managed in line with the Core Standards for Pain Management Services in the UK (2015). Where patients had acute pain, we did not see an individualised analgesic plan appropriate to their clinical condition.
- Staff were not always skilled or competent to undertake their role effectively. This included cases whereby staff had not received any additional competency training to care for or recognise the deteriorating child. The number of staff who had completed a post-graduate qualification in emergency care nursing was low. A lack of oversight meant the department did not know which staff members had completed competency frameworks.
- There was limited access to health promotion information.
- Staff understanding of the Mental Capacity Act was limited.

However,

- The trust's unplanned re-attendance rate within seven days was generally better than the England average.
- Staff were working with both internal and external health partners to improve performance within the department. This included the introduction of patient specific clinical pathways that would enable patients to be directed to clinical specialities without the need to access emergency care.

## Is the service caring?

**Requires improvement** ● ↓

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

- The privacy and dignity of patients was not always protected. We saw a number of patients being treated on corridors; these patients did not have access to a patient call bell and as such, found it difficult to get help from the nursing staff when they needed assistance. Staff did not routinely use screens, close doors, or use curtains when providing care or treatment to patients.
- Staff frequently held clinical conversations about patients in public areas that could be overheard by visitors and other patients.

# Urgent and emergency services

- Whilst the trust's performance against friends and family is generally better than the England average, there is a downward trend in relation to the number of patients who would recommend the service.

However

- There were examples of compassionate care and emotional support provided specialist nurses.
- A number of reception staff and health care assistants were attentive to the needs of patients.
- Emergency Nurse Practitioners kept patients informed of their treatments; encouraged people to be involved in decisions about their care; and acted in a kind and compassionate manner.
- Performance against the friends and family test demonstrates the hospital is consistently better than the national average.
- The trust performed better than the national average in two questions in the 2016 emergency department survey:
  - Did a member of staff explain why you needed these test(s) in a way you could understand?
  - Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?

## Is the service responsive?

**Requires improvement** ● → ←

Our rating of responsive went down. We rated it as requires improvement because:

- The layout of the emergency department was not suitable for the number, or age, of attendances the service received. During our inspection we saw there was significant overcrowding and, at times, patients were being cared for on trolleys in the major's corridor area, as there were no free cubicles to use. A system of reverse queuing was in place as a means of mitigating against the lack of space. This meant patients could be re-directed to the main waiting area to await results of diagnostic tests or review by a specialty. This resulted in patients experiencing delays without clear explanations, as well as increasing the overall risk to the safety of patients due to an inconsistent approach to undertaking observations of patients.
- Whilst some adaptations had been made to accommodate children, there lacked a holistic approach to children's services. Staff did not utilise play specialists routinely despite there being a need for such a service. Adults were observed receiving care in the adapted children's area, therefore requiring children to be cared for in standard majors cubicles.
- The service did not always consider patients' individual needs; the department had not taken action to address the accessible information standard. There was limited support or environmental adaptations for vulnerable or agitated patients.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the ED. The trust met the standard once in May 2017 and breached the standard 11 times for the remainder of the reporting period from June 2017 to April 2018. From May 2017 to December 2017, performance against this metric showed a trend of decline and fell below the England average from September 2017, before improving for the remaining period up to April 2018, where it was slightly above the England average.
- The trust did not meet its agreed four-hour trajectory of 93% for quarter 1 of 2018/2019. Year to date performance was reported as 86.9%. Performance for June 2018 was reported as 85.6%.

# Urgent and emergency services

However

- Staff had a good understanding of, and access to equipment and information to support those individuals living with dementia.
- Staff were working collectively to try and improve the flow and performance of the ED. RemED had been introduced as a means of improving specific patient pathways.

## Is the service well-led?

**Inadequate** ● ↓↓

Our rating of well led went down. We rated it as inadequate because:

