

Basingstoke and North Hampshire Hospital

Quality Report

Aldermaston Road
Basingstoke
Hampshire
RG24 9NA
Tel: 01256 473 202
www.northhampshire.nhs.uk

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Overall summary

Basingstoke and North Hampshire Hospital (BNHH) is operated by Hampshire Hospitals NHS Foundation Trust (HHFT). The hospital provides a full range of planned and emergency district general hospital services, including a 24-hour accident and emergency, general and specialist surgery, general medicine, intensive care, rehabilitation, chemotherapy, diagnostic services, maternity, neonatal, gynaecology, paediatric care and outpatient clinics.

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

There are 450 NHS beds available in the hospital, with around 2,800 staff. Each year it has around 47,000 admissions, sees 43,000 patients in the Emergency Department, sees around 175,000 outpatients and delivers over 2,800 babies.

We previously carried out a comprehensive inspection of the Hampshire Hospitals NHS Foundation Trust in June and July of 2018. Following that inspection, we issued the trust with a warning notice under Section 29A of the

Health and Social Care Act 2008. The warning notice set out areas of concern, where significant improvement was required on each of the main sites including Basingstoke North Hampshire Hospital.

We carried out an unannounced follow up inspection of the trust in April 2019 and we were on site at the BNHH on 10 and 11 April 2019.

During this focused inspection, we looked at all the issues raised in the warning notice which ranged across the safe and caring domains. We cannot re-rate the service because in a focused inspection we do not look at the core services as a whole. Therefore, the rating for the hospital remains at requires improvement.

We will continue to monitor the performance of this service and will inspect it again as part of our ongoing next phase NHS programme.

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

We found that staff at this hospital had addressed all the concerns raised at the inspection in June 2018 with one exception.

Summary of findings

Requirements for improvement set out in the warning notice following the June and July 2018 inspection under Section 29A of the Health and Social Care Act 2008 were met.

Summary of findings

Our judgements about each of the main services

Service

Urgent and emergency services

Rating

Not sufficient evidence to rate



Summary of each main service

This rating is from the previous comprehensive inspection. We did not re-rate this service as part of this focused inspection.

The staff had responded to issues raised at our previous inspection in July 2018:

- Patient observations were carried out hourly or more often if there was medical need and staff recorded this.
- National Early Warning Score 2 had been implemented, staff application of this was audited and closely monitored. Staff escalated concerns appropriately.
- Rapid assessment and treatment bays had been introduced which had improved the time patients waited for assessments and provided improved privacy for patient handovers and consultation.
- Medicines were stored securely.
- Processes introduced and structural changes to the area had improved the patient experience and minimised potential breaches of their confidentiality.

Medical care (including older people's care)

Requires improvement



This rating is from the previous comprehensive inspection. We did not re-rate this service as part of this focused inspection.

The staff had responded to issues raised at our previous inspection in June 2018:

- Patient observations were completed and recorded in a timely way.
- Enhanced nurse leadership on the wards had ensured practice was monitored and staff met high standards of clinical care.
- Measures were in place to minimise mixed sex accommodation.

Summary of findings

- Shift patterns on the Acute Assessment Unit had been modified to ensure patients' needs were met in a timely way.
- Medicines were managed and stored according to the manufacturer's instructions.
- Staff mandatory training included conflict resolution to support them in managing difficult situations.

However, on the Overton unit patients felt they were waiting too long for a response from staff when they called, and felt there were not enough staff on the ward to help them.

Surgery

This rating is from the previous comprehensive inspection. We did not re-rate this service as part of this focused inspection.

The staff had responded to issues raised at our previous inspection in June 2018:

- Measures had been taken to improve infection prevention and control. The estates department had commenced a programme of replacing old and outdated sinks, and all waste bins had been replaced with bins to meet regulations.
- Staff had improved practice to ensure cleaning schedules were completed and recorded properly.
- The world health organisation (WHO) safe surgery checklist was rigorously carried out following surgical procedures.
- Staff managed and scored medicines according to manufacturer's instructions.
- Measures were in place to maintain patient confidentiality, patient names appeared on white boards in public areas only with their consent.

