

# Frimley Health NHS Foundation Trust

## Inspection report

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Date of inspection visit: 6 November to 5 December  
2018  
Date of publication: 13/03/2019

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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

# Summary of findings

## Background to the trust

Frimley Health NHS Foundation Trust provides NHS hospital services for around 900,000 people across Berkshire, Hampshire, Surrey and South Buckinghamshire. Services are commissioned principally by local clinical commissioning groups (CCG's) including East Berkshire, Surrey Heath and North-east Hampshire and Farnham CCGs. Services are also commissioned through NHS England Specialist Commissioning. The trust covered the local authority areas of Slough Borough Council, Royal Borough of Windsor and Maidenhead, Bracknell Forest Council, Surrey County Council and Hampshire County Council and worked with these organisations to provide services.

The trust brought together Heatherwood and Wexham Park Hospitals NHS Foundation Trust and Frimley Park Hospital NHS Foundation Trust to create Frimley Health NHS Foundation Trust on 1 October 2014.

The trust is part of the Frimley Health and Care system, one of 14 integrated care systems (ICS) nationally. The system has formed an ICS board, which was in shadow form from April 2017, and is working to a shared system control total across health partners. The Board meets supports leadership relationships and governance enable delivery of the joint system operating plan, which includes initiatives across the whole system for improved patient care and system sustainability.

The trust employs around 9,000 staff across three main hospitals - Frimley Park in Frimley near Camberley, Heatherwood in Ascot and Wexham Park near Slough. The trust also runs outpatient clinics and diagnostic services from Aldershot, Farnham, Fleet, Windsor, Maidenhead, Bracknell and Chalfont St Peter. In January 2017, the trust took over north east Hants community services based at Fleet Hospital.

The trust also hosts the Defence Medical Group (South East) at Frimley Park with military surgical, medical and nursing personnel working alongside the hospital's NHS staff providing care to patients in all specialties.

From August 2017 to July 2018 the trust had 17,465 episodes of in-patient care. There were 1,518,995 outpatient attendances and 9,101 births. There were also 2,570 deaths.

We inspected Frimley Park Hospital in 2014 when the trust was rated as outstanding overall. We inspected Wexham Park Hospital in 2016 when this hospital was also rated outstanding overall. In September 2018 we carried out a focussed inspection in surgery at both main hospitals in response to information of concern. We did not re-rate the trust, but issued requirement notices for the trust to act to address shortcomings we identified.

## Overall summary

**This is the first time the trust has been inspected overall. We rated it as Good** 

## What this trust does

As well as delivering general hospital services to local people, the trust provides specialist heart attack, vascular, stroke, spinal, cystic fibrosis and plastic surgery services across a much wider area.

Frimley Park Hospital provides acute services to a population of 400,000 people across north-east Hampshire, west Surrey and east Berkshire. It serves a wider population for some specialist care including emergency vascular and heart attacks. Frimley Park Hospital has around 3,700 whole time equivalent members of staff.

Wexham Park Hospital is a district general hospital people with approximately 3,400 staff and 700 beds. Services provided include emergency care, medicine, surgery, maternity and outpatient and diagnostic services.

# Summary of findings

Heatherwood Hospital has 34 inpatient and 24 day-care beds providing elective surgery, outpatient specialties and diagnostic services. There are about 193 clinical staff based on site and around 30 doctors based at Wexham Park Hospital but providing clinical sessions at Heatherwood Hospital. Heatherwood and Wexham Park Hospitals serve a population of around 46,000 people

Many administrative functions with a total of about 335 staff are based at a dedicated block on the Heatherwood site and serves the whole trust.

The trust delivers outpatient & diagnostic services from Bracknell, Aldershot, Farnham, Fleet, Maidenhead and Chalfont St Peter bringing a range of services closer to these communities.

The contract for adult physical health community services in North East Hampshire was transferred to Frimley Health Foundation Trust as a pilot on 1st January 2017 but the trust has been requested to continue to deliver these services until March 2020. Services include community adults in patients at Fleet Community Hospital, community adult nursing and therapy teams.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

**Surgery** was selected for because:

- There were a number of recommended actions and requirement notices from previous focussed inspection in 2018 we wished to check.
- The service was self-rated as outstanding and this was an opportunity to test this and the self-awareness of the leadership team.
- Surgery was a major service across three sites and this was an opportunity to test the "One Frimley" ethos.
- It was also an opportunity to identify any variation. We needed to explore contradictory results in several audits between sites.
- Eight never events in this service had been reported in the previous year.
- Nursing vacancies were higher than the trust target.

**Maternity** was selected because:

- We received concerns relating to governance, preceptor support and Cardiotocography (CTG) training.
- Staffing fill rates reported July 2018 showed low fill rates for nights and days for both registered and unregistered; we also received public concerns regarding understaffing.

# Summary of findings

- Medical staffing was a concern to managers and staff expressed concerns about medical rotas.
- There was a high birth to midwife ratio but low vacancies.
- Trust wide early warning score audit (March 2018) showed inconsistent completion and no improvement over the year since previous audit,
- This was an opportunity to test the “One Frimley” ethos.

**Community in-patients** were selected for inspection because:

- No previous inspection of the location was recorded.
- The trust self-assessed this service as outstanding, so this was an opportunity to test accuracy of this.
- The trust recently took over service, so thus was an opportunity to test how the trust have integrated this service, especially as continued integration was identified as a key challenge for the organisation.
- There were high nursing vacancy rates.

## What we found

This is the first time we rated this trust overall. We rated it as good because:

- We rated safe effective, caring responsive and well-led as good. We rated three of the trust’s locations as good and one as outstanding. In rating the trust, we took into account the current ratings of the six services not inspected this time dating from 2014 and 2016.
- We rated well-led for the trust overall as good.
- We rated Frimley Park Hospital as outstanding overall. We rated safe and effective as good and caring, responsive and well led as outstanding.
- We rated Wexham Park Hospital as good overall. We rated safe effective, caring and responsive as good. We rated well led as outstanding.
- We rated Heatherwood Hospital as good overall. We rated all key questions as good.
- We rated community inpatient services as good overall. We rated all key questions as good.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- **The trust controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. The trust had suitable premises and equipment and looked after them well.
- **The service followed best practice when prescribing, giving, recording and storing medicines.** Patients received the right medication at the right dose at the right time.
- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.** However, the number of midwives did not meet national guidance.
- **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 in line with the duty of candour.

# Summary of findings

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance and monitored the effectiveness of care and treatment and used the findings to improve them.
- **Staff gave patients enough food and drink to meet their needs and improve their health.** service made adjustments 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.
- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- **The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs.** The trust was a leader in the Frimley Integrated Care System and collaborated well with partners.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** However, the trust did not always meet its own standard in response timeliness.
- **Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.**
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action.** This was underpinned by a set of values that staff understood. The trust was devising a new strategy.

However:

- **Although the trust provided mandatory training in key skills to all staff the trust was not achieving its completion target of 85% in all topics.**
- **Although there were systems for managers to appraise staff's work performance not all staff had received an up to date appraisal.**
- **The trust did not use a systematic approach to quality improvement to continually improve the quality of its services and safeguard high standards of care although there were examples of good practice.**
- **The trust did not have an effective system for identifying strategic risks or for planning to eliminate or reduce them.**
- **Although there were examples of good practice this trust did not have a consistent or embedded approach to engaging patients and hearing their views and experiences.**
- **Director's personal files did not all contain the information needed to meet fit and proper person requirements.**

## Overall trust

This is the first time we rated this trust overall. We rated it as good because:

- There were arrangements to manage safety incidents and complaints to ensure these were adequately investigated, learning was identified and necessary changes to practice made.
- The premises and equipment were clean and well maintained; infection risks were well controlled.
- Staff managed medicines were in line with legislation and national guidance.
- Accurate and accessible patient records supported staff to give safe care.

# Summary of findings

- Generally, there were enough staff with the qualifications, skills and experience to meet patient needs.
- There was a programme of mandatory training but not all staff had completed this. Staff were competent although not all had received an appraisal of their performance.
- Staff delivered care and treatment were in line with national and recognised standards and guidance. Audit systems checked care was given in the best way and resulted in positive patient outcomes.
- Patients received enough food and drink and any pain they experienced was managed.
- Arrangements for consent took account of the needs of those who lacked capacity to give consent and followed relevant legislation.
- Feedback from patients and their families was positive and they were treated with dignity and respect.
- The trust worked collaboratively with partners in the Frimley Integrated Care System to provide joined up services that met the needs of the local population and of individuals, including those with disabilities or protected characteristics.
- Senior leaders and managers at all levels in the trust had the right skills and abilities to run a service, a vision for what they wanted to achieve and workable plans to turn it into action. They promoted a positive culture and created a sense of common purpose based on well understood organisational values.
- The trust had effective systems for identifying and mitigating operational risks through risk registers.
- The trust collected, analysed, managed and used information well to support all its activities and to monitor its own performance.

However:

- Midwifery staffing was a concern as staffing shortages meant one to one care in labour was not always achieved and staff felt pressured.
- The trust lacked a systematic and coordinated approach to quality improvement although there were examples of good practice.
- The trust did not have an effective system for identifying or managing and controlling strategic risks
- The trust did not have a consistent or embedded approach to engaging patients and hearing their views and experiences although there were some examples of good practice.

## Are services safe?

This is the first time we rated the trust overall. We rated it as good because:

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it. There was a dedicated safeguarding team to support staff and patients. This team liaised with partner organisations to safeguard children and adults in vulnerable circumstances
- **The trust controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection and infection rates were low.
- **The trust had suitable premises and equipment and looked after them well.** There was a programme of capital investments which had upgraded some departments and planned to redevelop Heatherwood Hospital. Patient equipment was maintained in line with manufacturer's guidance.

# Summary of findings

- **The trust followed best practice when prescribing, giving, recording and storing medicines.** Patients received the right medication at the right dose at the right time. However, not all storage temperatures were checked and action taken when temperatures fell outside of recommended ranges. In surgery, not all treatment areas allowed for safe medicine preparation.
- **Staff kept detailed records of patients' care and treatment.** Records were clear, up-to-date and easily available to all staff providing care. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Old records, investigation and imaging results were always available. The trust was investing in electronic records and moving towards these.
- **Generally, services had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.** This was despite recruitment problems which the trust was addressing through a number of initiatives.
- **The trust 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 in line with the duty of candour. However, recommendations following investigation incidents did not always consider all relevant factors.

However:

- **The number of midwives did not meet national guidance.** This meant staff felt pressured and one to one care in labour was not always achieved.
- **Although the trust provided mandatory training in key skills to all staff the trust was not achieving its completion target of 85% in all topics.** The trust acknowledged this and compliance levels were improving as they focussed on this training.

## Are services effective?

This is the first time we rated the trust overall. We rated it as good because:

- **The trust provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance and monitored the effectiveness of care and treatment and used the findings to improve them. The trust had a programme of internal audits and participated in national audits and research projects. Trust policies and clinical guidelines reflected national guidance from the National Institute for Health and Care Excellence and other national bodies.
- **Staff gave patients enough food and drink to meet their needs and improve their health.** Staff assessed patients' nutritional needs and reviewed using a nationally recognised tool. There were adjustments for patients' religious, cultural and other preferences.
- **Staff assessed and monitored patients regularly to see if they were in pain. Staff** used specialised assessment tools for those who could not tell staff about their comfort. Patients reported they were given adequate pain relief.
- **The trust made sure staff were competent for their roles.** There were opportunities for staff to develop their clinical and other skills and there were programmes of leadership development. Staff competency was formally assessed in key areas.
- **Staff ensured patients understood their treatment and gained consent before starting it.** 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.

# Summary of findings

- **Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.** They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Staff and patients were supported by specialist teams staffed by experts in mental health.

However:

- **Trust procedures did not reflect case law in the application of Deprivation of Liberty Safeguards (DoLS).** Staff did not assess deprivation of liberty in all patients who lacked capacity, only those resistive to care.
- **Although there were systems in place to appraise staff's work performance, not all staff had a current appraisal.**

## Are services caring?

This is the first time we rated the trust overall. We rated it as good because:

- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness. The trust performed well in the national Friends and Family test.
- **Staff provided emotional support to patients to minimise their distress.** Patients had access to specialist teams such as MacMillan nurses and to a chaplaincy service to meet their spiritual needs.
- **Staff involved patients and those close to them in decisions about their care and treatment.** Staff gave patients and families choices and information to help them make their decisions.

## Are services responsive?

This is the first time we rated the trust overall. We rated it as good because:

- **The trust planned and provided services in a way that met the needs of local people and** the trust worked collaboratively with commissioners, local authorities and other partner organisations to provide integrated care. The trust was a leader in the developing Frimley Integrated Care System (ICS).
- **Services took account of patients' individual needs.** There were facilities that ensured trust services were accessible to those with a wide range of disabilities or special needs, including those with mobility, sensory or cognitive challenges. There were arrangements to meet the cultural needs of ethnic minorities including interpreting services.
- **The trust treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** Changes were made to practice because of learning from complaints.

However:

- **The trust did not always meet its own standards of timeliness when responding to complaints.**

## Are services well-led?

This is the first time we rated the trust overall. We rated it as good because:

- **Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.** Recruitment processes ensured senior leaders and other managers had the skills and experience for their jobs.
- **Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** Staff with protected characteristics were valued and there were no reports of bullying or discrimination. Workforce race equality standards (WRES) data was slightly better than the England average.

# Summary of findings

- **Staff generally felt supported, respected and valued and felt proud to work at the trust.** The overall staff engagement indicator in the NHS Staff Survey 2017 showed a positive staff experience to be in the best 20% of acute trusts.
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action.** This was underpinned by a set of values that staff understood. The trust was devising a new strategy at the time of our inspection as the current objectives had generally been achieved and it was ending its lifespan.
- **The trust had effective systems for identifying operational risks, and planning to eliminate or reduce them.** There was system of risk registers which were current and regularly reviewed and which captured operational risks at departmental, directorate and corporate levels. Control measures were specified and these were put in place.

However:

- **The trust did not use a systematic approach to quality improvement to continually improve the quality of its services and safeguard high standards of care.** There were examples of good practice but there was no consistent and coordinated system to provide a coherent, trust-wide approach. This was not addressed in the trust quality strategy.
- **The trust did not have an effective system for identifying strategic risks or planning to eliminate or reduce them.** The trust was developing a board assurance framework to provide this.
- **Although there were examples of good practice, the trust did not have a consistent or approach to engaging patients and hearing their views and experiences.** The engagement strategy was new and not yet embedded. There were no arrangements for patients to talk of their experience at board meetings or at sub-committees.
- **Director's personal files did not all have the information required to meet fit and proper person requirements.** However, the trust was taking action to remedy this at the time of our inspection and had requested updated Disclosure and Barring Service checks and other relevant information to ensure files were complete and kept current.

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in community inpatient services and in Maternity at Wexham Park Hospital

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

## Areas for improvement

We found areas for improvement including two breaches of legal requirements that the trust must put right.

We found 25 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.

# Summary of findings

## Action we have taken

We issued two requirement notices to the trust. Our action related to one breach of legal requirements in maternity, and one in the trust overall.

For more information on action we have taken, see the sections on areas for improvement section of this report.

## 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

In community inpatient services:

The teams worked with a wide range of multidisciplinary health and community partners to identify best practices and provide integrated care for patients. For instance, they worked with partners to develop the catheter pathway which was implemented across the system so patients could access the right catheter care whether they were home, in a community care setting, at a community hospital or an acute hospital.

The lead consultant on the ward worked in the community as well as the ward and had close relationships with medical and social care teams within the region. The ward held weekly multidisciplinary meetings to help integration of care within the region. Both internal and external care providers, including the lead consultant, nursing staff, occupational and physical therapists, integrated care team, junior doctor, social worker and community matron attended these meetings.

Each patient's care plan was individualised with input from the multidisciplinary team including doctor, nurses, physiotherapist and occupational therapists on the ward and these teams worked together to ease transfers to and from the ward. Ward staff worked closely with community and district nursing teams, social care providers and other services to ensure timely discharge and continuity across inpatient and primary care.

In maternity at Wexham Park Hospital:

We found "The Bubble" room on Ward 21 to be an area of outstanding practice. This provided a calm and relaxing space for women to receive aromatherapy massage from trained maternity support workers during early labour.

We found the post-dates clinic provided at Juniper Birth Centre to be an area of outstanding practice. The clinic provided one-hour long appointments to women beyond 40 weeks of pregnancy, which included aromatherapy and massage to support women in what can be an anxious time for some women.

## Areas for improvement

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

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

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

# Summary of findings

- In maternity at Frimley Park Hospital and Wexham Park Hospital, the trust must take action to ensure midwifery staffing meets the acuity level set out in the Birthrate Plus tool on all shifts.
- The trust must increase compliance with mandatory training to meet its 85% standard in all topics.