- There were not effective systems in place for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The management of risks, issues and performance in the emergency department was not robust. Concerns identified by the inspection team such as the competency of the workforce and environmental risk factors were had not been recognised or managed appropriately leading to poor patient experience and the increased risk of avoidable harm being caused to patients.
- There had not been managers at all levels and professions with the right skills and abilities to run a service dedicated to providing high quality, sustainable care. Leadership within the department had not been effective; there did not appear to be one individual taking overall responsibility for the day to day running of the department and clinical practices appeared to vary depending on whom was in charge on a given day.
- There existed a reactive culture towards risk management.
- Morale in the department was low although senior staff reported there had been improvements. Frustrations around leadership, capacity and flow and the environment had led to a culture of acceptance with staff lacking the drive to challenge systems and processes within the department.
- There existed a form of planning blight in regards to the delivery of services within the existing infrastructure.
- Staff were not aware of the role of the ‘freedom to speak up guardian’.
- Staff did not always have sufficient access to information. There were not robust procedures in place for feeding back learning from incidents or from the results of audit.
- There was not a systematic approach in place to continually improve the quality of services in the department. There were not effective structures, processes and systems of accountability in place to support the delivery of the trust’s strategy. There lacked a system-wide vision or strategy for the delivery of emergency care across the trusts geographical footprint.
- The trust did not collect, analyse, manage and use information well to support all its activities. Some senior leads did not have a holistic understanding of performance, risk or quality. Whilst some audits were in place, audit participation was low and staff were not able to demonstrate where appropriate actions had been taken because of audit results.
- Significant focus was placed on addressing performance concerns. A lack of accountability and professional standards meant staff were not always focussed on quality.
- There was a sense amongst some staff that they “came to work to work”. We considered some staff had lost their compassion due to the conditions in which they worked.

# Urgent and emergency services

However,

- With the appointment of a new nursing lead, there was an appetite for change. Whilst it was too early to assess the impact of the refreshed leadership team, staff spoke positively of the appointment of the matron, and of their visibility within the department.
- The trust responded positively when we raised concerns regarding the provision of children's services and took swift action.

## Areas for improvement

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

The trust must ensure:

- The trust must ensure that there is an effective system in place to assess and monitor the ongoing care and treatment to patients whilst in the emergency department. This includes, but is not exclusive to, the monitoring of pain, administration of medicines, tissue viability assessments, nutrition and hydration, falls and early warning scores with regular ongoing monitoring.
- The trust must operate an effective governance process within unscheduled care.
- The trust must ensure that there are sufficient numbers of suitably qualified staff competent to care for children on duty in the emergency department at all times. In accordance with the 'Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings' document titled, "Standards for Children and Young People in Emergency Care Settings" (2012).
- The trust must ensure that there are a sufficient number of suitably qualified, skilled staff deployed throughout the emergency department to support the care and treatment of patients.
- The trust must ensure all staff in the emergency department are supported to attend mandatory training in key skills in line with the trust target.
- The trust must ensure staff in the emergency department are supported to attend the relevant level of safeguarding training in line with the trust target.
- The trust must ensure the environment in the emergency department accommodates the needs of children, young people and accompanying families in line with the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings (2012).
- The trust must ensure resuscitation equipment in the emergency department is safe and ready for use in an emergency.
- The trust must ensure an appropriate early warning scoring system is consistently used during the initial assessment process and during the ongoing monitoring of children and adults attending the emergency department for care and treatment.
- The trust must ensure staff, looking after children in the emergency department, are appropriately trained in paediatric immediate life support (PILS) and advanced paediatric life support (APLS).
- The trust must ensure the learning from incidents is shared with all staff in the emergency department to make sure that action is taken to improve safety.
- The trust must ensure staff in the emergency department report all clinical and non-clinical incidents appropriately in line with trust policy.



# Urgent and emergency services

- The trust must ensure pain assessments are routinely carried out in the emergency department in line with the Royal College of Emergency Medicine guidelines for both adults and children
- The trust must ensure patient audit outcomes are routinely shared with all staff in the emergency department and appropriate actions taken where results do not meet national standards.
- The trust must ensure the level of risk in the emergency department is identified, recorded and managed appropriately.
- The trust must ensure that patients receive person centred care and treatment at all times.
- The trust must ensure that patients are treated with dignity and respect at all times.
- The trust must ensure the environment is suitable to meet the needs of all patients, including those presenting with acute or chronic mental health conditions.
- The trust must ensure medicines are stored in line with national requirements.

The Trust should;

- The trust should ensure there is an effective process of investigating incidents robustly and for ensuring any learning points are disseminated and communicated to staff in a timely way.
- The trust should ensure the emergency department participate in more clinical audit to be able to evidence care is being provided in line with national recommendations and best practice.
- The trust should ensure action is taken to fully embed the accessible information standards.
- The trust should consider implementing an effective lead for mental health in the department so that national guidance and best practice can be implemented in a timely and robust way.