Requires improvement



Summary of findings

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Summary of this inspection

Background to Basingstoke and North Hampshire Hospital

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BNHH provides some specialist services to people across the UK and internationally. They are one of two centres in

the UK treating pseudomyxoma peritonei (a rare form of abdominal cancer) and provide tertiary liver and colorectal cancer services as well as the haemophilia service.

There are 450 NHS beds available in the hospital, with around 2,800 staff. Each year it has around 47,000 admissions, sees 43,000 patients in the Emergency Department, sees around 175,000 outpatients and delivers over 2,800 babies.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, an assistant inspector and two members of the CQC medicines inspection team. The inspection team was overseen by Amanda Williams Head of Hospital Inspection.

Information about Basingstoke and North Hampshire Hospital

We previously carried out a comprehensive inspection of the Hampshire Hospitals NHS Foundation Trust in June and July of 2018. Following that inspection, we issued the trust with a warning notice under Section 29A of the Health and Social Care Act 2008. The warning notice set out areas of concern, where significant improvement was required on each of the main sites including Basingstoke North Hampshire Hospital (BNHH).

We carried out an unannounced follow up inspection of the trust in April 2019 and we were on site at the BNHH on 10 and 11 April 2019.

During the inspection, we visited the following areas of the hospital:

- The emergency department
- The acute assessment unit
- Theatres, including the ophthalmic day theatre

- The diagnostic and treatment centre
- The surgical assessment unit
- The pre- assessment unit
- The Overton Unit
- The Endoscopy unit.

We visited the following wards:

- C2, C3, C4
- D3
- E3, E4
- F1, F3.

We spoke with 17 staff including registered nurses, health care assistants, reception staff, medical staff, and senior managers. We spoke with five patients.

During our inspection, we reviewed seven sets of patient records.

Urgent and emergency services

Safe

Caring

Summary of findings

This rating is from the previous comprehensive inspection. We did not re-rate this service as part of this focused inspection.

The staff had responded to issues raised at our previous inspection in July 2018:

- Patient observations were carried out hourly or more often if there was medical need and staff recorded this.
- National Early Warning Score 2 had been implemented, staff application of this was audited and closely monitored. Staff escalated concerns appropriately.
- Rapid assessment and treatment bays had been introduced which had improved the time patients waited for assessments and provided improved privacy for patient handovers and consultation.
- Medicines were stored securely.
- Processes introduced and structural changes to the area had improved the patient experience and minimised potential breaches of their confidentiality.

Are urgent and emergency services safe?

Cleanliness, infection control and hygiene

- During our 2018 inspection, we raised concerns that the risk of detecting and controlling the spread of infections was not always managed effectively.

During this inspection, we observed that all areas were visibly clean and cleaning was regularly monitored. All staff we saw were bare below the elbows and we saw them use personal protective equipment (PPE) when needed in line with best practice.

Assessing and responding to patient risk

- During our 2018 inspection, we raised concerns about how staff assessed and responded to patient risk. This meant that deteriorating patients may not have been identified in a timely manner and appropriate interventions may not have taken place.

During this inspection we found that staff had reviewed the structure of the emergency department and the pathways for patients who arrived at their door. The changes to working practices were still new, but we found that staff were positive about changes and clinical practice was monitored and audited. The trust had implemented a patient safety checklist which ensured all patients were checked on an hourly basis while they were in the department and all documentation relevant to their presentation was completed. Audit included ensuring that patients National Early Warning Score (NEWS2) was measured and recorded, and that staff escalated care to medical colleagues in line with guidance. Since January 2019 weekly audits showed that staff achieved 93% compliance with measuring and recording the NEWS2 scores on average; staff also achieved 93% compliance on average in escalating care when necessary. The results ranged from 80% to 100% for both measures. This showed a great improvement since the inspection in July 2018 and staff were continuing to audit and monitor the practice.