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

- The trust should check that all director personnel files contain all the information relevant to fit and proper persons requirements on an ongoing basis.
- The trust should consider how it can ensure the patient voice is heard throughout the organisation through implementing a coherent and consistent approach.
- The trust should consider how it can embed a consistent and unified approach to quality improvement.
- The trust should review recommendations from incidents to include addressing underlying system issues or human factors.
- The trust should review its procedures for Deprivation of Liberty Safeguards to be assured they meet legislative requirements.
- The trust should take steps to improve the timeliness of responses to complaints to meet trust guidance.
- The trust should make plans that enable all staff to have an annual appraisal.
- The trust should take and record appropriate actions when ambient room temperatures and fridges storing medicines are outside of the required temperature range

### In surgery at Frimley Park Hospital:

- The trust should check premises restricted to staff such as those storing substances subject to control of substances hazardous to health standards and sharp equipment are always kept locked.
- The trust should keep store rooms and trolleys where controlled medicines locked when not occupied by a member of staff.
- The trust should ensure treatment rooms are suitable and have adequate space to safely prepare medication.
- The trust should check signs to identify resuscitation and difficult airway equipment are clearly labelled and visible.

### In surgery at Wexham Park Hospital:

- The trust should manage changes to the theatre list consistently and in line with their policy.
- The trust should plan junior doctor's rotas in a timely way and have a designated guardian of safe working hours.
- The trust should close the fire exit in the corridor to pre-assessment and monitor this.

### In maternity at Frimley Park Hospital:

- The trust should check where policies are printed into hard copy, they are in date and the correct version and should take action to review and update all policies outside of their review date in a timely way.
- The trust should ensure that cleaning checklists are consistently documented.
- The trust should ensure that clinical waste is appropriately labelled in line with Health Technical Memorandum (HTM) 07-01 safe management of healthcare waste.

### In maternity at Wexham Park Hospital:

# Summary of findings

- The trust should take action so all daily checks of critical equipment are completed.
- The trust should take action to ensure out of date controlled drugs are promptly removed from clinical areas for denaturation by pharmacy staff.
- The trust should take action to review and update all policies outside of their review date in a timely way.
- The trust should take action to continue to improve patient flow throughout the maternity department.

In community inpatient services:

- The trust should implement processes to ensure learning from incidents is shared with all staff members, regardless of whether they attend meetings.
- The provider should introduce tools and processes to ensure the ward is cleaned daily in line with the relevant internal requirements and guidance and that cleaning is recorded for auditing and evidential purposes.
- The provider should ensure that computers are available so staff can access trust policies, procedures and training regardless of location.

## 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.

**Board members at the trust had the right skills and abilities to run a service providing high-quality sustainable care.** Recruitment processes ensured and senior leaders had appropriate skills and experience to effectively lead the organisation. There was recognised board leadership programme. Non-executive directors received a comprehensive induction package.

**Leaders understood the challenges facing the trust and could identify actions needed to address these.** Board members could clearly articulate the challenges and were consistent in their view of these. The chief executive had communicated his view of the main challenges after 100 days in post and these were known and appreciated by staff at all levels. The trust operating plan made these challenges, and actions to mitigate and manage them explicit and incorporated issues for the trust and the wider integrated care system (ICS).

**Leaders were visible and approachable.** This was confirmed by staff at all levels. There was a programme of departmental visits by executive and non-executive board members. The chief circulated weekly messages giving updates and announcements on matters of wider interest.

**The trust had a clear vision underpinned by values which focused on quality and safety which were understood by staff.** The trust had a clear statement of its vision underpinned by a set of values which was understood, at a level appropriate for their role, by staff we spoke with and which were well publicised.

**The current trust strategy had reached the end of its life but here were credible plans to develop a new strategy for the next five years.** The trust strategy was monitored by the board through the setting and review of the annual objectives. The current strategy was clinically-focussed and each directorate had developed and delivered their own objectives underneath each theme. These were monitored and reported through governance structures and board

# Summary of findings

discussions. Service development and quality improvements demonstrated the achievement of the strategic objectives. The trust had engaged external help in developing its new strategy. The principles for determining the new strategy had been agreed as; a new sense of aspiration and ambition, horizon scanning including the use of new technologies built with the whole organisation communities and partners.

**The trust took a lead role in the local integrated health system.** The integrated care system was operating to a shared financial control total. The trust's director of finance was also the finance director of the integrated care system in a shared role. The trust board showed commitment to the success of the integrated care system and were fully engaged with the plans to deliver the aims of the system.

**Staff generally felt supported, respected and valued and felt proud to work at the trust.** The overall staff engagement indicator in the NHS Staff Survey 2017 showed a positive staff experience to be in the best 20% of acute trusts. The chief executive held a monthly open briefing session at all sites which were valued by staff.

**All staff were provided with feedback on their performance and had development opportunities. There were schemes that recognised and rewarded achievement.** There was a programme of mandatory training although not all staff had completed this. There was an appraisal system but not all staff had had an appraisal in the previous year. Staff had opportunities to develop their clinical skills, and leadership development was well supported. There were systems to recognise and reward staff achievements such as board awards (which were linked to the organisational values), line manager funds which rewarded good practice, and a peer to peer recognition platform.

**Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** The trust had a well-publicised and embedded values system developed in conjunction with its staff. Staff described an open and positive culture at the organisation. Staff demonstrated a sense of belonging and frequently talked about a "family feel" at the organisation. The trust supported effective employee relations and staff could formally raise concerns through effective human resources procedures.

**Equality and diversity was promoted at the trust.** There was a comprehensive equality and diversity policy which set out the framework for equality and fairness in employment and was a statement of the trust's commitment to equality and diversity in the workplace. The trust employed an equality and diversity manager with operational responsibility for these matters across the trust. Training in equality and diversity formed part of the mandatory training programme. The workforce race equality standard data (WRES) was generally better than England averages and generally showed some improvement on previous years.

**There was a clear governance structure which was under review and enabled safe, high quality care to flourish.** There was a comprehensive committee structure which ensured the trust had a systematic approach to ensuring the quality and safety of its services and being assured of this. The trust had identified the structure needed reviewing and streamlining. They had embarked on a project to rationalise the committee structure, the meeting schedule and to clarify the decisions and duties delegated by the board to the sub-committees. We found that the clinical and other directorates had their own governance structures that were functioning well. There was a flow of information, both up and down, through the directorate and corporate governance structures.

**There were systems to identify performance issues and to manage these.** The trust produced a range of dashboards at all levels of the organisation to monitor performance in the full range of trust functions. There was a system of assurance meetings where managers were held to account for performance.

**The trust was assured of the quality of its data.** There was a combination of internal and external audits to monitor data quality and the capture of accurate information. Secondary uses services (SUS) data quality dashboards showed positive accuracy and completeness for the trust's data. The trust's partner organisations in the integrated care system reported data was readily provided and was reliable.

# Summary of findings

**There were internal and clinical audits to which monitored quality and patient outcomes.** There were programmes of clinical audit and the trust participated in national audit programmes. The audit committee co-ordinated and scrutinised other audit activity and reported to the board. The trust employed external auditors and had recently engaged a new company for this work.

**The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.** Risk registers were used effectively to identify, mitigate and monitor risks. There risks were identified at departmental level and each department had its own risk register. More severe risks were captured on divisional risk registers and in turn populated the corporate risk register. Risk registers were regularly reviewed and mitigating and control measures were identified and put in place. The trust had business continuity and major incident plans.

**Finances at the trust were well managed and opportunities and risks well understood.** The board were well sighted on the financial performance of the organisation. The Frimley ICS was operating to the principle of 'one system – one budget' and was one of only two integrated care systems nationally operating the fullest form of system control total for 2018/19. There was a close alignment within the integrated care system on plans and commissioning assumptions. There were areas of income risk but also opportunities. The trust was demonstrated a deep understanding of these and had credible plans to mitigate the risks and maximise opportunities. Cost improvement programmes were rigorously assessed to ensure they did not adversely affect safety and quality.

**Senior leaders and managers engaged with staff, and listened to their views.** Staff told us about departmental meeting and local arrangements for engaging and involving them. However, the trust acknowledged there were opportunities for staff to be better informed about trust plans and to receive regular communication about day to day events. Feedback suggested there could be more opportunities available to involve staff in changes and seek their views.

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Arrangements ensured suitably senior staff lead on safeguarding at the trusts. A team of safeguarding leads for adult and children were employed and managed a case load of patients and were visible in clinical areas supporting staff, talking with patients and relatives and offering advice.

**The trust had systems so it could learn from deaths, complaints or safety incidents.** Staff could describe their responsibilities to report incidents and near misses using an electronic reporting system. Incidents were investigated and learning points were disseminated through a wide range of methods. The trust had a process for monitoring mortality rates and for reviewing cases to identify any area of concern. Staff could tell us about incidents and learning from complaints. Changes to practice were made as a result of learning from critical incidents

However:

**The board lacked an effective assurance framework that enabled them to identify, quantify and manage strategic risks.** Leaders acknowledged the current risk assurance framework, whilst giving clear oversight of operational risks, did not adequately identify, analyse or mitigate all the trust's strategic risks. The development of a new board assurance framework was in development and was planned to be in place in Spring 2019.

**Not all director personnel files showed compliance with fit and proper persons regulations.** Not all files contained the required information including disclosure and Barring Service (DBS) checks for all directors. The trust was taking prompt action to ensure personal files contained all relevant information relating to fit and proper persons,

**Arrangements for ensuring the patient voice was heard by senior leaders and the engagement of local people in developing services was not well embedded.** There were some good examples of patient engagement but this was not

# Summary of findings

yet fully coordinated into a coherent strategy. The trust had produced a “Patient and public involvement and engagement plan 2018/19.” The patient voice was not always represented; board meeting or quality committees did not include any patient stories or contributions to allow the board to feel the impact of their services on the user. Patient and family involvement in the investigation of incidents was not well recorded in incident reports.

**Systems and methodologies for quality improvement initiatives were not well coordinated and there was no consistent approach.** The trust had published an approach to approach to quality planning in its Quality Improvement Strategy April 2017 to March 2010 and in its Operational Plan 2017/8. However, there was no unified and consistent approach to quality improvement across the organisation and the trust did not have a single methodology for quality improvement activity. The organisation was addressing issues such as how to approach quality improvement, which model to use and how to structure this activity. The trust had joined NHS quest to try and normalise quality improvement at the trust.

**Recommendations from incident investigations were weak.** The level of investigation was satisfactory with people with the right expertise and independence involved. The root cause analysis was suitable. Recommendations focussed on individuals ensuring compliance with policies and care pathways. Overall, recommendations relied on delivering messages rather than addressing underlying system issues or human factors.

**The trust could not clearly demonstrate its management of Deprivation of Liberty Safeguards (DoLS) was consistent with case law.** We were told trust staff applied for a DoLS if a patient lacked capacity to make that decision and was resisting care. However, case law requires all patients lacking capacity to have any potential liberty restrictions considered. The annual safeguarding report does not make it clear when restrictions were applied and describes internal assessments before a DoLS application. The safeguarding teams could not clearly describe the trust approach to application of DoLS; this suggests the trust may not be following legislation.

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at [www.cqc.org.uk/provider/RDU/Reports](http://www.cqc.org.uk/provider/RDU/Reports).

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good	Good	Good	Good	Good	Good
Mar 2019	Mar 2019	Mar 2019	Mar 2019	Mar 2019	Mar 2019

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
Frimley Park Hospital	Good →← Mar 2019	Good →← Mar 2019	Outstanding →← Mar 2019	Outstanding →← Mar 2019	Outstanding →← Mar 2019	Outstanding →← Mar 2019
Wexham Park Hospital	Good →← Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Outstanding →← Mar 2019	Good →← Mar 2019
Heatherwood Hospital	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Community In-patient	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
<b>Overall trust</b>	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019

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 Frimley Park Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Outstanding Sept 2014	Not rated	Good Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014
Medical care (including older people's care)	Good Sept 2014	Good Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014
Surgery	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↓ Mar 2019	Good ↓ Mar 2019	Good ↓ Mar 2019
Critical care	Outstanding Sept 2014	Good Sept 2014	Outstanding Sept 2014	Good Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014
Maternity	Requires improvement ↓ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019
Services for children and young people	Requires improvement Sept 2014	Good Sept 2014	Outstanding Aug 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
End of life care	Good Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014
Outpatients	Good Sept 2014	Not rated	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014
<b>Overall*</b>	Good ↔ Mar 2019	Good ↔ Mar 2019	Outstanding ↔ Mar 2019	Outstanding ↔ Mar 2019	Outstanding ↔ Mar 2019	Outstanding ↔ Mar 2019

\*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 Wexham Park Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Feb 2016	Good Feb 2016	Good Feb 2016	Outstanding Feb 2016	Outstanding Feb 2016	Outstanding Feb 2016
Medical care (including older people's care)	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Surgery	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↓ Mar 2019	Good ↔ Mar 2019
Critical care	Good Feb 2016	Good Feb 2016	Outstanding Feb 2016	Good Feb 2016	Outstanding Feb 2016	Outstanding Feb 2016
Maternity	Requires improvement ↓ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2018
Services for children and young people	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
End of life care	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Outpatients	Good Feb 2016	Not rated	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
<b>Overall*</b>	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Outstanding ↔ Mar 2019	Good ↔ Mar 2019

\*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 Heatherwood Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2018	Good Mar 2018
<b>Overall*</b>	Good Mar 2019					

\*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 community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health inpatient services	Good Mar 2019					
<b>Overall*</b>	Good Mar 2019					

\*Overall ratings for community health services 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.

# Acute health services

## Background to acute health services

Frimley Health NHS Foundation Trust provides NHS hospital services for around 900,000 people across Berkshire, Hampshire, Surrey and South Buckinghamshire. Services are commissioned principally by local clinical commissioning groups (CCG's) including East Berkshire, Surrey Heath and North-east Hampshire and Farnham CCGs. Services are also commissioned through NHS England Specialist Commissioning. The trust covered the local authority areas of Slough Borough Council, Royal Borough of Windsor and Maidenhead, Bracknell Forest Council, Surrey County Council and Hampshire County Council and worked with these organisations to provide services.

The trust brought together Heatherwood and Wexham Park Hospitals NHS Foundation Trust and Frimley Park Hospital NHS Foundation Trust to create Frimley Health NHS Foundation Trust on 1 October 2014.

The trust is part of the Frimley Health and Care system, one of 14 integrated care systems (ICS) nationally. The system has formed an ICS board, which was in shadow form from April 2017, and is working to a shared system control total across health partners.

The trust employs around 9,000 staff across three main hospitals - Frimley Park in Frimley near Camberley, Heatherwood in Ascot and Wexham Park near Slough. The trust also runs outpatient clinics and diagnostic services from Aldershot, Farnham, Fleet, Windsor, Maidenhead, Bracknell and Chalfont St Peter to bring these services closer to local communities.

The trust also hosts the Defence Medical Group (South East) at Frimley Park with military surgical, medical and nursing personnel working alongside the hospital's NHS staff providing care to patients in all specialties.

From August 2017 to July 2018 the trust had 17,465 episodes of in-patient care. There were 1,518,995 outpatient attendances and 9,101 births. There were also 2,570 deaths.

Frimley Park Hospital provides acute services to a population of 400,000 people across north-east Hampshire, west Surrey and east Berkshire. It serves a wider population for some specialist care including emergency vascular and heart attacks. Frimley Park Hospital has around 3,700 whole time equivalent members of staff and 750 beds.

Wexham Park Hospital is a district general hospital people with approximately 3,400 staff and 700 beds. Services provided include emergency care, medicine, surgery, maternity and outpatient and diagnostic services.

Heatherwood Hospital has 34 inpatient and 24 day-care beds providing elective surgery, outpatient specialties and diagnostic services. There are about 193 clinical staff based on site and around 30 doctors based at Wexham Park Hospital but providing clinical sessions at Heatherwood Hospital. Heatherwood and Wexham Park Hospitals serve a population of around 46,000 people

We inspected Frimley Park Hospital in 2014 when the trust was rated as outstanding overall. We inspected Wexham Park Hospital in 2016 when this hospital was rated good overall. In September 2018 we carried out a focussed inspection in surgery at both main hospitals in response to information of concern. We did not re-rate the trust, but issued requirement notices for the trust to act to address shortcomings we identified

# Summary of findings

## Summary of acute services

Good 

**This is the first time we have rated acute services at the trust overall. We rated it as good because:**

- On this occasion we inspected surgery and maternity services. When aggregating ratings we took into account ratings for the other services from inspections in 2014 and 2016. We rated safe, effective, caring, responsive and well-led as good. We rated two acute trust's locations as good and one as outstanding. In rating the trust, we took into account the current ratings of the six services not inspected this time dating from 2014 and 2016.
- We rated well-led for the trust overall as good.
- We rated Frimley Park Hospital as outstanding overall. We rated safe and effective as good and caring, responsive and well led as outstanding.
- We rated Wexham Park Hospital as good overall. We rated safe, effective, caring and responsive as good and well led as outstanding.
- We rated Heatherwood Hospital as requires good overall. We rated all key questions as good.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- **The trust controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. The trust had suitable premises and equipment and looked after them well.
- **The service followed best practice when prescribing, giving, recording and storing medicines.** Patients received the right medication at the right dose at the right time. However, storage temperatures were not always monitored and action taken when they were out of expected range.
- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- **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 in line with the duty of candour.
- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance and monitored the effectiveness of care and treatment and used the findings to improve them.
- **Staff gave patients enough food and drink to meet their needs and improve their health. service made adjustments 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.
- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.

# Summary of findings

- **The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs.** The trust was a leader in the Frimley Integrated Care System and collaborated well with partners.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** However, the trust did not always meet its own standard in response timeliness.
- **Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.**
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action.** This was underpinned by a set of values that staff understood. The trust was devising a new strategy.