# Medical care (including older people's care)

Requires improvement ● ↓

## Key facts and figures

The medical care service at the trust provides care and treatment for 10 specialties: cardiology, diabetes and endocrinology, elderly care and stroke, gastroenterology, endoscopy, respiratory, neurology and rheumatology.

### 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>216</b>	

During our inspection we visited ten out of 12 ward areas. We visited: E2, E3, E4, F1, F2, F3 cardiac/CCU, Overton Unit and the acute assessment unit.

The hospital provided care for privately-funded patients in the Candover clinic, a separate clinic on the grounds of the Basingstoke hospital site. We also inspected medical care at the Candover Clinic.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During our inspection, we spoke with 28 staff including nurses, healthcare assistants, doctors, physiotherapists and activity coordinators. We spoke with ten patients and three relatives.

We reviewed 20 sets of patient records at the hospital

We inspected the whole core service and looked at all five key questions.

# Medical care (including older people's care)

## Summary of this service

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

- There was limited assurance about safety which put patients at an increased risk of harm.
- Staff did not always effectively support patients who lacked the capacity to make decisions about their care.
- The service was not always caring and patient's privacy was not given sufficient priority.
- The service did not always meet people's needs.
- The governance and culture did not always support the delivery of high-quality person-centred care.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- People who use services were empowered and supported to manage their own health, care and wellbeing to maximise their independence.

## Is the service safe?

**Requires improvement** ● → ←

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

- Staff did not always assess, monitor or manage risks to people who used the service. We were not assured the national early warning system was used correctly to identify and escalate patient needs appropriately.
- Compliance with mandatory training was below the trust target for all ten mandatory modules for medical staff and below the target for six out of ten modules for nursing staff.
- Medical staff compliance with safeguarding training on how to recognise and report abuse was below the trust target for safeguarding adults and children modules.
- The service did not control all infection risks. We saw episodes of poor infection control practice on some wards we visited.
- Nursing staff vacancy rates were high on elderly care wards and respiratory wards. The fill rate for nursing staff was not always met through use of bank or agency staff.
- The service did not have effective processes to manage medicines safely. Staff did not always follow best practice when storing, administering and disposing of medicines.
- Safety results were not always displayed for patients and visitors to see.

However,

- Nursing staff understood and followed the process to report safeguarding concerns.
- The service had suitable premises.

# Medical care (including older people's care)

- Daily checks on emergency equipment were completed and equipment was safe and ready for use.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Safety information was collected, monitored and used to improve the service. This safety information was shared with staff.

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- There were gaps in management and support arrangements for staff, such as appraisal, supervision and professional development. Appraisal rates for all staff were below the trust target.
- Staff understanding of their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 was variable. Staff did not always effectively support patients who lacked the capacity to make decisions about their care.
- The trust did not have a strategy for implementing the seven-day working standards.

However,

- The service provided care and treatment based on national guidance and evidence of its effectiveness. 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. The service could cater for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain as necessary.
- Staff worked well together for the benefit of patients.

## Is the service caring?

**Requires improvement** ● ↓

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

- Patients were sometimes not treated with kindness and respect when receiving treatment.
- Some people using the service had concerns about the way staff treated them.
- Some staff did not see privacy and dignity as a priority.

However,

# Medical care (including older people's care)

- We observed staff supporting patients, responding to their needs and communicating with them in an appropriate way.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ● ↓

Our rating of responsive went down. We rated it as requires improvement because:

- The environment of the acute assessment unit did not support the provision of single sex accommodation.
- Recording of personalised care planning and dementia care plans were poor.
- Complaints were not always responded to in a timely way.

However,

- The trust planned services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit treat and discharge patients were slightly below the trust target at the time of inspection.

## Is the service well-led?

**Requires improvement** ● ↓

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

- Senior leaders were not always aware of risks. Risks, issues and poor performance were not always dealt with appropriately and in a timely way. The risk management approach was applied inconsistently or was not linked effectively into planning processes.
- Not all risks identified on inspection were included on the risk registers and it was not clear if risk registers were reviewed regularly.
- We were not assured of the trust's governance process for managing medicines safely. The 2015 inspection identified issues relating to medicines management and during this inspection we found further regulatory breaches relating to medicines. This meant we could not be assured the trust had an effective governance process for managing medicines safely.
- There was no clear strategy for ensuring patient privacy by providing care in single sex environments. We were not assured the trust was declaring all mixed sex breaches that occurred.
- The trust had an approach to continually improve the quality of its services but we were not assured of its effectiveness to keep patients safe. There were gaps in some of its governance processes including management of mixed sexed environments.
- Creating a positive culture was not given sufficient priority. There were problems with bullying and harassment across services. Managers did not always take action to address staff behaviours that were not in line with the trust values.

# Medical care (including older people's care)

However,

- The trust had a vision for what it wanted to achieve but it was in an early stage of development.
- There was some evidence of learning and improvement.
- The trust engaged well with patients, staff, and the public to plan and manage appropriate services.

## Areas for improvement

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

The trust **MUST** ensure:

- That patient care and treatment are appropriate, meet their needs and reflect their preferences, including the needs of patients living with dementia. Regulation 9 (1)
- Care and treatment is provided taking into account of people's privacy and dignity at all times, including relevant protected characteristics. Regulation 10 (1)(2)(a)(c)
- Staff obtain consent and adhere to the principles of the Mental Health Act 1983 and the Mental Capacity Act 2005. Regulation 11 (1)(5)
- Staff assess the risks to the health and safety of service users of receiving care and treatment and do all that is reasonably possible to mitigate such risks. Regulation 12(2)(a)(b)
- That persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Staff have an appropriate level of life support training to respond to emergencies. Regulation 12 (2)(c)
- Equipment used for providing care or treatment to a service user is safe for use and is used in a safe way. Regulation 12 (2)(e)
- The proper and safe management of medicines at all times. Regulation 12 (2)(g)
- Preventing, detecting and controlling the spread of infections, including those that are health care associated, are managed effectively. Regulation 12 (2)(h)
- There are effective leadership and governance processes for the delivery of safe and effective care. Regulation 17(1)(2)(a)
- Systems are in place to assess, monitor and mitigate risks relating to the health safety and welfare of service users. Regulation 17 (2)(b)
- There are sufficient adequately trained and skilled staff on all wards to meet the needs of the patients accommodated. Regulation 18(1)
- Systems are in place so staff receive appropriate support, training and appraisal to enable staff to carry out their duties safely. Regulation 18 (2)(a)

The trust **SHOULD** ensure:

- There is training for staff in the application of the Duty of Candour.
- Staff on medical wards have sufficient access to pharmacy support.
- Patient confidential information is not displayed in public areas

# Surgery

Requires improvement ● ↓

## Key facts and figures

Basingstoke North Hampshire Hospital (BNHH) provides emergency and elective surgery for a range of specialties for patients requiring trauma and orthopaedic, ophthalmology, colorectal, urology, ear, nose and throat (ENT), maxillofacial, peritoneal malignancy and gynaecology and general surgery.

Basingstoke and North Hampshire Hospital includes the main theatre suite with seven theatres; the Diagnostic Treatment Centre (DTC) with four theatres and four endoscopy rooms and the Eye Day Care Unit (EDCU) with one eye theatre (local anaesthetic cases only). There is a pre-assessment unit. The surgical division also includes the following areas.

Ward/unit	Number of beds	Services provided
C2	18	Liver and Peritoneal Malignancy Ward
C3	23	Emergency Surgery Ward includes a 5 trolley Surgery Assessment Unit
C4	16	Elective Surgery Ward
D1	33	Elective Orthopaedic Ward
D3	24	Emergency Orthopaedic Ward
D4	22	Emergency Orthopaedic Ward
Wessex	11	Haemato-oncology Ward
DTC	12	Day cases and Short Stay Unit
<b>Total</b>	<b>148</b>	

There is also a private patient unit, the Candover Clinic, which is funded and operated by Hampshire Hospitals Foundation Trust. The clinic had a 22-inpatient ward and two theatres

The trust had 34,186 surgical admissions from February 2017 to January 2018. Emergency admissions accounted for 9,003 (26.3%), 19,571 (57.3%) were day case, and the remaining 5,612 (16.4%) were elective.

We inspected Basingstoke and North Hampshire Hospital on 13 June 2018. We visited main theatres, the pre-assessment unit, C2, C3, C4, D1, D2, D4, DTC, EDCU and the Candover clinic.

We spoke with approximately 11 patients, relatives/visitors and 78 members of staff that included all grades of nursing staff, healthcare assistants, domestic staff, consultant surgeons, consultant anaesthetists, junior doctors, dieticians, therapists, pharmacists, pharmacist assistants and senior management.