However:

- **The number of midwives did not meet national guidance.** This meant staff felt under pressure and one to one care in labour was not always achieved.
- **Although the trust provided mandatory training in key skills to all staff the trust was not achieving its completion target of 85% in all topics.**
- **Although there were systems for managers to appraise staff's work performance not all staff had received an up to date appraisal.**
- **The trust did not use a systematic approach to quality improvement to continually improve the quality of its services and safeguard high standards of care although there were examples of good practice.**
- **Although there were examples of good practice this trust did not have a consistent or embedded approach to engaging patients and hearing their views and experiences.**

# Heatherwood Hospital

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## Key facts and figures

The trust brought together Heatherwood and Wexham Park Hospitals NHS Foundation Trust and Frimley Park Hospital NHS Foundation Trust to create Frimley Health NHS Foundation Trust on 1 October 2014.

The trust is part of the Frimley Health and Care system, one of 14 integrated care systems (ICS) nationally.

Heatherwood Hospital has 34 inpatient beds and 24 day care beds providing elective surgery for orthopaedics, gynaecology, urology, breast surgery, oral and maxillofacial surgery and general surgery alongside a wide range of outpatient specialties and diagnostics.

Heatherwood and Wexham Park Hospitals serve a population of around 435,000 people.

Heatherwood Hospital has approximately 193 clinical staff based on site and around 30 doctors who are based at Wexham but provide clinical sessions on the Heatherwood site.

Many administrative functions with a total of about 335 staff are based at a dedicated block on the Heatherwood site and serves the whole trust.

This is the first time we have inspected this hospital as part of Frimley Health NHS Foundation Trust.

## Summary of services at Heatherwood Hospital

**Good** 

The service was not previously inspected or rated as part of Frimley Health NHS Foundation Trust. We rated it them as good because:

- On this occasion we rated surgery as good in the key area of safe, effective, caring, responsive and well led.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- **The hospital controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. The hospital had premises that were no longer fit for purpose and was planning a rebuild of the site. Meanwhile the premises were kept safe for use.
- **The hospital followed best practice when prescribing, giving, recording and storing medicines.** Patients received the right medication at the right dose at the right time.

# Summary of findings

- **The hospital had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- **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 in line with the duty of candour.
- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance and monitored the effectiveness of care and treatment and used the findings to improve them.
- **Staff gave patients enough food and drink to meet their needs and improve their health.** The hospital made adjustments 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.
- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- **The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs.** The trust was a leader in the Frimley Integrated Care System and collaborated well with partners.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** However, the trust did not always meet its own standard in response timeliness.
- **Managers at all levels in the hospital had the right skills and abilities to run a service providing high-quality sustainable care.**
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action.** This was underpinned by a set of values that staff at the hospital understood.

However:

- **Although the trust provided mandatory training in key skills to all staff the trust was not achieving its completion target of 85% in all topics.**
- **Although there were systems for managers to appraise staff's work performance not all staff had received an up to date appraisal.**

# Surgery

Good ●

## Key facts and figures

We visited Heatherwood Hospital which provides elective surgery for gynaecology, urology, breast surgery, oral and maxillofacial surgery, orthopaedics, plastics and general surgery.

During our inspection we visited most areas of the surgical service including general and orthopaedic ward, theatres, day surgery unit, and the short stay unit. The patients treated at Heatherwood Hospital needed to meet specific criteria to have surgery there as this hospital had no emergency department or critical care facilities. They did not treat bariatric patients or children.

We spoke with 27 staff of all grades, including nurses, doctors, healthcare assistants, therapists, practitioners, housekeeping and kitchen staff, administrative staff, volunteers and other healthcare professionals.

We reviewed six sets of patient records. We spoke with seven patients about their experience and observed care and treatment being delivered. We observed nursing, doctor and multi-disciplinary team handovers.

We reviewed performance data before, during and after the inspection. We also considered views and feedback provided at staff focus groups which we facilitated before the inspection.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We last inspected this service in 2014 and rated it as good.

## Summary of this service

The service was not previously inspected or rated as part of Frimley Health NHS Foundation Trust. We rated it as good because:

- **The service controlled infection risk well.** The hospital was clean and well looked after despite the difficulties presented in maintaining an older building.
- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with staff to continuously improve patient safety.
- **Staff maintained good record keeping standards.** Staff kept records of patients' care and treatment in line with Nursing and Midwifery Council and General Medical Council guidance. Records were clear, up-to-date and available to all staff providing care.
- **The service used safety monitoring results well.** Staff collected safety thermometer information, such as rates of falls, pressure ulcers and catheter-acquired urinary tract infections and shared it with staff, patients and visitors.
- **The trust had effective processes for assessing and responding to patients at risk.** The service carried out assessments of risks to patients and acted to lessen risks such as falls and pressure ulcers. We saw there were regular observations of patients using an early warning system and action taken to escalate any deterioration.
- Patients had good outcomes following surgery. Results from national audits showed the service performed well, with patient outcomes about the same as other NHS acute hospitals nationally.

# Surgery

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.** The service made sure staff were competent for their roles. Managers appraised staff performance, and we saw records of meaningful appraisals. Competency records we reviewed provided assurances staff had the skills they needed to do their jobs.
- **Staff of different kinds worked together as a team to benefit patients.** We saw positive examples of multidisciplinary working between different staff groups, including doctors, nurses and therapists.
- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- **Staff involved patients and those close to them in decisions about their care and treatment.**
- **Staff provided emotional support to patients to minimise their distress.**
- **Staff took account of patients' individual needs.** The service took action to meet the needs of different patient groups so they could access the service on an equal basis to others.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results.** The service shared learning from complaints with relevant staff to help drive continuous improvement. However, they did not meet their own standards regarding the timeliness of complaint responses.
- **Managers across the trust promoted a positive culture that supported and valued staff.** Staff generally spoke positively of the culture and described positive working relationships with colleagues and managers

## Is the service safe?

Good 

The service was not previously inspected or rated as part of Frimley Health NHS Foundation Trust. We rated it as good because:

- **The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.** They used control measures to prevent the spread of infection.
- **Staff in the operating theatres followed the World Health Organisation (WHO) surgical safety checklist and five steps to safer surgery.** This was monitored and audited to make sure that this was completed with consistency and accuracy.
- Vacancy rates for nursing staff had improved since the last inspection of 2014 and there were minimal nurse vacancies.
- **We saw that medicines were stored securely and that all medicines checked were in date.** There was a stock rotation system and regular checking of supplies to ensure that patients had plentiful medicines to take home with them after surgery.
- **Before and after surgery patients were continually assessed using the National Early Warning Score (NEWS).** Staff in theatres were observed assessing patients and recording scores every 15 minutes. On the wards, staff monitored patients hourly and then the frequency of observations depended on the procedure and the patient's history.
- The safety thermometer information was available and displayed on notice boards in a way that was easy to understand.

# Surgery

- **Staff kept appropriate records of patients' care and treatment.** Records were clear, up-to-date, and available to all staff.
- **The trust had an electronic reporting system to record safety incidents and near misses.** Staff told us that the culture around reporting of incidents had improved over the last four years. Managers encouraged and supported staff when reporting any incidents.

However:

- Although mandatory training compliance was important to the surgical team and there were systems to monitor mandatory training rates, the overall reported completion rate for mandatory training for staff did not meet the 85% compliance target set by the trust

## Is the service effective?

Good 

The service was not previously inspected or rated as part of Frimley Health NHS Foundation Trust. We rated it as good because:

- **Care reflected evidence based practice and national guidelines. The trust monitored the effectiveness of care and treatment and used the findings to improve them.** The hospital also participated in national and local audits and benchmarked its performance against other local and national urgent and emergency services.
- The trust had an up-to-date local sepsis screening policy. Staff were trained in the recognition, diagnosis and early management of sepsis and we saw dedicated sepsis trolleys in theatres and the surgical assessment unit.
- Patients on the wards had their nutrition and hydration needs assessed using the Malnutrition Universal Screening Tool (MUST). They were offered drinks and light refreshments on their return to the ward after surgery and prior to being discharged.
- **Patients pain was well managed.** Pain relief was effectively assessed and managed across the surgery service. Patients we spoke with told us staff regularly checked if they were experiencing any pain and if they wanted medication to relieve it.
- **Multi-disciplinary working was evident between ward staff, physiotherapists and occupational therapists.** Staff worked together effectively as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Collaborative working was evident within the surgery service. Staff credited this as one of the reasons they delivered an efficient service and offered good patient care.
- **The service made sure staff were competent for their roles.** Most staff had received an annual appraisal. Managers regularly appraised staff's work performance and competence.
- Patients at Heatherwood Hospital had a lower expected risk of readmission for elective admissions when compared to the England national average.
- Staff obtained and recorded consent in line with relevant guidance and legislation and staff had good awareness of the Mental Health Capacity Act

## Is the service caring?

Good 

# Surgery

The service was not previously inspected or rated as part of Frimley Health NHS Foundation Trust. We rated it as good because:

- **Patients and relatives told us they felt involved in decisions about their or care and treatment of their loved ones.**
- **The response rate of 72% of patients to the family and friends test was higher than average.** The results showed that between 98% and 100% of patients would recommend Heatherwood Hospital to people they knew such as friends and family.
- **Staff cared for patients with compassion, dignity and respect.** Feedback from patients confirmed staff treated them well and with kindness and we observed kind, patient, and compassionate care in practice.
- **Staff provided emotional support to patients to minimise their distress.** Staff were aware of the impact on patients and carers of the care and treatment they provided. We saw staff tending to patients with pre-surgery anxiety who reassured them throughout the entire process.

## Is the service responsive?

Good 

The service was not previously inspected or rated as part of Frimley Health NHS Foundation Trust. We rated it as good because:

- Patients scheduled for surgery had all been through pre-assessment and assessed by the anaesthetists to be fit for surgery. This considered the local criteria for having surgery at this hospital. All patients requiring elective surgery had a pre-operative assessment.
- **The issue of mixed sex breaches had been addressed on the day surgery unit.** The service has created of a waiting area and dividing the space within the unit so that women and men had distinct areas to prepare for theatre.
- **The trust had good support arrangements for those with additional needs.** We found reasonable adjustments were made to consider the needs of different people for example on the grounds of religion, gender disability, or preference
- **The needs of the local population were fully identified, understood and taken into account when planning services.** The trust had consulted the local community about the new plans for the hospital rebuild in 2021.
- **The trust had a policy to monitor, report and investigate complaints and concerns.** Staff told us they addressed any concerns immediately and directed patients to the patient advice and liaison service (PALS) if patients were not satisfied.
- **The trust had good support arrangements for those with additional needs.** Patients who required communication assistance or physical support to navigate to areas in the hospital were identified at pre-assessment. Arrangements were made prior to admission to ease the process.
- Cancellation rates for the service were similar to the national average and there was a procedure for managing patients when surgeries needed to be cancelled. The average length of stay for patients having elective surgery was lower than the national average.

However:

# Surgery

- **Complaints were not responded to in a timely way.** Trust data for complaint response times stated that complaints took an average of 41 days to be investigated and completed. This was not in line with the complaints policy. This data was combined for Heatherwood Hospital and Wexham Park. Managers at Heatherwood believed they dealt with complaints within the 25 day time limit.

## Is the service well-led?

Good 

The service was not previously inspected or rated as part of Frimley Health NHS Foundation Trust. We rated it as good because:

- **Staff knew who their leaders and managers were.** There was a leadership training programme that sought to develop existing staff to become strong leaders and to enable succession planning.
- **There was a good culture among staff and they enjoyed their work.** All staff we spoke with were enthusiastic about working for the trust. Staff spoke of good teamwork and were proud of the service they delivered.
- **Staff felt actively engaged and empowered.** Staff told us they were listened to and that the senior managers understood their concerns because they had the relative experience, skills and knowledge to support them.
- **There was an effective and comprehensive process in place to identify, understand, monitor and address current and future risks.**
- **The governance arrangements for the division were well established.** Regular meetings at all stages allowed for information to be passed on and dealt with in a timely manner. Staff were clear on what their responsibilities were and maintained accountability
- **Managers and staff were committed to expanding and developing services provided.** The new lithotripsy unit was working well within the day surgery unit.
- **The trust's vision was displayed on the information boards in theatres and on all the wards we visited.** Staff told us what the trust values were and how they used them as part of their appraisal and supervision process.

## Areas for improvement

### Action the service must take to improve

- The trust must ensure that it meets mandatory training compliance rate of 85% completion.
- The trust should respond to complaints in a timely way to meet its own targets.

# Wexham Park Hospital

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## Key facts and figures

The trust brought together Heatherwood and Wexham Park Hospitals NHS Foundation Trust and Frimley Park Hospital NHS Foundation Trust to create Frimley Health NHS Foundation Trust on 1 October 2014.

The trust is part of the Frimley Health and Care system, one of 14 integrated care systems (ICS) nationally.

Wexham Park Hospital is a district general hospital people with approximately 3,400 staff and 700 beds. Services provided include emergency care, medicine, surgery, maternity and outpatient and diagnostic services.

We last inspected the hospital in 2016 when we inspected the core services of urgent care, medicine, surgery, critical care, end of life care, outpatients and diagnostics and services for children and young people. In September 2018 we carried out a focussed inspection in s in response to information of concern. We did not rerate the service but issued requirement notices for the trust to act to address shortcomings we identified.

## Summary of services at Wexham Park Hospital

Good   

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

- We rated the hospital as good overall. We rated well led as outstanding, and safe, effective, caring and responsive as good. In aggregating ratings, we took account of the ratings from 2014 for the six services we did not inspect at this time.
- On this occasion we rated both surgery and maternity as good in effective, caring, responsive and well led. For safe we rated surgery as good and maternity as requires improvement.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- **The hospital controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. The hospital had suitable premises and equipment and looked after them well.
- **The hospital followed best practice when prescribing, giving, recording and storing medicines.** Patients received the right medication at the right dose at the right time.

# Summary of findings

- **Generally the hospital had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- **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 in line with the duty of candour.
- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance and monitored the effectiveness of care and treatment and used the findings to improve them.
- **Staff gave patients enough food and drink to meet their needs and improve their health.** The hospital made adjustments 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.
- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- **The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs.** The trust was a leader in the Frimley Integrated Care System and collaborated well with partners.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** However, the trust did not always meet its own standard in response timeliness.
- **Managers at all levels in the hospital had the right skills and abilities to run a service providing high-quality sustainable care.**
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action.** This was underpinned by a set of values that staff at the hospital understood.

However:

- **Although the trust provided mandatory training in key skills to all staff the trust was not achieving its completion target of 85% in all topics.**
- **Although there were systems for managers to appraise staff's work performance not all staff had received an up to date appraisal.**
- **Midwifery staffing did not always meet national guidance. Women did not always receive one to one during labour.**

# Surgery

Good   

## Key facts and figures

The surgical service at Frimley Health NHS Foundation Trust is situated on the Frimley Park, Wexham Park and Heatherwood hospital sites.

The trust has 33 main operating theatres 30 surgical wards and 476 inpatient beds located across all three sites. The trust reported 66,393 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 17,909 (27%), 38,908 (59%) were day cases, and the remaining 9,576 (14%) were elective.

Wexham Park Hospital is a district general hospital located in Slough serving a population of around 465,000 people with approximately 3,400 staff and 700 beds. Since October 2014, it has formed part of Frimley Health NHS Foundation Trust (FT) when Frimley Health NHS FT acquired Heatherwood and Wexham Park Hospital. Wexham Park Hospital provides elective and emergency surgery in the following specialties: general surgery, urology, breast surgery, ENT, oral surgery, maxillofacial surgery (elective), orthopaedic and trauma, plastic and reconstructive surgery.

The hospital has a new emergency assessment centre under construction due to open in spring 2019, which will have a new surgical assessment unit, a development to expand its surgical services for patients.

Wexham Park hospital has nine theatres, and 12 surgical wards and departments including a recovery unit, day surgery unit, an urgent care unit and orthopaedics.

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

We completed a focussed inspection of the surgery service at Wexham park hospital on 3 July 2018. The focus was on theatres in relation to patient safety, responding to risk, shared learning and changes of practice. During that inspection there were some concerns about environment, cleanliness and medicines' security that were followed up at the time.

During this inspection we visited most areas of the surgical service including general and orthopaedics wards, theatres, day surgery unit, the Christiansen unit and Parkside ward which accepts private and NHS patients.

We spoke with 42 staff members of all grades, including nurses, doctors, healthcare assistants, therapists, practitioners, housekeeping and kitchen staff, administrative staff, volunteers and other healthcare professionals.

We reviewed five sets of patient records. We spoke with nine patients and two relatives about their experience and observed care and treatment being delivered. We observed nursing, doctor and multi-disciplinary team handovers and ward rounds.

We reviewed performance data before, during and after the inspection. We also considered views and feedback provided at staff focus groups which we facilitated before the inspection.

## Summary of this service

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

- **Security of theatre had improved;** all areas had been secured and access was restricted. Checking of the blood fridge had improved and was consistently completed and recorded.