We observed the care and treatment patients were receiving and reviewed 10 patient records.

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

# Surgery

## Summary of this service

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

- There was limited assurance about safety.
- Risks assessments were not consistently completed therefore care plans were not developed including actions to manage the identified risks appropriately.
- Medicines were not managed effectively and staff did not follow policies and procedures to ensure these were stored, administered and disposed of safely.
- Emergency equipment was not consistently checked in line with the trust's policy to ensure it was fit for purpose and available when needed.
- People did not always receive care and treatment in a caring manner.
- Patients' privacy was not given sufficient priority.
- The leadership, governance and culture did not always support the delivery of high-quality person-centred care.

However,

- Services were organised and delivered to meet the needs of the local population.
- Staff understood how to protect patients from abuse. Safeguarding was given sufficient priority.
- People's needs and preferences were considered and acted on to ensure that services were delivered in a way that was convenient.

## Is the service safe?

**Requires improvement** ● → ←

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

- The process for assessing and escalation for deteriorating patients were not always followed. There was a risk that staff may not recognise or respond appropriately to signs of deteriorating health or medical emergencies.
- Venous thromboembolism (VTE) and bleeding risk assessments were not consistently used with action. There was no evidence patients identified as high risk were followed up.
- The service did not have effective processes to manage medicines safely. Staff did not always follow best practice when storing, administering and disposing of medicines.
- Not all staff had completed mandatory training in key skills and were not compliant with the trust's target. Staff may not have the necessary skills to deliver care safely.
- The service did not give safeguarding training for medical staff sufficient priority. The trust safeguarding training target was only 80%. Medical staff's compliance with safeguarding training on how to recognise and report abuse was below the trust target for adults and children modules. There was a risk patients may not be safeguarded from harm.
- The service did not effectively control all infection risks. Equipment and premises were not always clean which could increase the spread of infection.

# Surgery

- The service had suitable premises but did not always use them appropriately or maintain them well. Equipment was not always well maintained or available.
- Emergency equipment was not checked regularly and in line with the trust's policy to ensure that they were safe to use and available to provide safe care to patients in an emergency.
- Staff were not following safety guidelines as the five steps to safer surgery checklist was not consistently followed. This may impact on patient safety during surgical procedures.
- There were periods of understaffing or inappropriate skill mix. Agency, bank and locum staff were regularly used to make up for staffing shortfalls. They did not always have the skills and competencies to ensure people's safety was always protected.
- Staff did not always keep detailed records of patients' care and treatment. Records were inconsistent and did not have information about patients' risks, these were not up-to-date and easily available to all staff providing care.
- Safety results were not always displayed for patients and visitors to see.

However,

- Nursing staff understood and followed the process to report safeguarding concerns.
- Staff recognised incidents and reported them appropriately.

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- Staff had access to national guidance but the service did not always ensure that care and treatment was consistently based on national guidance and that staff followed this guidance.
- There were gaps in management and support arrangements for staff, such as appraisal, supervision and professional development. Appraisal rates for all staff were below the trust target.
- The trust did not have a strategy for seven day services. Not all services in the surgical departments were offered seven days a week. Services that did operate mostly had limited capacity.
- There was limited focus on supporting people to live healthier lives.
- Staff had poor knowledge of how to apply the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. There was no mandatory training for the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards.

However,

- Information about people's care and treatment, and their outcomes, was routinely collected and monitored. This information was used to improve care. There was participation in relevant local and national audits such as review of services, benchmarking and peer review. Surgical outcome data was mostly similar to the England average.
- Staff from a range of professional groups worked well together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Patients were provided with enough food and drink to meet their needs.
- Patients pain was managed well. They were assessed and monitored regularly and received pain control as needed.



# Surgery

- Consent to care and treatment was obtained in line with legislation and guidance.

## Is the service caring?

**Good** ● → ←

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

- Feedback from people who use the service and those who are close to them were mainly positive about the way staff treated them.
- Staff mostly responded compassionately when people needed help. Staff supported people to meet their basic personal needs as and when required including emotional support. People's personal, cultural, social and religious needs were understood.
- People who use services, carers and family members were involved and encouraged to be partners in their care and in making decisions, and received support they needed. Staff communicated with people and provided information in a way that they could understand.

However,

- People were not always treated with kindness or respect when receiving care and treatment.
- Mixed sex accommodation was not effectively managed or in line with national guidance.
- People's privacy and dignity was not always considered when they received care. Staff did not always understand the need to make sure that people's privacy and dignity was maintained.