# Surgery

- **The service had improved on how it carried out the safe surgery checklist and undertook audit to ensure compliance.** Further development of the debriefing process was underway to ensure the process remained robust.
- **The service provided mandatory training in key skills to all staff.** Managers made sure staff had the right skills to perform their role. There were practice development nurses in all areas and departments who supported staff training within a positive learning environment.
- **Staff understood how to protect patients from abuse.** staff had training on how to recognise and report abuse and they knew how to apply it.
- **The service controlled infection risk well and had suitable premises and equipment and looked after them well.**
- **Staff completed and updated risk assessments for each patient.** Patient safety information was collected and safety monitoring results were used to drive improvements in practice.
- **The service managed patient safety incidents well.** Staff knew what incidents to report, how to report, investigate and lessons learnt were shared. They identified any themes and monitored improvements in practice.
- **The service provided care and treatment based on national guidance and evidence of effectiveness.** Patient outcomes were monitored and staff used findings to improve them. They compared local results with those of other services to learn from them.
- **Doctors, nurses, other healthcare professionals and all other staff worked together to benefit patients and supported each other to provide good care.**
- **A consultant-led seven days a week service was in place.** It was being further developed in a two-year plan to provide full service delivery in line with National Health Service Improvements (NHSI), seven-day service in the NHS.
- **Staff understood their roles in gaining valid consent.** They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- **Staff cared for patients with compassion, treating them with dignity and respect.** Staff were passionate about delivering high standards of care and took account of patient feedback. Patient feedback was overwhelmingly positive and confirmed that staff were helpful and positive and treated patients with kindness.
- **The service planned and provided services in a way that met the needs of local people.** They could generally access the service when they needed it. Patients' individual needs were taken into account. There were specialist nursing and medical practitioners available to support patients and staff.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results and shared these with staff.** Managers had the skills, knowledge and experience to manage the service. Managers demonstrated the ability to understand the challenges they faced and developed plans to deal with these challenges. Governance and performance management arrangements are proactively reviewed and reflect best practice.
- **There were high levels of staff satisfaction across all staff groups.** Staff were proud of the organisation as a place to work, and they spoke highly of the culture.

However:

- The service did not currently achieve its target of 85% of all staff to complete mandatory training.
- There was a lack of consistency in how the change of the theatre list was managed on two consecutive days. Practice should be consistent to protect the safety of the patient.
- Feedback from junior doctors was that rotas were not always planned in a timely way and there was no guardian of safe working hours in post, as there was a gap between retirement of the post holder and another taking up the post.

# Surgery

- Fridge and room temperatures where medicines were stored were recorded daily but we were not sure that staff always took appropriate action when temperatures were outside the required range.
- The corridor to pre-assessment had a fire door open to give ventilation to the area. This should be addressed to maintain safety.
- The service did not currently achieve its target of 85% of all staff to receive an appraisal.
- Complaints were not always responded to in a timely way; the service did not achieve the target of 25 days for a response to complaints.

## Is the service safe?

Good   

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

- **The service had suitable premises and equipment looked after them well.** Theatre security had been reviewed. Managers had established an additional reception area and reviewed the access to main theatres through the back corridor. All utility rooms including the pharmacy room were secured with swipe card access. This was an improvement on the previous inspection when access to theatre and utility areas was observed not to be secure.
- **The temperature of the blood fridge was checked on a regular basis and in line with local policy.** This ensured temperatures were in the correct range to maintain the integrity of blood products. This was an improvement on the last inspection when temperature checks were not being made consistently.
- **Theatre staff carried out the World Health organisation (WHO) 'Five Steps to Safer Surgery' and all steps of the process were fully completed.** This was an improvement on our previous inspection when staff participation and identification of the patient was not always completed thoroughly. We observed continued development of the briefing process was underway to ensure the process remained robust.
- **Staff understood how to protect patients from abuse and worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and whilst compliance did not meet the trust target of 85%, there were plans to improve compliance. Information about the leads for safeguarding and how to escalate concerns were displayed in all clinical areas. Staff knew how to apply their training and could give relevant examples of how this was done.
- **The service controlled infection risk well.** Staff kept themselves, equipment and premises clean. They used control measures to prevent the spread of infection. Wards displayed cleaning audits. Staff demonstrated good hand hygiene practices and patients commented on the cleanliness of the clinical areas.
- **Staff completed and updated risk assessments for each patient.** All patients had a full risk assessment that staff reviewed regularly from admission to discharge. Staff monitored changes in a patient's condition using national early warning tool, which was used across the service, to monitor the patient and to identify patients at risk of unexpected deterioration, in line with National Institute for Health and Care Excellence (NICE) Guidance.
- **The current guidance for sepsis was reflected within the sepsis screening and care bundle seen to be accessible on all wards areas.** Staff used this alongside the national early warning tool.
- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.** Where temporary or locum staff were in use, they received an induction to the service. There was an active recruitment process and managers were involved with this.

# Surgery

- **Staff kept appropriate records of patients care and treatment** and these were kept securely in all departments. Records were clear, legible, up to date and available to all staff.
- **The service followed best practice when prescribing, giving, recording and storing medicines.** Medicines were managed safely and effectively. The service gave, checked and recorded medicines well. Patients received the right medication at the right dose at the right time. There was appropriate antimicrobial stewardship.
- **The service managed patient safety incidents well.** Staff knew what incidents to report and could demonstrate how to use the electronic reporting system. Managers gave feedback to all staff after investigating incidents to prevent them happening again. Staff understood the principles of duty of candour. Regular mortality and morbidity meetings were held to discuss patient deaths and other adverse events in an open manner to review care standards and make changes if needed.
- **The service used safety monitoring results well.** Staff collected safety information and this was displayed in all departments for staff, patients and visitors. This information was compared across the specialty and trust to drive improvement and change practice.

However:

- Although the service provided mandatory training in key skills to all staff and the e-learning system was easy to access the trust target of 85% was not fully achieved for all groups of staff.
- There was a lack of consistency in how the change of the theatre list was managed on two consecutive days. Practice should be consistent to protect the safety of the patient.
- Feedback from junior doctors was that rotas were not always planned in a timely way and there was no guardian of safe working hours in post, as there was a gap between retirement of the post holder and another taking up the post.
- Fridge and room temperatures where medicines were stored were recorded daily. We were not sure that staff always took appropriate action when temperatures were outside the required range.
- The corridor to pre-assessment had a fire door open to give ventilation to the area. This should be addressed to maintain safety.

## 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 guidelines and evidence of effectiveness.** Policies were current and easily accessible for staff. There was a local audit framework and staff compared results and acted to develop practice.
- **Staff assessed patients' nutritional states and gave patients enough food and drink to meet their needs and improve their health.** There was access to dietetic support and the service made adjustment for patients' religious, and cultural preferences. There were protected mealtimes to support patient nutrition.
- **Staff assessed and monitored patients regularly to see if they were in pain.** The service had a pain management team and staff were proactive in monitoring and preventing post-operative pain. Patients described pain management as very good and staff were positive, frequently offering pain relief. A new assessment tool was being introduced for patients with communication difficulties. Audit was undertaken to improve the service to patients.

# Surgery

- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.** National audits were undertaken and the majority of results were in line with the England average. Plans were in place to address areas of noncompliance. Performance dashboards were used to compare local results across the different sites and other services to learn and take forward practice.
- **The service made sure staff were competent for their role.** Staff at all levels of the service were encouraged to complete appropriate training and were supported to complete further education. Practice development nurses worked in all areas to support a learning environment. There was a competency based programme for staff. All staff had access to local and corporate induction.
- **Staff of different kinds worked together as a team to benefit patients.** Doctors, nurses and other healthcare professionals supported each other to provide good care. Regular multi-disciplinary ward rounds and meetings supported this process.
- **There was a consultant led seven day a week service.** This further developed in a two-year plan to provide full service delivery in line with National Health Service Improvements (NHSI), seven-day service in the NHS.
- **Staff understood their roles gaining valid consent and whether a patient had the capacity to make decisions about their care.** They followed trust policy and procedures when a patient could not give consent. The consent process was subject to audit.
- **Staff understood their roles and responsibilities under the Mental Health Act (1983) and the Mental Capacity Act (2005).** They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- For Heatherwood and Wexham hospitals, 78% of staff had received an appraisal which did not meet the trust target of 85%.

## Is the service caring?

Good   

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

- **Staff cared for patients with compassion**, treating them with dignity and respect. Staff were passionate about delivering high standards of care and took account of patient feedback. The Friends and Family Test response rate for surgery at Frimley Health NHS Foundation Trust was 32% which was better than the England average of 27% from August 2017 to July 2018. Patient feedback was overwhelmingly positive and confirmed that staff were helpful, positive and treated patients with kindness.
- **Staff gave positive support to patients to be independent and maintain their dignity by taking an active part in their recovery.** Written information on all wards supported this approach encouraging patients to be independent and to mobilise as early as possible after surgery.
- **Staff on wards and theatres were aware of their patient environment and were respectful when carrying out personal care and ensured privacy.** Patients on busy wards were offered supportive measures such as earplugs and eye shades to support their sleep and rest.

# Surgery

- **Staff provided emotional support to patients to minimise their distress.** Hospital volunteers were active in supporting patients, for example, by being located close to clinic areas to direct and support patients who were waiting to attend clinic. Feedback we received from patients was that this was reassuring when they were most anxious.
- **All surgical wards had a notice board which contained information for patients and visitors which included how to access appropriate spiritual care.** The chaplaincy team provided religious support twenty-four hours a day. Staff gave examples of how this was accessed out of hours and the support this service also gave to staff dealing with complex or sensitive patient emotional needs or situations. For example, supporting the staff to arrange a wedding ceremony to take place on a surgical ward in response to a dying wish
- **Staff involved patients and those close to them in decisions about their care and treatment.** Patients described how staff discussed all options with them before surgery and appropriate information was given making them part of the decision-making process. Relatives were supported and given appropriate information and reassurance enabling them to support the patient.
- **Staff introduced themselves to patients and were seen to discuss their plan of care, checking that they understood.** Patients told us they had a good level of information to make decisions about their care. Discharge planning considered patient need, level of support required and made referral to required services. Patients felt they were an active part of this process.

## Is the service responsive?

Good   

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

- **The service planned and provided services in a way that met the need of local people,** including a new surgical assessment unit due to open in the spring of 2019. Wexham Park and Heatherwood hospitals worked closely together and appointments or day surgery could be carried out at either site giving the patient a choice of location.
- **The service took account of patient's individual needs** by undertaking a full patient assessment, education of staff and providing specialist nursing and medical practitioners to support the needs of the patient as well as staff caring for the patient.
- **Staff received training on how to support patients living with dementia and learning disabilities.** There were experienced teams for each of these specialty areas to support staff in providing an appropriate and individualised plan of care and support.
- **Patients with complex or specific needs were supported by specialist and advanced nurse practitioners.** They were experienced for example in cancer care, stoma care, trauma and vascular skills. This supported the staff as well to ensure the care was individualised for the patient.
- **People could access the service when they needed it.** Waiting time standards from referral to treatment were better than the England average in four of the seven specialties, close in two and below the average for trauma and orthopaedics. The trust had an action plan to address this. Arrangements to admit, treat and discharge patients was in line with good practice.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results and shared these with staff.** Processes for making complaints were well publicised.

However:

# Surgery

- **Complaints were not always responded to in a timely manner.** The service did not achieve the trust target of 25 days for a response to complaints.

## Is the service well-led?

Good  

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

- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.** Managers demonstrated the ability to understand the challenges they faced and developed plans to deal with these challenges. Staff told us they felt well supported by their immediate line manager. Staff felt there was a clear management structure within the service and leaders and senior staff were very approachable. If there was any conflict within the service, they would go to their line manager and seek support.
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action which it developed with staff and patients.** Documents about vision and values were readily available for staff, patients and the public to view at ward level or on the website. Staff understood the vision and values and were positive about the trust plans.
- **Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** Staff told us they felt valued and proud to work at the trust. Board walkabouts were planned and undertaken, staff referred to senior members of the leadership team by name.
- **The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish.** There was a structure of governance checks and structured communication in place to safeguard patient safety.
- **The service had good systems to identify risks, plans to eliminate or reduce them and cope with both the expected and unexpected.** Performance and audit was kept under review with evidence of corrective actions. The risk assurance framework was robust and showed evidence of actions and review, at department level managers knew the risks in their department and what actions were in place.
- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- **The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with organisations effectively.** Good use was made of the website to communicate with the public. The trust was actively involved in the integration of care services.
- The national NHS staff survey showed the overall indicator for staff engagement of 3.89 was in the highest (best) 20% when compared with trusts of a similar type.
- **The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.** Cross-site working and learning was evident at regular governance meetings. There was evidence of ward to board communication.

## Areas for improvement

### Action the service must take to improve

- The trust must take action to ensure mandatory training rates meet trust targets.

# Surgery

## **Action the service should take to improve**

- The trust should manage changes to the theatre list consistently and in line with policy.
- The trust should plan junior doctor's rotas in a timely way and have a designated guardian of safe working hours.
- The trust should take and record appropriate actions when ambient room temperatures and fridges storing medicines are outside of the required temperature range.
- The trust should close the fire exit in the corridor to pre-assessment and check ventilation in this area.
- The trust should make plans that enable all staff to have an annual appraisal.
- The trust should respond to complaints within 25 days in line with trust policy.

# Maternity

Good   

## Key facts and figures

The maternity service at Frimley Health NHS Foundation Trust is situated on the Frimley Park and Wexham Park sites.

The trust report that the services delivered 9,525 women and 9,676 babies in 2017/18. Services at both sites provide; early pregnancy care, obstetric led care and midwifery led care throughout the maternity pathway. The trust provides antenatal care in locations across the local geography of Surrey, Hampshire, Berkshire and South Buckinghamshire in hospital and primary care settings to a population of women ranging from the most deprived to most affluent. English is not the first language of a high proportion of women using maternity services on the Wexham Park site.

The trust offers choice of place of birth on labour ward, birth centre and home birth. During the postnatal period they provide care in primary care settings and women's homes. The Local Maternity System (LMS) is progressing the implementation of Better Births (2016).

The trust has facilities that have undergone significant refurbishment on both sites over the past five years. In addition to standard care the trust offers fetal medicine services, midwifery led birth choices clinics and have recently invested in and increased the midwifery services for diabetes, perinatal mental health and pregnancy loss. The trust has supported the Clinical Negligence Scheme for Trusts (CNST) safety action five of supernumerary band 7 midwives on the labour ward 24 hours a day.

(Source: Trust Provider Information Request – Acute sites and context tabs)

The facilities for birth at Wexham Park Hospital consist of a consultant-led labour ward and a midwife-led birth centre (Juniper Birth Centre). The Labour Ward has 11 ensuite rooms for women to give birth. One room has a birthing pool and another was part of the bereavement suite for women who had lost their baby. Juniper Birth Centre has six ensuite rooms room for labour and delivery, three of which had birthing pools. The hospital has a Maternity Assessment Centre with five cubicles, a 14-bed antenatal ward (Ward 21) and a postnatal ward with 25 beds and cots, plus an adjoining 8-bed transitional care unit (Ward 22). At the time of our visit, 11 beds on Ward 22 were closed for ongoing refurbishment.

As part of our inspection on 6 and 7 November 2018, we visited all inpatient areas of the maternity service at Wexham Park Hospital. This included Labour Ward, Juniper Birth Centre, Ward 21 (antenatal ward) and Ward 22 (postnatal and transitional care). We also visited the Maternity Assessment Centre and the Antenatal Clinic. We spoke with 28 members of staff, including midwives, matrons, consultant obstetricians, consultant anaesthetists, the Head of Midwifery and Deputy Head of Midwifery. We spoke with eight women who received maternity care at Wexham Park Hospital. We reviewed 12 sets of patient records and a variety of policies and performance data.

## Summary of this service

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

- Staff understood how to protect women and children from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- The service had suitable premises and equipment and looked after them well.

# Maternity

- The service assessed a comprehensive range of risks in pregnant women, including diabetes, pre-eclampsia and mental health. We saw the service responded promptly to a range of risks to keep women and babies safe.
- Staff kept clear and up-to-date records of patients' care and treatment.
- The service managed medicines safely and effectively.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Senior staff 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 provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave women enough food and drink to meet their needs and improve their health. Trained staff provided plenty of support to women with infant feeding and the service had Level One Unicef UK Baby Friendly Initiative accreditation. The accreditation helped ensure a high standard of care for pregnant women and breastfeeding babies and mothers in hospital.
- Women and babies using maternity services at Wexham Park Hospital had similar outcomes to the national averages for other maternity units in England. National audit findings showed the service's performance was as expected. The trust performed better than expected in the 2017 Maternal, New-born and Infant Clinical Outcome Review Programme (MBRRACE UK Audit).
- The service monitored the effectiveness of care and treatment through local audits and used the findings to improve them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, midwives and other healthcare professionals supported each other to provide good care.
- The service obtained and recorded women's consent in line with General Medical Council (GMC) and Nursing and Midwifery Council (NMC) guidance.
- The service made sure staff were competent for their roles.
- Staff cared for women and their babies with compassion. Women we spoke with confirmed staff treated them well and with kindness.
- Staff provided emotional support to women and their families and comfort in times of distress. Dedicated pregnancy loss midwives provided support to women and their partners who had lost their babies.
- Staff involved women and their partners in decisions about their care and treatment.
- The trust planned and provided services in a way that met the needs of local people. This included specialist clinics and dedicated midwives for perinatal mental health, bereavement and diabetes.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with relevant staff.
- The service had specialist staff and facilities to meet women's individual needs, including those in vulnerable circumstances, bereaved women and families and those with complex needs.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

# Maternity

- The service had effective systems for identifying risks and working to eliminate or reduce them.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- The service engaged well with patients, staff, the public and local organisations to plan and deliver maternity services.
- The service used a systematic approach to maintain high standards of quality and there was a focus on continuous learning and improvement.

However:

- The service did not have sufficient numbers of midwifery staff on all shifts. The trust's ratio of one midwife to every 31.7 births was worse than the England average of one midwife to every 25.7 births. Midwifery staffing levels often did not meet the expected levels determined by the nationally-recognised acuity tool the trust used. Midwives described the impact of short-staffing, including midwives feeling "exhausted" from working extra shifts. Trust data showed staff reported 71 incidents of short staffing across the maternity service at Wexham Park Hospital between October 2017 and September 2018.
- We saw some gaps in the daily checking of key equipment, including the neonatal resuscitation trolleys on Labour Ward and the adult resuscitation trolley on Ward 22 (postnatal ward). Midwives we spoke with told us checks were sometimes missed because of short-staffing.
- Mandatory training rates were worse than the trust target for five out of 18 courses for midwifery and nursing staff, and 16 out of 17 modules for doctors between August 2017 and August 2018.
- Midwives reported pharmacy were sometimes slow to collect out-of-date controlled drugs for secure disposal. We saw some out of date controlled drugs awaiting collection by pharmacy. These were stored securely while awaiting collection and disposal.
- Eleven of the 14 policies we reviewed for Wexham Park Hospital were outside their review date and under review at the time of our visit.
- Appraisal rates for nursing and midwifery staff did not meet the trust target of 85% between August 2017 and July 2018.
- Access and flow through inpatient areas of the service was sometimes a concern.

## Is the service safe?

Requires improvement  

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

- **Midwifery staffing did not always meet planned levels.** The trust's ratio of one midwife to every 31.7 births was worse than the England average of one midwife to every 25.7 births. Midwifery staffing levels often did not meet the expected levels determined by the nationally-recognised maternity acuity tool the trust used. Trust data for a 13-week period between August and November 2018 showed midwifery staffing levels did not meet the expected ratio of midwives to birth. Staffing levels met the ratio they should have been (as indicated by the acuity tool) on only 12% of shifts in the worst week during this period and on 69% of shifts in the best week. Trust data showed staff reported 71 incidents of short staffing across the maternity service at Wexham Park Hospital between October 2017 and September 2018. Midwives described the impact of short-staffing, including missing key equipment checks and staff feeling "exhausted" from working extra shifts.

# Maternity

- We saw occasional gaps in the daily checking of key equipment, including the neonatal resuscitation trolleys on Labour Ward and the adult resuscitation trolley on Ward 22 (postnatal ward). Midwives we spoke with felt checks were sometimes missed because of short-staffing. However, midwives advised us resuscitation trolleys were always re-stocked after use, which helped reduce the potential impact of missing checks. Except for one out-of-date item of equipment on a neonatal resuscitation trolley on Labour Ward, all items of equipment we checked were sealed and within the manufacturer's recommended use-by dates. We reported the out of date item we found to a senior midwife, who removed it from the trolley immediately for replacement.
- **The service provided mandatory training in key skills, however not all staff completed it.** Mandatory training rates were worse than the trust target for five out of 18 courses for midwifery and nursing staff, and 16 out of 17 modules for doctors between August 2017 and August 2018.
- Midwives reported pharmacy staff were sometimes slow to collect out-of-date controlled drugs for secure disposal. We saw some out of date controlled drugs awaiting collection by pharmacy. These were stored securely while awaiting collection and disposal.

However:

- **Staff understood how to protect women and children from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- **The service controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection, such as cleaning their hands in line with the World Health Organisation "Five Moments for Hand Hygiene". All clinical areas we visited were visibly clean and tidy. Cleaning audit results provided ongoing assurances around cleanliness.
- **The service had suitable premises and equipment and looked after them well.** Following concerns around the estate at the last inspection, the service had refurbished the environment on Labour Ward, Juniper Birth Centre, the Antenatal Clinic and the Maternity Assessment Centre. At the time of our inspection, the postnatal ward, Ward 22, was partway through refurbishment. Equipment servicing records we reviewed showed the hospital serviced equipment in line with trust policy to keep it safe and fit for purpose.
- **Staff completed and updated risk assessments for each woman.** They kept clear records and asked for support when necessary. The service assessed a comprehensive range of risks in pregnant women, including diabetes, pre-eclampsia and mental health. We saw the service responded promptly to a range of risks to keep women and babies safe. This included the sepsis screening pathway and referrals to perinatal mental health and other specialist teams.
- **Staff kept clear and up-to-date records of patients' care and treatment.** Records were available to all staff providing care. We saw an acceptable standard of record keeping in records we reviewed in line with General Medical Council and Nursing and Midwifery Council guidance.
- **The service managed medicines safely and effectively.** We saw medicines (including controlled drugs) stored securely. Controlled drugs are medicines liable for misuse that are controlled under the Misuse of Drugs legislation. The service stored all medicines within locked clinical treatment rooms.
- **Staff stored medicines at the correct temperatures to remain effective.** Staff checked and recorded medicines fridge temperatures daily. When temperatures were outside the required range, staff reported to pharmacy and escalated. Emergency medicines were readily accessible to staff and checked daily. However, we saw room temperatures where intravenous fluids were stored on Labour Ward were not monitored. This meant the service might not have had assurances intravenous fluids were always stored within the optimum temperature range.

# Maternity

- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Senior staff 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.

## Is the service effective?

Good   

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

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Policies incorporated national guidance from bodies including the Royal College of Gynaecologists and the National Institute for Health and Care Excellence (NICE). The service had a comprehensive audit schedule to check staff followed policies and provided evidence-based care. Overall, audit results showed a high level of compliance with policies and evidence-based care.
- **Staff gave women enough food and drink to meet their needs and improve their health.** Trained staff provided plenty of support to women with infant feeding and the service had Level One Unicef UK Baby Friendly Initiative accreditation. The accreditation helped ensure a high standard of care for pregnant women and breastfeeding babies and mothers in hospital. It is based on a set of interlinking evidence-based standards for maternity, health visiting, neonatal and children's centres services. The service made adjustments for women's religious, cultural and other preferences.
- **The service monitored the effectiveness of care and treatment through local and national audits and used the findings to improve them.** National audit findings showed the service's performance was as expected. Women and babies using maternity services at Wexham Park Hospital had similar outcomes to the national averages for other maternity units in England. The trust performed better than expected in the 2017 Maternal, New-born and Infant Clinical Outcome Review Programme (MBRRACE UK Audit).
- **Staff assessed and monitored women regularly to see if they were in pain.** All women we spoke with told us staff managed their pain well and responded promptly to give them pain relief when they needed it.
- **Women had access to maternity services 24 hours a day, seven days a week if they went into labour or developed any concerns during their pregnancy.** The service had 24-hour, seven days a week access to pharmacy, medical imaging, anaesthetics, a consultant obstetrician and a senior midwife on-call. For women planning homebirths, there were on-call rotas for community midwives covering the homebirth service 24 hours a day, seven days a week.
- **Staff of different kinds worked together as a team to benefit patients.** Doctors, midwives and other healthcare professionals supported each other to provide good care. Staff reported positive working relationships between different groups, and we observed this during our visit. Women's records we reviewed demonstrated multi-professional input into care, including midwives, midwifery support workers, medical staff and specialist teams such as perinatal mental health where relevant. The service had introduced Practical Obstetric Multi-Professional Training (PROMPT). This was scenario-based training where staff of different kinds worked together through emergency simulations. Staff told us this enabled effective multi-disciplinary working in the team.
- **The service obtained and recorded women's consent in line with General Medical Council (GMC) and Nursing and Midwifery Council (NMC) guidance.** Staff knew how to support patients experiencing mental ill health and had clear pathways and specialist teams to allow them to do this.

# Maternity

- **Staff assessed and monitored women regularly to see if they were in pain.** They supported those unable to communicate using suitable assessment tools and offered additional pain relief to ease pain.
- **The service made sure staff were competent for their roles.** We saw evidence of a thorough induction programme for bank, agency and new staff. Online annual assessments in cardiotocography (CTG, or continuous electronic monitoring of babies' heart rates) provided ongoing assurances of midwives' competencies in this area. Staff also had access to training courses and practice development midwives to support their continuing professional development.

However:

- **Some policies had passed their review date.** Eleven of the 14 policies we reviewed for Wexham Park Hospital were outside their review date and under review at the time of our visit. We raised this issue with senior leaders, who described how the service was aligning policies across the two sites. This was part of the trust's strategy for better cross-site working and consistency across the two hospitals. They told us they had reviewed the policies and rated them as red, amber or green in terms of clinical urgency and whether the evidence base or national guidance was still relevant or due to expire. This gave us assurances that whilst some policies had expired, there was a risk assessed plan to address this. Trust data showed the service had aligned 67 maternity policies across the two hospitals at the end of September 2018. All policies we reviewed appeared to reflect the most up-to-date national guidance available at the time of our visit.
- **Appraisal rates for nursing and midwifery staff did not meet the trust target of 85% between August 2017 and July 2018.** However, appraisal rates for doctors were 90%, which was better than the trust target.

## Is the service caring?

Good   

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

- **Staff cared for women and their babies with compassion.** Women we spoke with confirmed staff treated them well and with kindness. Women told us staff respected their wishes and were attentive and helpful. The service's performance in the NHS Friends and Family test and the CQC Survey of women's experiences of maternity services 2017 was similar to other maternity services in England.
- **Staff provided emotional support to women and their families and comfort in times of distress.** Women we spoke with described how midwives provided emotional support during labour to lessen any anxieties and keep them feeling positive and motivated. Trained midwifery support workers and midwives provided massage to women in labour and those on Ward 21 (antenatal ward) to help them relax and reduce any anxieties.
- Dedicated pregnancy loss midwives provided support to women and their partners who had lost their babies. The trust was a pilot site for implementation of the Stillbirth and Neonatal Death Charity (SANDS) national bereavement care pathway for pregnancy and baby loss. As part of this pathway, staff offered women and their partners memory-making options such as photographs, hand and footprints and the option to wash and dress their baby if they wanted to.
- **Staff involved women and their partners in decisions about their care and treatment.** They gave them plenty of information in pregnancy to allow them to make informed decisions for pregnancy, birth and beyond. The trust was amongst the best-performing in England for the following question in the CQC Survey of women's experiences of maternity services 2017: "If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted"? The trust scored 9.8 out of a possible 10 for this question, which demonstrated the service involved birth partners in women's care.

# Maternity

## Is the service responsive?

Good  → ←

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

- **The trust planned and provided services in a way that met the needs of local people.** This included specialist clinics and dedicated midwives for perinatal mental health, bereavement and diabetes. The hospital offered facilities for women to deliver their babies on the obstetric-led Labour Ward, midwife-led birth centre or at home, depending on women's choice and risk.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with relevant staff.**
- **The service had specialist staff and facilities to meet women's individual needs, including those in vulnerable circumstances, bereaved women and families and those with complex needs.** Staff used translation and interpretation services for patients who did not speak English as a first language. The service provided a dedicated post-dates clinic to support women over 40 weeks of pregnancy. There was a room called "The Bubble" on Ward 21 (antenatal ward), which provided a calm and relaxing space for women in early labour to receive aromatherapy and massage.
- **Women could access antenatal services when they needed them.** Trust data showed 96% of women attended an antenatal booking appointment before 12 weeks and 6 days. This was in line with National Institute for Health and Care Excellence (NICE) Antenatal Care QS22.

However:

- Access and flow through inpatient areas of the service was sometimes a concern. However, the service was aware of this issue and was starting a new project to address flow by improving the efficiency of discharge from Ward 22 (postnatal ward). Refurbishment works on Ward 22 were ongoing at the time of our visit, with 11 postnatal beds closed. The completion of the refurbishment and the re-opening of the 11 beds would also help improve the flow of women through the service.

## Is the service well-led?

Good  → ←

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

- **The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.** Leaders of the service were visible and approachable. They were knowledgeable about the issues and priorities for the quality and sustainability of the service, understood the challenges and how to address them.
- **Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** All staff we met spoke highly of the support they received from their managers and colleagues. We saw evidence of a culture of openness, transparency and learning from incidents to improve women and babies' care.
- **The service had effective systems for identifying risks and working to eliminate or reduce them.** Senior leaders and matrons regularly reviewed the service's risk register and had a thorough understanding of risks to the service and measure to reduce them.

# Maternity

- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action.** The service shared the trust's vision and strategy for "One Frimley" to ensure shared processes and equity on both hospital sites. Staff described progress the service had made with the strategy, such as cross-site training, cross-site meetings and the work towards making all maternity policies cross-site.
- **The service engaged well with patients, staff, the public and local organisations to plan and deliver maternity services.** The Maternity Voices Partnership had recently been established as part of the Local Maternity System. The Maternity Voices Partnership provided a channel to seek the views of women who had used the service and their families and to use this to improve the quality of care. One of the key areas of focus for the Maternity Voices Partnership was to seek out views and experiences from those in hard to reach groups. The trust also worked with a local council in the Wexham area to engage with women from Central and Eastern Europe and help them access antenatal screening.
- **The trust used a systematic approach to continually improve the quality of the service and safeguard high standards of care by creating an environment in which excellence in clinical care would flourish.** The service used a comprehensive dashboard to monitor performance. Staff regularly reviewed the dashboard and acted to investigate and improve any measures that fell below key performance indicator targets.
- **The trust was committed to improving services by learning from when things went well and when they went wrong, and promoting training and innovation.** Several improvement projects were ongoing at the time of our visit. This included a cross-site project to improve triage waiting times as part of the national Maternity and Neonatal Collaborative. Another improvement project had seen the trust halve its rates of third and fourth-degree perineal tears from 4% to 2%.

## Outstanding practice

- We found "The Bubble" room on Ward 21 to be an area of outstanding practice. This provided a calm and relaxing space for women to receive aromatherapy massage from trained maternity support workers during early labour.
- We found the post-dates clinic provided at Juniper Birth Centre to be an area of outstanding practice. The clinic provided one-hour long appointments to women beyond 40 weeks of pregnancy, which included aromatherapy and massage to support women in what can be an anxious time for some women.

## Areas for improvement

### Action the service must take to improve

- The trust must ensure midwifery staffing meets the acuity level set out in the acuity tool on all shifts.
- The trust must ensure mandatory training rates meet trust targets.

### Action the service should take to improve

- The trust should staff complete all daily checks of critical equipment.
- The trust should follow systems monitor the ambient temperature of rooms where intravenous medicines are stored.
- The trust should remove out of date controlled drugs promptly from clinical areas for denaturation by pharmacy staff.
- The trust should review and update all policies outside of their review date in a timely way.
- The trust should meet trust targets for midwifery and nursing appraisal rates
- The trust should continue to improve patient flow throughout the maternity departments.

# Frimley Park Hospital

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## Key facts and figures

The trust brought together Heatherwood and Wexham Park Hospitals NHS Foundation Trust and Frimley Park Hospital NHS Foundation Trust to create Frimley Health NHS Foundation Trust on 1 October 2014.

The trust is part of the Frimley Health and Care system, one of 14 integrated care systems (ICS) nationally.

Frimley Park Hospital provides acute hospital services to a population of 400,000 people across north-east Hampshire, west Surrey and east Berkshire. It serves a wider population for some specialist care including emergency vascular and heart attacks. Frimley Park Hospital has around 3,700 whole time equivalent members of staff and a compliment of 750 beds.

The hospital also hosts the Defence Medical Group (South East) with military surgical, medical and nursing personnel working alongside the hospital's NHS staff providing care to patients in all specialties.

We inspected Frimley Park Hospital in 2014 when the trust was rated as outstanding overall. In September 2018 we carried out a focussed inspection in surgery in response to information of concern. We did not re-rate the service on this occasion.

## Summary of services at Frimley Park Hospital

**Outstanding**   

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

- We rated the hospital as outstanding overall. We rated caring, responsive and well led as outstanding and, effective and safe as good. In aggregating ratings we took account of the ratings from 2014 for the six services we did not inspect at this time.
- On this occasion we rated both surgery and maternity as good in effective, caring, responsive and well led. For safe we rated surgery as good and maternity as requires improvement.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.

# Summary of findings

- **The hospital controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. The hospital had suitable premises and equipment and looked after them well.
- **The hospital followed best practice when prescribing, giving, recording and storing medicines.** Patients received the right medication at the right dose at the right time.
- **Generally, the hospital had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- **The hospital 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 in line with the duty of candour.
- **The hospital provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance and monitored the effectiveness of care and treatment and used the findings to improve them.
- **Staff gave patients enough food and drink to meet their needs and improve their health.** The hospital made adjustments 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.
- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- **The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs.** The trust was a leader in the Frimley Integrated Care System and collaborated well with partners.
- **The hospital treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** However, the trust did not always meet its own standard in response timeliness.
- **Managers at all levels in the hospital had the right skills and abilities to run a service providing high-quality sustainable care.**
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action.** This was underpinned by a set of values that staff at the hospital understood.