## Is the service responsive?

**Requires improvement** ● ↓

Our rating of responsive went down. We rated it as requires improvement because:

- Theatre utilisation was sub-optimal due to a lack of resources and effective organisation.
- There was an upward trend of cancelled operations for non-clinical reasons over the last two years.
- There was a high number of non-clinical bed moves, including at night, with some patients moving two or more times. This could impact on patient's continuity of care and their well-being, especially where vulnerable patients were moved.
- The trust's responses to complaints were not always completed in a timely manner.

However,

- People's needs and preferences were considered and acted on to ensure that services were delivered in a way that was convenient.
- The needs and preferences of different people were taken into account when delivering and coordinating services, including those with protected characteristics under the Equality Act, people who were in vulnerable circumstances or who have complex needs.
- Staff were aware of learning from complaints.

# Surgery

## Is the service well-led?

**Requires improvement** ● ↓

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

- There was no current strategy with realistic objectives and plans for high-quality and sustainable service. Staff were unsure how they could achieve the trust's vision with the lack of staffing resources and the cost improvement program.
- The trust had an approach to continually improve the quality of its services but we were not assured of its effectiveness to keep patients safe. There were gaps in some of its governance processes including management of mixed sexed environments.
- There was no clarity in how the governance process for communication between clinical matrons and the operational service managers.
- Senior leaders were not always aware of risks. Risks, issues and poor performance were not always dealt with appropriately and in a timely way. The risk management approach was applied inconsistently or was not linked effectively into planning processes.
- The approach to service delivery and improvement was reactive and focused on short-term issues.
- Staff satisfaction was mixed with negative results in the staff survey for communication, managers skill and staff morale.
- There was limited innovation or service development.
- Relevant data and information was gathered but there was limited evidence of it being used to improve the service.

However,

- Structures, processes and systems of accountability were clearly set out at management level.
- 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.
- There was an active staff recognition scheme, and some staff were positive about their line managers.

## Outstanding practice

- The Pseudomyxoma service was one of only two designated specialist treatment centres in the country. Pseudomyxoma is an extremely rare condition that usually develops from cancers of the appendix. The diverse multidisciplinary team at Basingstoke and North Hampshire hospital had developed the skills to help patients through extensive treatment and shared their knowledge on international courses and conferences.

## Areas for improvement

We found areas for improvement in this service.

The provider **MUST** ensure:

- That patient care and treatment are appropriate, meet their needs and reflect their preferences. Regulation 9 (1)

# Surgery

- Care and treatment is provided taking into account of people's privacy and dignity at all times, including relevant protected characteristics. Regulation 10 (1)(2)(a)(c)
- Staff assess the risks to the health and safety of service users of receiving care and treatment and do all that is reasonably possible to mitigate such risks. Regulation 12(2)(a)(b)
- That persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Staff have an appropriate level of life support training to respond to emergencies. Regulation 12 (2)(c)
- Equipment used for providing care or treatment to a service user is safe for use and is used in a safe way. Regulation 12 (2)(e)
- The proper and safe management of medicines at all times. Regulation 12 (2)(g)
- Preventing, detecting and controlling the spread of infections, including those that are health care associated, are managed effectively. Regulation 12 (2)(h)
- That premises and equipment are fit for purpose and infection control standards are followed at all time. Regulation 15(1)(2)
- There are effective leadership and governance processes for the delivery of safe and effective care. Regulation 17(1)(2)(a)
- Systems are in place to assess, monitor and mitigate risks relating to the health safety and welfare of service users. Regulation 17 (2)(b)
- There are sufficient adequately trained and skilled staff on all wards to meet the needs of the patients accommodated. Regulation 18(1)
- Systems are in place so staff receive appropriate support, training and appraisal to enable staff to carry out their duties safely. Regulation 18 (2)(a)

The provider SHOULD ensure:

- There is training for staff in the application of the Duty of Candour.
- Staff have sufficient access to pharmacy support.
- Patient confidential information is not displayed in public areas

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

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures

#### Regulation

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

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

### Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

### Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

## Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

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

# Our inspection team

The inspection team was led by Fiona Wray, Inspection Manager.

The team included two inspection managers, seven inspectors, a range of specialist advisers, and one expert by experience. The well-led inspection was supported by five executive reviewers.

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. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.