However:

- **Although the trust provided mandatory training in key skills to all staff the trust was not achieving its completion target of 85% in all topics.**
- **Although there were systems for managers to appraise staff's work performance not all staff had received an up to date appraisal.**
- **Midwifery staffing did not always meet national guidance. Women did not always**

# Surgery

Good  

## Key facts and figures

Frimley Park Hospital is part of Frimley Health NHS Foundation Trust. The hospital is located in Camberley and provides elective (planned) and non-elective (emergency) surgery to people living in North Hampshire, West Surrey and East Berkshire.

The hospital has 275 beds and trolleys spaces across 13 wards, 18 operating theatres and a recovery unit.

The hospital had 30,336 surgical admissions from June 2017 to May 2018. Non-elective admissions accounted for 10,767 (35%), 15,479 (51%) were day cases and the remaining 4,090 (13%) were elective.

During our inspection we spoke with 13 patients and their relatives, 45 members of trust staff, including nursing and medical staff, porters, housekeepers and allied health professionals. We reviewed eight sets of patient records. Our team visited F4, F5, F6, F7 wards, the pre-operative department, day surgery two unit, the theatres and the recovery unit. We observed the delivery of care and assessed the service's quality assurance processes, local leadership, staffing and performance against national and local audits.

## Summary of this service

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

- Patients were assessed, treated and cared for in line with professional guidance. Staff completed risk assessments for clinical risks including falls, pressure ulcers and venous thromboembolism (VTE).
- We observed multidisciplinary participation in all patient care. Patient records demonstrated input from allied health professionals, medical and nursing staff. All staff spoke of good working relationships.
- Staff understood their responsibilities to report incidents, including safeguarding concerns. We saw staff received feedback and lessons learned were shared.
- Local governance arrangements were robust, and the service leaders were aware of the risks to their service. The concerns staff told us about, were reflected in the risk register.
- There was a clear leadership structure and strategy for surgical services. Staff told us that leaders were visible, approachable and supportive.

However:

- During our inspection we found access to store rooms was not correctly restricted, allowing access to unauthorised persons.

## Is the service safe?

Good   

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

# Surgery

- **Staff understood their responsibilities to protect patients from abuse** but demonstrated a variable understanding of safeguarding issues. Junior nurses demonstrated a limited understanding of what constituted safeguarding. However, all staff said they would raise any concerns with a senior member of staff. Staff were aware of who the local safeguarding lead was and could explain the process of raising safeguarding concerns.
- **The service generally controlled infection risk well.** All areas we visited appeared clean. There were suitable arrangements for cleaning. Each area we visited had weekly and monthly cleaning schedules for housekeeping and nursing staff. Cleaning schedules were consistently completed.
- **The trust had effective processes for assessing and responding to patients at risk.** Staff could effectively assess deteriorating patients and escalate concerns in accordance to guidance. Staff described to us how patients with high National Early Warning Score 2 (NEWS2) were escalated to receive a medical review. On F4 ward we saw the correct escalation procedures documented in the patients notes.
- We found good compliance with the World Health Organisation (WHO) 'five steps to safer surgery' checklist, designed to reduce the risks of mistakes in surgery.
- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.** Ward managers monitored daily staffing levels against the acuity or dependency of patients. Staffing shortfalls due to unplanned leave or sickness were escalated at the daily trust wide bed meetings. Following the trust wide assessment and using professional judgement, staff were moved around or the ward skill mix was adjusted. This ensured safe staffing and matched the needs of the patients.
- **The service had enough medical staff to conduct daily medical reviews.** Staff told us surgical patients on the wards received a daily medical review, including at weekends. We reviewed eight patient records, which all demonstrated this had occurred. Nursing staff told us doctors promptly attended to review patients when they escalated any immediate concerns.
- **Staff kept records of patients' care and treatment.** Records were clear, up-to-date and available to all staff providing care. We reviewed eight sets of patient records and saw they were comprehensive and well documented. Records were easily accessible to staff. Patient records were stored in a range of ways including integrated care pathways on paper for nursing and medical documentation.
- **The service managed patient safety incidents well.** There was a strong incident reporting culture where staff were encouraged to report incidents and received feedback from investigations to minimise the risk of similar incidents reoccurring. Staff told us learning from incidents was shared across the surgery services in a range of ways including team meetings, minutes and newsletters. We saw actions taken to make changes to practices where issues were identified following incidents.
- **The service used safety monitoring results well.** Safety thermometer information was displayed on large white boards in a prominent place on the entrance to all wards we visited. It advised the numbers of falls, pressure ulcers and healthcare acquired infections identified in the last month. It also provided information on staffing levels and the friends and family test data.

However:

- **Although the trust provided mandatory training in key skills to all staff, the service was not achieving its completion target of 85% in all topics.** Overall the mandatory training completion rate for medical staff was 72%, with five out of 19 modules achieving the trust target. The overall completion rate for nursing staff was better at 89% meeting the trust target. Records showed 12 out of the 19 mandatory training modules met the target.

# Surgery

- **Access to store rooms in three of the four wards we visited was not properly restricted.** We noted that the doors were wedged open, closed but not locked or they were locked with codes to access these areas written on the doors. We found sharps and cleaning fluids that were subject to control of substances hazardous to health (COSHH) standards in the store room which presented a safety risk to patients.
- **There were poor arrangements for the preparation of medicines.** We found that the preparation of medicines was conducted at the nurses' stations on F6 and F7 wards. Staff did not effectively use the aseptic non-touch technique when preparing medication.
- **Signs differentiating resuscitation and difficult airway equipment was not clear.** We observed signs placed on the floor in front of the trolleys; however, these were wearing off and in the event of an emergency could be confusing to identify.

## Is the service effective?

Good   

- Our rating of effective stayed the same. We rated it as good because:
- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Trust policies and procedures were evidence-based and adhered to national guidance. Practice guidelines were available to staff on the trust intranet to ensure practice remained in line with national guidance. Staff knew where to find policies and were notified of any updates at briefing meetings.
- **Staff gave patients enough food and drink to meet their needs and improve their health.** Patient records we reviewed included assessments of nutritional requirements which were assessed weekly. Staff said nutritional requirements of individual patients were highlighted during handovers, wards rounds and multidisciplinary meetings to ensure a holistic approach to care. Surgical wards had access to a dietician, who provided advice and input to patients who were at risk of dehydration or malnutrition.
- **Staff assessed and monitored patients regularly to see if they were in pain.** The service delivered pain relief in a range of ways including patient controlled analgesia, epidural infusion analgesia and regional infusion analgesia. Patient records indicated that pain management had been discussed with patient. We noted pain relieving medicines were recorded on the patients' administration charts and given when required.
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them.** Surgical patients at Frimley Park Hospital had a lower expected risk of readmission for elective admissions when compared to the England average. The hospital's performance in the 2016/17 Patient Outcomes Measures (PROMS) survey for groin hernias, hip replacements varicose veins and knee replacements was similar to the England average.
- **The service made sure staff were competent for their roles.** Educational opportunities were good and available for staff who wanted to progress. Many staff we spoke with said they had achieved career progression in clinical, nursing or management roles through education and support offered by the trust.
- **Staff of different professional backgrounds worked together as a team to benefit patients.** There were effective multi-disciplinary team working in all surgical areas to maximise patient outcomes. Care and treatment was provided by a combination of nursing staff, occupational therapists, physiotherapists, theatre staff and medical staff. Patient records showed a holistic approach to patient care with records having an input from staff with various professional backgrounds.
- A seven-day service was provided by the surgical acute dependency unit, short stay surgery main theatres and the post anaesthetic recovery unit. There was 24-hour access to these areas seven days a week.

# Surgery

- **The trust provided patients with information to help patients manage and improve their own health.** Each ward we visited had a range of posters and leaflets to help patients reduce their risk of deep vein thrombosis and pressure ulcers.
- **Staff understood the need for valid consent and how and when to assess whether a patient had the capacity to make decisions about their care.** Staff demonstrate good understanding of the legislation and best practice regarding consent, the Mental Capacity Act and Deprivation of Liberty Safeguards. We saw good examples of mental capacity assessments being carried out.

## Is the service caring?

Good   

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

- **Staff cared for patients with compassion, dignity and respect.** Staff showed respect for the privacy and dignity of patients. We observed kind and compassionate interactions between staff and patients. All patients we spoke with told us their care had been good or excellent.
- **The Friends and Family Test response rate for Frimley Park Hospital was 27% which was the same as the England average.** F6 ward had the highest response rate with 57% and an average recommendation rate of 98% from July 2017 to June 2018
- **Staff provided emotional support to patients to minimise their distress.** A multi-faith 24-hour chaplaincy service was available. There were copies of sacred books for some major faiths. Chaplaincy staff were also available to meet with patients when requested and we met a chaplain visiting a patient whilst inspecting F6 ward.
- **Staff involved patients and those close to them in decisions about their care and treatment.** Patients and their relatives were given time to ask questions about their care and treatment and discuss any concerns. Patients said all staff were approachable and explained what they were doing in a way they understood.

## Is the service responsive?

Good  

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

- **Information about the needs of the local population was being used to inform how surgical services were planned and delivered.** The hospital served a large Nepali population and it was identified through various surveys that there was a lack of feedback from this group as well as other non-English speaking groups. The trust used this to design more specific patient engagement programmes in conjunction with the clinical commissioning group. This included having bank Nepali interpreters who provided a more culturally sensitive service for Nepali patients accessing health and critical services.
- **The service had arrangements to meet the needs of people in vulnerable circumstances and with protected characteristics.** The trust had specialist teams to care for patients living with dementia and learning disabilities. The teams provided support to patients, their families and staff through their surgical journey. Patients with protect characteristics were identified at pre-assessment and reasonable adjustment were made to meet their needs. The dementia and delirium team held daily activities on the wards for these patients to interact with others and remain active whilst in hospital.

# Surgery

- **Generally, people could access the service when they needed it, although waiting times in some specialities did not meet national standards.** The average length of stay for elective patients was lower than England average. However, for non-elective patients the average length of stay was higher at 5.5 days compared to 4.9 days.
- Referral to treatment (RTT) rates varied between specialities. The trust was performing above the England average in four specialities and below the England average for three specialities. For example, the RTT rate (percentage within 18 weeks) for oral surgery was 99.5% which was much better than the England average of 59.8%. While trauma and orthopaedics achieved 48.1% which was worse than the England average of 60.1%.
- The percentage of cancelled operations over the last two years had fluctuated between 5% and 15%. This was similar to the England average.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.** Information about how to complain was displayed throughout the surgical areas we visited. Staff said complaints were fully investigated and they were involved in the investigations. Staff gave us examples of complaints, the lessons learnt and changes to practice that had been made as a result.

However:

- **The service did not always meet its own standards of timeliness when responding to complaints.** Frimley Park Hospital took an average of 27 days to investigate and close complaints, which was not in line with trust policy of 25 days.
- **Patients were not always cared for in single sex accommodation.** From August 2017 to July 2018 the service reported 424 mixed sex breaches with 67% occurring on day surgery unit two. All affected patients were given a letter of apology and incidents were reported to the board of directors and commissioning groups with the aim to eliminate future breaches. The trust had begun refurbishing the affected areas through a phased approach with the aim to complete the work in summer 2019.

## Is the service well-led?

Good  

- Our rating of well-led went down. We rated it as good because:
- **Managers had the skills, knowledge and experience to manage the service.** Leaders were visible and approachable. There were opportunities for leaders to engage with staff at ward level and listen to their concerns.
- **Surgical directorates had clear strategies driven by quality and safety aligned to the trust's vision and values.** Staff were aware of the trusts' strategy and understood how their objectives aligned with the trust.
- **Managers across surgery promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** Staff were complimentary of each other and felt supported by their colleagues and surgical leads. Ward and theatre managers consistently told us they were proud of their staff and their dedication to patients despite the heavy workload.
- **The governance arrangements were well established to monitor performance and risks.** There were regular meetings at all levels and allowed for a two-way flow of information. Staff were clear about their responsibilities and maintained accountability through these meetings.

# Surgery

- **The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.** Surgical leaders were clear about the risks within their divisions and these reflected concerns shared by staff. Risk registers were proactively monitored with high level risks tracked as part of the corporate risk assurance framework.
- **The trust engaged well with patients, staff, the public to plan and manage appropriate services, and collaborated with partner organisations effectively.** The director of nursing had introduced quarterly leadership away days which had proved popular. Staff who had attended said it was an opportunity to meet with service and trust leaders, to raise and address patient safety and quality issues. It was also an opportunity to network with colleagues from the other hospital sites and share commonalities and experiences.
- **The trust was working with external partners as part of the integrated care system (ICS) board, which included commissioning groups, local authorities and NHS providers.** The board aimed to improve the alignment of services across organisations and promote broader cross organisational understanding.
- **The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.** Learning, training and development were key focuses for the service. Staff spoke highly of the educational and progression opportunities within the directorate. Associate nurse practitioner roles had been created to ensure good patient care was maintained and recruitment difficulties to nursing posts mitigated. This allowed advancement opportunities for junior staff. The initiative had proved to be successful as the first group due to qualify in April 2019.

## Areas for improvement

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

- The trust must increase compliance with mandatory training to meet its 85% standard in all topics.

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

- The trust should check premises restricted to staff such as those storing substances subject to control of substances hazardous to health standards and sharp equipment are kept locked at all times.
- The trust should keep store rooms and trolleys where controlled medicines locked when not occupied by a member of staff.
- The trust should ensure treatment rooms are suitable and have adequate space to safely prepare medication.
- The trust should check signs to identify resuscitation and difficult airway equipment are clearly labelled and visible.

# Maternity

Good   

## Key facts and figures

The maternity service at Frimley Health NHS Foundation Trust is situated on the Frimley Park and Wexham Park sites.

The trust report that the services delivered 9,525 women and 9,676 babies in 2017/18. Services at both sites provide; early pregnancy care, obstetric led care and midwifery led care throughout the maternity pathway. The trust provides antenatal care in locations across the local geography of Surrey, Hampshire, Berkshire and South Buckinghamshire in hospital and primary care settings to a population of women ranging from the most deprived to most affluent.

The trust offers choice of place of birth on labour ward, birth centre and home birth. During the postnatal period they provide care in primary care settings and women's homes. The Local Maternity System (LMS) is progressing the implementation of Better Births (2016).

The trust has facilities that have undergone significant refurbishment on both sites over the past five years. In addition to standard care the trust offers fetal medicine services, midwifery led birth choices clinics and have recently invested in and increased the midwifery services for diabetes, perinatal mental health and pregnancy loss. The trust has supported the Clinical Negligence Scheme for Trusts (CNST) safety action five of supernumerary band 7 midwives on the labour ward 24 hours a day.

*(Source: Trust Provider Information Request – Acute sites and context tabs)*

As part of our inspection we visited the antenatal unit, labour ward, Mulberry Birthing Centre and postnatal ward.

We spoke with six women and two of their partners. We spoke with 27 members of staff including midwives, maternity support workers, student midwives and the senior leadership team for the directorate. We reviewed policies and performance data and reviewed 12 patient records.

## Summary of this service

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

- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and data provided to us showed that midwifery staff performed better than the target, however medical staff performed worse than the target in both adults and children safeguarding.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. Control measures were used to prevent the spread of infection and staff had infection control training as part of their mandatory training.
- Some safety thermometer information was displayed on each ward area for patients and visitors to the ward to see. Falls and pressure damage were displayed on boards but rates of catheter-associated urinary tract infections and venous-thromboembolism (VTE, or blood clots in veins) were not. However, we saw data that confirmed that the maternity service had 100% harm free care over the last 12 months.
- Information about patient's care and treatment and their outcomes was routinely collected and monitored and care and treatment was based on national guidance.

# Maternity

- Consent to care and treatment was gained in line with legislation and guidance, including the Mental Capacity Act 2005. People were supported to make decisions and where appropriate their mental capacity was assessed and recorded.
- Staff cared for patients with kindness and compassion.
- People who used the services and those close to them were involved and encouraged to be partners in their care and in making decisions, and received support they needed.
- The trust planned and provided services in a way that met the needs of the local people. The importance of flexibility, informed choice and continuity of care was reflected in the services.
- People could access the service when they needed it. Access to care was managed to take account of people's needs, including those with urgent needs.
- Leaders of the service were visible and approachable. They were knowledgeable about the issues and priorities for the quality and sustainability of the service, understood the challenges and how to address them.

However:

- The service provided mandatory training in key skills, however not all staff completed it. Medical staff met or exceeded the trust training target for only two out of 17 mandatory training modules and only 71% of medical staff had received level two safeguarding children training. Midwifery staff met or exceeded the trust training for only 11 out of 17 modules.
- The service did not have sufficient numbers of midwifery staff on all shifts. Data for April to June 2018 showed that the trust did not meet its target for one to one care in labour.
- The trust's ratio of one midwife to every 31.7 births was worse than the England average of one midwife to every 25.7 births. Midwifery staffing levels often did not meet the expected levels determined by the nationally-recognised acuity tool the trust used.
- Appraisal rates for nursing and midwifery staff did not meet the trust target. Compliance ranged between 57% to 68% which was worse than the 85% target.
- Printed copies of the fire policy and evacuation plans in business continuity folders seen on the departments were out of date.

## Is the service safe?

**Requires improvement** ● ↓

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

- **Midwifery staffing did not always meet planned levels.** The trust set a target of 100% for one to one care in labour and documented the compliance with this monthly on the maternity dashboard. We reviewed the data available for April to June 2018 and saw that the service did not meet this target between April and June 2018. Compliance for this ranged between 93% and 98%, which was worse than the trust target.
- The trust's ratio of one midwife to every 31.7 births was worse than the England average of one midwife to every 25.7 births. Midwifery staffing levels often did not meet the expected levels determined by the Birthrate Plus acuity tool. Trust data for a 13-week period between August and November 2018 showed midwifery staffing levels did not always meet the expected ratio of midwives to birth. Trust data showed staff reported 11 incidents of short staffing across the maternity service between March and September 2018.

# Maternity

- **The service provided mandatory training in key skills, however not all staff completed it.** Medical staff met or exceeded the trust training target for only two out of 17 mandatory training modules and only 71% of medical staff had received level two safeguarding children training. Mandatory training rates were worse than the trust target for six out of 17 courses for midwifery and nursing staff.
- Although all areas we visited appeared visibly clean, cleaning checklists for patient rooms and en-suite bathrooms were not always completed and we saw gaps in the checklists we reviewed in the labour and postnatal wards.
- We saw correct segregation of clinical and non-clinical waste. However, not all the waste bins we saw were clearly labelled in line with Health Technical Memorandum (HTM) 07-01 safe management of healthcare waste: 4.18 which states that: Labelled, colour-coded waste receptacles should be supplied for each waste stream.

However:

- **Staff understood how to protect patients from abuse.** Staff had training on how to recognise and report abuse and data provided to us showed that midwifery staff performed better than the trust target, however medical staff performed worse than the target in both adults and children safeguarding training.
- **The service controlled infection risk well.** Staff kept themselves, equipment and the premises clean. Control measures were used to prevent the spread of infection and staff completed an infection control module as part of their mandatory training.
- **Staff kept clear and up-to-date records of patients' care and treatment.** Records were available to all staff providing care. We saw an acceptable standard of record keeping in records we reviewed in line with General Medical Council and Nursing and Midwifery Council guidance.
- **The service managed medicines safely and effectively.** We saw medicines (including controlled drugs) stored securely. Controlled drugs are medicines liable for misuse that are controlled under the Misuse of Drugs legislation. Staff stored medicines at the correct temperatures to remain safe and effective. Staff checked and recorded medicines fridge temperatures daily.
- Some safety thermometer information was displayed on each ward area for patients and visitors to the ward to see. Falls and pressure damage were displayed on boards but rates of catheter-associated urinary tract infections and venous-thromboembolism (VTE, or blood clots in veins) were not. However, we saw data that confirmed that the maternity service had 100% harm free care over the last 12 months.

## Is the service effective?

Good   

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

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Policies incorporated national guidance from bodies including the Royal College of Gynaecologists and the National Institute for Health and Care Excellence (NICE). The service had a comprehensive audit schedule to check staff followed policies and provided evidence-based care. Overall, audit results showed a high level of compliance with policies and evidence-based care.
- **Women and babies using maternity services at Frimley Park Hospital had similar outcomes to the national averages for other maternity units in England.** National audit findings showed the service's performance was as

# Maternity

expected. The trust performed better than expected in the 2017 Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE UK Audit). The service monitored the effectiveness of care and treatment through local audits and used the findings to improve them. They participated in national audits and compared their results with those of other services to help drive continuous improvement.

- **All staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice.** Staff were supported to maintain and further develop their professional skills and experience. Online annual assessments in cardiotocography (CTG, or continuous electronic monitoring of babies' heart rates) provided ongoing assurances of midwives' competencies in this area. However, the training data at the time of our inspection was slightly worse than the trust target.
- **Women had access to maternity services 24 hours a day, seven days a week if they went into labour or developed any concerns during their pregnancy.** The service had 24-hour, seven day a week access to pharmacy, medical imaging, anaesthetics, a consultant obstetrician and a senior midwife on-call. For women planning homebirths, there were on-call rotas for community midwives covering the homebirth service 24 hours a day, seven days a week.
- **Staff of different kinds worked together as a team to benefit patients.** Doctors, midwives and other healthcare professionals supported each other to provide good care. Staff reported positive working relationships between different groups, and we observed this during our visit.
- The service had introduced Practical Obstetric Multi-Professional Training. This was scenario-based training where staff of different kinds worked together through emergency simulations. Staff told us this enabled effective multi-disciplinary working in the team.
- **Consent to care and treatment was gained in line with legislation and guidance, including the Mental Capacity Act 2005.** People were supported to make decisions and where appropriate their mental capacity was assessed and recorded.

However:

- **However, not all policies were in date.** We raised this issue with senior leaders, who described how the service was aligning policies across the two sites. This was part of the trust's strategy for better cross-site working and consistency across the two hospitals". They told us they had reviewed the policies and rated them as red, amber or green in terms of clinical urgency and whether the evidence base or national guidance was still relevant or due to expire. This gave us assurances that whilst some policies had expired, there was a risk assessed plan in place to address this. Trust data showed the service had aligned 67 maternity policies across the two hospitals at the end of September 2018. All policies we reviewed appeared to reflect the most up-to-date national guidance available at the time of our visit.
- **Compliance with appraisals was worse than the trust target for all midwifery and registered nursing staff.** Compliance ranged from 57% to 68% which was worse than the 85% target.

## Is the service caring?

Good  → ←

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

- **Staff cared for women with kindness and compassion.** Results from the Friends and Family Test for maternity were generally the same or better than the national average. Feedback from patients on the wards was positive about the care they received and we saw multiple plaudits and thankyou cards from women who had used the service.

# Maternity

- Bereavement midwives provided support to women and their partners who had lost their babies. The trust was a pilot site for implementation of the Stillbirth and Neonatal Death Charity (SANDS) national bereavement care pathway for pregnancy and baby loss. As part of this pathway, staff offered women and their partners memory-making options such as photographs, hand and footprints and the option to wash and dress their baby if they wanted to.
- Women who used the services and those close to them were involved and encouraged to be partners in their care and in making decisions, and received support they needed.
- Staff understood the expectation of the service around privacy and dignity. There were privacy screens and curtains within patient rooms and staff took care to protect patient's dignity.
- **Staff involved women and their partners in decisions about their care and treatment.** They gave them plenty of information in pregnancy to allow them to make informed decisions for pregnancy, birth and beyond. The trust was amongst the best-performing in England for the following question in the CQC Survey of women's experiences of maternity services 2017: "If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted"? The trust scored 9.8 out of a possible 10 for this question, which demonstrated the service involved birth partners in women's care.

## Is the service responsive?

Good ● → ←

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

- **The trust planned and provided services in a way that met the needs of the local people.** The importance of flexibility, informed choice and continuity of care was reflected in the services. The hospital offered both consultant and midwifery-led labour care and women could (dependent on risk) choose where they preferred to have their baby. Choices of place of birth for low-risk women were home, the midwife-led Mulberry Birth Centre or the consultant-led Labour Ward.
- **The needs and preferences of different people were taken into account when delivering and coordinating services, including those who are in vulnerable circumstances or who have complex needs.** There were dedicated perinatal mental health and safeguarding leads for the trust, who worked with midwives at all stages of the patient's pregnancy. Staff used translation and interpreting service for patients who did not speak English as a first language. On the Mulberry Birthing Unit, patients could receive aromatherapy and massage as part of their birthing experience.
- **People could access the service when they needed it.** Access to care was managed to take account of people's needs, including those with urgent needs. The hospital offered both consultant and midwife-led labour care to women 24 hours a day, seven days a week. There were dedicated triage lines women could access if they were at home and concerned about their pregnancy.
- **Complaints and concerns were taken seriously and investigated thoroughly, although not all complaint responses were returned within the target set by the trust.** We reviewed complaint responses and saw that they all contained apologies and what action the trust had taken to prevent issues re-occurring.

However:

- The service did not monitor waiting times for the antenatal clinic.

# Maternity

## Is the service well-led?

Good   

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

- **Leaders of the service were visible and approachable.** They were knowledgeable about the issues and priorities for the quality and sustainability of the service, understood the challenges and how to address them.
- **The directorate had a clear vision and a credible strategy to deliver high quality sustainable care.** It had robust plans to help achieve and deliver this as part of the Local Maternity System and as part of the trust's Clinical Strategy.
- **The service had effective systems for identifying risks and working to eliminate or reduce them.** Senior leaders and matrons regularly reviewed the service's risk register and had a thorough understanding of risks to the service and measure to reduce them.
- **The trust engaged well with patients, staff, the public and local organisations to plan and deliver services.** The Maternity Voices Partnership had recently been established as part of the Local Maternity System.
- **The service used a systematic approach to maintain high standards of quality.** The service used a comprehensive dashboard to monitor performance. Staff regularly reviewed the dashboard and took action to investigate and improve any measures that fell below key performance indicator targets.
- **There was a focus on continuous learning and improvement.** Several projects were in progress by a variety of staff roles. This included a cross-site project to improve triage waiting times as part of the national Maternity and Neonatal Collaborative. Another improvement project had seen the trust halve its rates of third and fourth-degree perineal tears from 4% to 2%.

However:

- Whilst the service participated in the Patient Led Assessment of the Care Environment (PLACE) audits, they did not provide us with benchmarked data against the national audits and we were therefore unable to use this data in our report.

## Areas for improvement

### Action the service must take to improve

- The service must take action to ensure mandatory training including safeguarding training rates meet trust targets.
- The service must ensure that midwifery staffing levels meet expected levels as determined by the nationally recognised acuity tool.

### Action the service should take to improve

- The service should ensure where policies are printed into hard copy that they are in date and the correct version.
- The service should consistently document cleaning checklists.
- The service should label clinical waste in line with Health Technical Memorandum (HTM) 07-01 safe management of healthcare waste.
- The service should take action to review and update all policies outside of their review date in a timely way.

# Community health services

## Background to community health services

The inpatient community services for Frimley Health NHS Foundation Trust Frimley are located on Calthorpe ward in Fleet Community Hospital. The ward, but not the hospital, had been transferred to Frimley which meant the building and some services within the hospital were managed by a different trust.

Calthorpe is an 18 bedded ward which provides rehabilitation, step up and step down care for adult patients in north east Hampshire. Patients are primarily, but not exclusively, over age 65. It also provides end of life care in some instances. Step down care is a facilitated discharge pathway with the aim of reducing acute length of stay (LOS) and supporting care closer to home and step up care is an admission avoidance pathway in partnership with community matrons, GPs and intermediate care teams (ICTs).

Calthorpe ward is a care of the elderly consultant led unit within the trust's Medicine Directorate. It promotes integration between acute and community services, with a focus on frailty liaison, the ICT and primary care. The ward has dedicated therapists and a social worker onsite alongside the nursing team.

## Summary of community health services

**Good** 

The service was not previously inspected or rated as part of Frimley Health NHS Foundation Trust. We rated it as good because:

- **People could access the service when they needed it.** The service aimed to avoid acute admissions from the community through step up care provisions, provide a step down option for acute patients who were not ready to return home and provide rehabilitation services. This supported patients to gain their previous levels of function and be safe, independent and functional when they returned to their homes.
- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.** Senior staff could use permanent, bank and agency staff as necessary to keep patients safe. Despite a 52.2% vacancy rate, rotas were filled for 98.5% of shifts.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Although there had not been safeguarding referrals on the ward in the past year, staff had training on how to recognise and report abuse, and they knew how to apply it.
- **The service controlled infection risk and used control measures to prevent the spread of infection.** There was a focus on infection control. There were educational materials and hand cleaning foam available for patients, visitors and staff. Staff used personal protective equipment in line with guidance and cleaned their hands in line with the World Health Organisation guidance, Five Moments of Hand Hygiene.

# Summary of findings

- **The service planned for emergencies and staff understood their roles if one should happen.** Staff had a good understanding of patient risk and the observation, assessment and escalation of deteriorating patients necessary to keep patients safe in a community hospital.
- **The ward provided effective care based on national guidance.** Staff worked across disciplines to use evidence based guidance to provide care to their patients.
- **The ward's multidisciplinary team worked together to provide safe care to patients.** A multidisciplinary group of staff worked together to provide care and holistic assessments, care plans and goals throughout patients' stay, with discharge in mind from the time of admission. They promoted health throughout patient care.
- **Staff cared for patients with compassion.** Staff clearly cared about the patients on the ward. They knew patients as individuals and most patients reflected this when they described the care they received from staff on the ward.
- **Staff involved patients and those close to them in decisions about their care and treatment.** Patients and family members agreed that doctors and staff involved patients in their own care. They discussed options with patients and patients said they understood their care plan and care decisions.
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action.** The leadership team had a clear vision and strategy to make the ward a hub for integrated care in the region in line with local demand. They were working with the CCG and across disciplines in the region to meet this goal. The ward had previously provided only rehabilitation. There was local demand for integrated care facilitated by community step up and step-down units. The ward has taken a leadership role in integrated care in the region and provided step up and step-down care alongside the rehabilitation services they already offered.
- **The service took account of patients' individual needs.** We saw many examples of care that was responsive to individual needs, for instance, one bay was for patients living with dementia and the ward used the 'this is me' document provide information about these patients. A patient care activity co-ordinator visited weekly to lead singing and movements with patients. The ward had a hearing loop for hard of hearing patients and a sign language interpreter was available.
- **The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.** The internal governance structure supported them to do this. Staff at all levels told us the matron and senior sister, were providing positive leadership and helping to integrate the ward into the wider trust although both been in their roles for less than two months.
- **The trust used a systematic approach to continually improve the quality of its services and safeguard high standards of care.** Quality and performance were monitored through the directorate quality and safety meeting and monthly performance meetings, the medical directorate clinical governance meeting and as part of commissioner led contract and quality review meetings. The trust reported that learning from the past 18 months had enabled further integration with the organisational senior nursing structure under the Head of Nursing for Medicine and Elderly Care.
- **Managers promoted a positive culture on the ward that supported and valued staff, creating a sense of common purpose based on shared values.** Staff we spoke to, including agency staff, told us there was an open culture which allowed for discussion of any concerns between team members including regular and temporary staff.
- **The trust engaged well with patients, staff, the public and local organisations to plan and manage services, and collaborated with partner organisations effectively.**
- **There was strong community engagement on the ward.** The Friends of Fleet were involved in fundraising and providing feedback on issues that were important to patients on the ward. For instance, they provided input about the ward's future and vision and reviewed pamphlets to ensure they were patient friendly. Other groups such as community pastors and a Brownie troop were also involved on the ward.

# Summary of findings

However:

- **The service provided mandatory training in key skills, but not everyone attended it.** At the time the provider completed the information request, the ward did not meet its training target of 85% for two thirds of training modules.
- **Learning from incidents and complaints was not always shared in writing or more broadly when staff were unable to attend meetings.**
- **There were concerns about cleaning and the recording of cleaning on the ward. It did not seem that the governance system ensured quality.** Non-compliant cleaning on the ward was a risk on the community services risk assurance framework. We saw that the ward was clean during our inspection, however when we requested previous cleaning records, they were incomplete and inadequate to provide an audit trail.

# Community health services for adults

Good 

## Key facts and figures

The inpatient community services for Frimley Health NHS Foundation Trust (Frimley) are located on Calthorpe Ward in Fleet Community Hospital. The ward, but not the hospital, had been transferred to Frimley which meant the building and some services within the hospital were managed by a different trust.

Calthorpe is an 18-bedded ward which provides rehabilitation, step-up and step-down care for adult patients in north east Hampshire. Patients are primarily, but not exclusively, over age 65. It also provides end of life care in some instances. Step-down care is a facilitated discharge pathway with the aim of reducing acute length of stay (LOS) and supporting care closer to home and step-up care is an admission avoidance pathway in partnership with community matrons, GPs and intermediate care teams (ICTs).

Calthorpe Ward is a care of the elderly consultant led unit within the trust's medicine directorate. It promotes integration between acute and community services, with a focus on frailty liaison, the ICT and primary care. The ward has dedicated therapists and a social worker onsite alongside the nursing team.

## Summary of this service

The service was not previously inspected or rated as part of Frimley Health NHS Foundation Trust. We rated it as good because:

- **People could access the service when they needed it.** The service aimed to avoid acute admissions from the community through step-up care provisions, provide a step-down option for acute patients who were not ready to return home and provide rehabilitation services. This supported patients to gain their previous levels of function and be safe, independent and functional when they returned to their homes.
- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.** Senior staff could use permanent, bank and agency staff as necessary to keep patients safe. Despite a 52.2% vacancy rate, rotas were filled for 98.5% of shifts.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Although there had not been safeguarding referrals on the ward in the past year, staff had training on how to recognise and report abuse, and they knew how to apply it.
- **The service controlled infection risk and used control measures to prevent the spread of infection.** There was a focus on infection control. There were educational materials and hand cleaning foam available for patients, visitors and staff. Staff used personal protective equipment in line with guidance and cleaned their hands in line with the World Health Organisation guidance, Five Moments of Hand Hygiene.
- **The service planned for emergencies and staff understood their roles if one should happen.** Staff had a good understanding of patient risk and the observation, assessment and escalation of deteriorating patients necessary to keep patients safe in a community hospital.
- **The ward provided effective care based on national guidance.** Staff worked across disciplines to use evidence based guidance to provide care to their patients.

# Community health services for adults

- **The ward's multidisciplinary team worked together to provide safe care to patients.** A multidisciplinary group of staff worked together to provide care and holistic assessments, care plans and goals throughout patients' stay, with discharge in mind from the time of admission. They promoted health throughout patient care.
- **Staff cared for patients with compassion.** Staff clearly cared about the patients on the ward. They knew patients as individuals and most patients reflected this when they described the care they received from staff on the ward.
- **Staff involved patients and those close to them in decisions about their care and treatment.** Patients and family members agreed that doctors and staff involved patients in their own care. They discussed options with patients and patients said they understood their care plan and care decisions.
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action.** The leadership team had a clear vision and strategy to make the ward a hub for integrated care in the region in line with local demand. They were working with the CCG and across disciplines in the region to meet this goal. The ward had previously provided only rehabilitation. There was local demand for integrated care facilitated by community step-up and step-down units. The ward has taken a leadership role in integrated care in the region and provided step-up and step-down care alongside the rehabilitation services they already offered.
- **The service took account of patients' individual needs.** We saw many examples of care that was responsive to individual needs, for instance, one bay was for patients living with dementia and the ward used the 'this is me' document to provide information about these patients. A patient care activity co-ordinator visited weekly to lead singing and movements with patients. The ward had a hearing loop for hard of hearing patients and a sign language interpreter was available.
- **The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.** The internal governance structure supported them to do this. Staff at all levels told us the matron and senior sister, were providing positive leadership and helping to integrate the ward into the wider trust although both had been in their roles for less than two months.
- **The trust used a systematic approach to continually improve the quality of its services and safeguard high standards of care.** Quality and performance were monitored through the directorate quality and safety meeting and monthly performance meetings, the medical directorate clinical governance meeting and as part of commissioner led contract and quality review meetings. The trust reported that learning from the past 18 months had enabled further integration with the organisational senior nursing structure under the Head of Nursing for Medicine and Elderly Care.
- **Managers promoted a positive culture on the ward that supported and valued staff, creating a sense of common purpose based on shared values.** Staff we spoke to, including agency staff, told us there was an open culture which allowed for discussion of any concerns between team members including regular and temporary staff.
- **The trust engaged well with patients, staff, the public and local organisations to plan and manage services, and collaborated with partner organisations effectively.** There was strong community engagement on the ward. The Friends of Fleet were involved in fundraising and providing feedback on issues that were important to patients on the ward. For instance, they provided input about the ward's future and vision and reviewed pamphlets to ensure they were patient friendly. Other groups such as community pastors and a Brownie troop were also involved on the ward.

However:

- **The service provided mandatory training in key skills, but not everyone attended it.** At the time the provider completed the information request, the ward did not meet its training target of 85% for two thirds of training modules. Learning from incidents and complaints was not always shared in writing or more broadly when staff were unable to attend meetings.

# Community health services for adults

- **The service took learning from incidents but did not ensure it was shared.** However, some staff members told us they felt learning was not always shared in writing or more broadly when staff were unable to attend meetings. Staff told us they did not know if they missed learning when they missed team meetings and that this information was not shared in writing.

## Is the service safe?

Good 

This is the first time this service has been rated. We rated it as good because:

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.** Although this service had not directly raised a safeguarding alert during the reporting period, staff demonstrated they understood their safeguarding responsibilities and they had access to the information and support they needed to identify safeguarding issues and escalate safeguarding concerns in line with guidance.
- **The service controlled infection risk and used control measures to prevent the spread of infection.** Staff kept themselves and equipment clean. Staff used personal protective equipment and followed hand hygiene procedures in line with guidance to control infection risk. Side rooms were available for patients who had or were at risk of infection.
- **The service had suitable premises and equipment and looked after them well.** Staff told us they had the equipment necessary to do their jobs. We saw a variety of nursing, physiotherapy and occupational therapy equipment available and in use throughout the ward. A random sampling of supplies held in the ward storage area demonstrated that the supplies were sealed and in date. Waste was stored and disposed of safely.
- **The service planned for emergencies and staff understood their roles if one should happen.** The ward did not have facilities to provide emergency or acute care services on site as it was in a community hospital rather than an acute hospital. Detailed risk assessments were completed for each patient and patients were assessed throughout the day using the revised National Early Warning Score (NEWS2). Staff demonstrated understanding of processes to respond to and escalate patient deterioration internally, to the out of hours service or by dialling 999.
- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.** The ward had vacancies for qualified nurses but was fully staffed for health care assistants, physiotherapists and occupational therapists. The risk of potential compromise to patient safety due to high vacancy rate on Calthorpe Ward was listed on the local and corporate risk assurance frameworks. The ward kept patients safe by relying on temporary staff to fill the additional qualified nursing shifts. Temporary staff were inducted onto the ward on their first shift so they understood the ward and their responsibilities. The ward used repeat temporary staff where possible so staff knew the ward and patients.
- **Staff kept appropriate records of patients' care and treatment.** Notes were completed by the multidisciplinary team and information about the patient's diagnoses, care and treatment plan were documented. Staff said they could access records and had adequate information to provide safe care and treatment and create individualised care plans that were safe, and aimed for independence and functionality.
- **The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.** Medicines were held safely and securely on the ward. Nurses administered the right medicines at the right time and medicines were recorded in line with guidance. Non-refrigerated drugs were stored safely and securely in a locked storage room on the ward.

# Community health services for adults

- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Managers investigated incidents and usually shared lessons learned with team members and the wider service.

However:

- **The service provided mandatory training in key skills, but not everyone attended it.** At the time the provider completed the information request, the ward did not meet its training target of 85% for two thirds of training modules. At the time of inspection, staff on the ward had improved their mandatory training compliance to meet their target for 12 out of 15 modules. Patients and staff could still be at risk because staff on the ward did not meet the training targets for three mandatory modules including; Infection Prevention and Control, Dementia Level 2 and Prevent which was still at 50% completion rate. Senior staff had a plan to complete the training before the end of 2018.
- **There were concerns about cleaning and records did not reflect cleaning had occurred in line with protocols.** Risk of non-compliance to cleaning standards was a risk on the local risk assurance framework, the risk was rated as high. The ward was clean when we visited but cleaning records did not provide assurance the ward had been cleaned in line with established guidelines and procedures during the previous two weeks.

## Is the service effective?

Good 

This is the first time this service has been rated. We rated it as good because:

- **The service provided care and treatment based on national guidance and had evidence of its effectiveness.** Staff worked across disciplines and used evidence based guidance to provide care to their patients. Relevant, evidence based guidelines directed care on the ward.
- **Staff assessed patients' nutrition to ensure patients were receiving food and drink to meet their individual needs.** Caterers provided a menu for each meal with a selection of options which included controlled calorie and vegetarian choices. Patients selected their meal and could specify whether they wanted a small, medium or large meal. Patients told us that the food options met their needs and the food on the ward was tasty. The service made adjustments for patients' religious, cultural and other preferences.
- **Staff monitored and managed patient pain well.** All patient records we reviewed reflected that patients' pain was assessed as part of regular observations three times a day. Patients were asked to rate their pain on a scale of 0-10 and pain was treated with analgesics as necessary. Patients verified they that they had not been in pain or that their pain had been quickly addressed and relieved.
- **Staff of different kinds worked together as a team to benefit patients.** Doctors, nurses, social services and other healthcare professionals supported each other to provide good care. The service was working to become a hub for integrated care. The lead consultant on the ward worked in the community as well as the ward and had close relationships with multidisciplinary teams in the region. The ward held weekly multidisciplinary meetings to facilitate integration.
- **Multidisciplinary teams worked together to ease transfers to and from the ward and to plan discharge from the time of admission.** Patients who had previously transferred to and/or from the acute hospital reported that the transfer was well organised and went smoothly from the patient perspective.
- **The service provided a holistic view of health and recovery which supported health promotion.** Patients and staff described the promotion of health through nutrition, healthy lifestyle and the overall goal of supporting patients to return to their previous levels of function so they could lead as independent a life as possible.

# Community health services for adults

- **Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.** They knew how to support patients experiencing mental ill health, understood their responsibilities under the Mental Health Act and Mental Capacity Act and supported those who lacked the capacity to make decisions about their care. The trust had a comprehensive consent policy which was in date and cited relevant legislation and guidance.

However:

- **The service did not make sure staff were competent for their roles.** Managers did not uniformly appraise staff's work performance and hold supervision meetings with them to provide support and monitor the effectiveness of the service. During the reporting period less than half of staff in the community inpatients services received appraisals. This had been addressed in the months leading up to the inspection and at the time of inspection most appraisals had been completed. Goals were identified on each appraisal however, completion of goals were mixed in the appraisal forms we reviewed.

## Is the service caring?

Good 

This is the first time this service has been rated. We rated it as good because:

- **Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.** Many of the patients' we spoke with described "excellent" care. Patients' felt listened to and that staff "really knew them". We were told staff were "amazing" and offered ongoing support for physical and mental wellbeing. Staff reported they were proud of the holistic care they provided to patients and how they know each patient as an individual.
- **Staff provided emotional support to patients to minimise their distress.** Patients felt their spiritual needs were being met and expressed that this supported their mental wellbeing. Patients also felt supported by the nurses, therapists and doctors emotionally as their admission often resulted in making life changes.
- **Staff involved patients and those close to them in decisions about their care and treatment.** The ward made sure patients were listened to, involved and they took part in decisions about their care and how it was delivered. We observed therapy services engaging with patients and offering in-depth discussions about patient choices specific to their needs. Patients were fully informed of treatment processes and their opinions were considered. Staff encouraged their families to be a part of the planning. Signposting for emotional support following discharge was readily available. Links, referrals to services and contacts were available to both patients and their families.

## Is the service responsive?

Good 

This is the first time this service has been rated. We rated it as good because:

- **The trust planned and provided services in a way that met the needs of local people.** Calthorpe Ward provided rehabilitation, step-up and step-down care to their patients. The service's model of care had changed over the last four years to support the needs of the local population. The multidisciplinary team carried out partnership working with the trust, social care, community care and primary care.

# Community health services for adults

- **People could access the service when they needed it.** Arrangements to admit, treat and discharge patients were in line with good practice. Liaison with the Integrated Care Teams (ICT) took place regularly which resulted in prompt referrals, a strong discharge plan and care planning. The integration of health and social care aimed to improve the care and support for patients who needed to use health and social care services when discharged from Calthorpe Ward.
- **The service took account of patients' individual needs.** A standardised assessment took place on the patients' admission to the ward. The assessment addressed the physical, psychological, social, and spiritual needs. Staff supported patients in developing personalised care plans with each patient's plan devised with input from the multidisciplinary team including doctors, nurses, physiotherapists and occupational therapists on the ward. Other specialists such as palliative care nurses from the acute trust or hospice provided input. There were arrangements to meet the needs of those living with dementia, sensory loss and of limited mobility.
- The service was able to provide end of life care to patients who were on the ward or requested to receive end of life care there.
- There was one dedicated bay for patients who had a diagnosis of dementia and the ward was working towards being "Dementia Friendly".
- All patients were encouraged to join in with ward activities to aid recovery and promote positive health and wellbeing.
- Volunteers often supported patients at meal times and offered companionship.
- There was mixed feedback about responding to call bells. One patient told us staff were always "so quick to respond" to call bells. Other patients told us there could be slow responses to call bells, although nurses did answer them in time.
- **The service met the needs of those with sensory loss.** The ward provided a loop for hard of hearing patients, staff and visitors. Selected letters and paperwork were available in braille and large print if requested. The ward had signs that can be placed next to a patient's bed to remind staff that the patient had a hearing or visual impairment. Staff could also access visual aids and prompts to support meeting the needs of inpatients
- The ward met the needs of disabled people and those with limited mobility.
- **The service met the cultural and spiritual needs of patients.** Pastoral support to all patients and their families and staff was available through the chaplaincy service. It accommodated any religious beliefs, and to those who follow no religious faith.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.** There was information on how to make a complaint readily available for patients.

## Is the service well-led?

Good 

This is the first time this service has been rated. We rated it as good because:

- **The trust had managers at all levels with the right skills and abilities to run the service providing high-quality sustainable care.** The ward was part of the Medicine Directorate governance structure, which included community services. Leaders included the local ward leadership team and the overarching trust senior management team. The local leadership team was visible and approachable and brought broad experience from both acute and community care settings.

# Community health services for adults

- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.** The senior leadership team described a vision of integrated care where health and social care providers worked together to keep patients healthy, respond to the needs and preferences of patients and keep patients with complex care needs who did not need to be in an acute hospital, from requiring ambulances, the emergency department and acute hospital beds. The senior leadership team had a vision for the ward which focused on local and patient needs and was aligned with the local plans for the wider health care economy. Senior leaders told us they were currently developing new local processes, policies and guidelines to increase access to transitional care and provide guidance for transitional, integrated care in accordance with the organisational and local drive for integration of services.
- **Managers across the trust promoted a positive culture on the ward that supported and valued staff, creating a sense of common purpose based on shared values.** Staff told us the team on the ward was 'great' and 'supportive' noting they were proud of how the team worked together. We saw and heard examples of how staff, across disciplines, worked together on the ward to get the best outcomes for their patients. Staff we spoke to including agency staff told us there was an open culture which allowed for discussion of any concerns between team members including regular and temporary staff.
- **The trust used a systematic approach to continually improve the quality of its services and safeguard high standards of care by creating an environment in which excellence in clinical care would flourish.** The ward was governed within the trust wide medicine directorate, which included community care. The head of nursing for medicine and elderly care, director of nursing and the associate director of community services all spent time at the hospital and the chief of service for the medical directorate was involved directly with the ward generally spending one day a week at the hospital.
- **The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.** The ward identified and managed incidents using an online risk management system. Incidents were reviewed by ward leaders and escalated in line with the governance structure. Risks were identified through the review of incidents, trends and a range of other data. Ward risks were recorded and managed using the community services local risk assurance framework (RAF), the Corporate Governance Group had final oversight of the RAF.
- **The trust collected, analysed, managed and used information well, in most cases, to support all its activities, using secure electronic systems with security safeguards.** The unit collected quality and quantity information about the care they provided. The medicine directorate had a dashboard which collated these measures and they were reviewed monthly.
- **The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.** The trust had a patient and public involvement and engagement plan for 2018/19. The plan aimed to engage, 'patients, members, communities, partners, key opinion formers and staff in developing our future plans' through workshops, materials, outreach and involvement. The trust engaged with local people about changes to the ward and the services provided there.
- **The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.** The leaders wanted the ward to be on the forefront of integration around integrated care and changing care models. The team worked with a wide range of multidisciplinary health and community partners to identify best practices and provide integrated care for patients. The ward offered learning and continuous improvement opportunities to attract and keep staff. This included a preceptorship program, management courses offerings for some nurses who stayed on the ward after a rotation there, band 4 roles for health care assistants and community rotations and senior house officer (non-consultant doctor) level roles for doctors including doctors who qualified overseas.

# Community health services for adults

However:

- **It did not appear that the system always ensured quality improvement and that the improvement could be measured.** Cleaning on the ward was a risk which was rated high on the community services risk assurance framework. This risk had increased from moderate to high and was overseen by a member of the leadership team. We saw that the ward was clean during our inspection, however when we requested previous cleaning records, they were incomplete and inadequate to provide an audit trail.

## Outstanding practice

We found examples of outstanding practice in this service.

- The teams work with a wide range of multidisciplinary health and community partners to identify best practices and provide integrated care for patients was outstanding. For instance, they worked with partners to develop the catheter pathway which was implemented across the system so patients could access the right catheter care whether they were home, in a community care setting, at a community hospital or an acute hospital. Following the implementation of that pathway they were working with stakeholders to create other pathways with the aim of implementing them system wide.
- The lead consultant on the ward worked in the community as well as the ward and had close relationships with medical and social care teams within the region. The ward held weekly multidisciplinary meetings to help integration of care within the region. Both internal and external care providers, including the lead consultant, nursing staff, occupational and physical therapists, integrated care team, junior doctor, social workers and community matron attended these meetings.
- Each patient's care plan was individualised with input from the multidisciplinary team including doctors, nurses, physio and occupational therapists on the ward and these teams worked together to ease transfers to and from the ward. Ward staff worked closely with community and district nursing teams, social care providers and other services to ensure timely discharge and continuity across inpatient and primary care.

## Areas for improvement

### Action the service should take to improve

- The trust must increase compliance with mandatory training to meet its 85% standard in all topics.
- The trust should check processes are implemented and existing policy is followed so fridge temperatures are monitored and recorded daily and concerns about temperatures are escalated to managers and or pharmacy.
- The trust should implement processes to learn from incidents and share learning with all staff members, regardless of whether they attend meetings.
- The trust should introduce tools and processes to ensure the ward is cleaned daily in line with the relevant internal requirements and guidance and that cleaning is recorded for auditing and evidential purposes.
- The trust should provide computers so staff can access trust policies, procedures and training regardless of location.
- The trust should give a timely appraisal to all staff members.

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

Maternity and midwifery services

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Termination of pregnancies

Transport services, triage and medical advice provided remotely

Treatment of disease, disorder or injury

#### Regulation

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

# Our inspection team

Catherine Campbell CQC Head of Hospital Inspection and a CQC inspection manager led this inspection. An executive reviewer, Stephen Posey, a chief executive of an NHS trust, supported our inspection of well-led for the trust overall.

The team included nine inspectors, and eight specialist advisers with expertise in maternity, surgical nursing, community nursing, safeguarding and board level positions.

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.