The restructure of the department meant that there was no longer a short stay unit. Patient pathways have been

Urgent and emergency services

improved and patients that may have been directed to the short stay unit were triaged on arrival and directed to the rapid assessment and treatment (RAT) bays. The aim of this change was to reduce triage waiting time, and ensure earlier patient intervention with improvement in both patient experience and outcomes. At the time of our visit the four RAT bays had been open for five months. The trust aim was for patients in the RAT bays to be assessed and moved on from the bays with completed documentation of the assessment within 30 minutes. We observed the activity during our visit and found that patients were assessed within the 30-minute timeframe. We saw staff completed the required paperwork to ensure patients received appropriate interventions for their care.

We spoke with a team from the local NHS ambulance service who said that there had been improvements in the time for handover to the emergency department staff since the restructure, though this was not consistent.

Medicines

- During our 2018 inspection, we were concerned that the medicines cupboard in the triage room was unlocked:

During his inspection we found the medicines cupboard in the triage room was locked and medicines were stored securely.

Are urgent and emergency services caring?

Compassionate care

- During our 2018 inspection, we raised concerns regarding how the service respected people's privacy and dignity.

During this inspection, as discussed above, there had been changes made to the way staff worked in the

emergency department since our last visit, and some were still in progress. Temporary measures were in place to minimise breaches of patients' privacy, dignity and confidentiality.

The service had marked an exclusion area in front of the reception desk to ensure patients at the desk could speak to staff without being overheard. This went some way to managing the problem of patient confidentiality, and we saw that staff made every effort to ensure they complied with this. There was building work in progress to construct a glass booth which would ensure that patients and staff speaking to the receptionists were not overheard. We did not overhear any of the conversations at the reception desk or during handover from the ambulance crews when standing nearby.

Since the inspection in 2018 staff told us, and we saw, that two staff members managed the triage room which meant that it was not left unattended and open to breaches of patient confidentiality.

All clinical tasks we saw, were conducted when patients were in cubicles behind curtains.

We saw the rapid assessment and treatment (RAT) bays were in constant use; during our visit there were 20 patients in the minors area, eight in the majors bays and one patient in the resus area.

During our time in the emergency department the status changed from amber to red. The colours are a measure of the performance status of the department due to the level of demand. For example, amber could mean that some patients may be receiving 'Corridor Medicine' care or that the hospital four-hour emergency care system performance is 85%-95%.

We saw that staff were diligent at maintaining patient confidentiality and dignity at all times, and we saw none of the concerns raised at the last inspection.

Medical care (including older people's care)

Safe

Effective

Caring

Summary of findings

This rating is from the previous comprehensive inspection. We did not re-rate this service as part of this focused inspection.

The staff had responded to issues raised at our previous inspection in June 2018:

- Patient observations were completed and recorded in a timely way.
- Enhanced nurse leadership on the wards had ensured practice was monitored and staff met high standards of clinical care.
- Measures were in place to minimise mixed sex accommodation.
- Shift patterns on the Acute Assessment Unit had been modified to ensure patients' needs were met in a timely way.
- Medicines were managed and stored according to the manufacturer's instructions.
- Staff mandatory training included conflict resolution to support them in managing difficult situations.

However, on the Overton unit patients felt they were waiting too long for a response from staff when they called, and felt there were not enough staff on the ward to help them.

Are medical care (including older people's care) safe?

Environment and equipment

- During our 2018 inspection, we noted that wards F1, F2, F3 all shared one resuscitation trolley.

Staff were assured that equipment was now available to them when needed. During this inspection we found that staff on ward F1 have access to their own resuscitation trolley. Wards F2 and F3 share a resuscitation trolley with easy access to the trolley from each of the wards. We reviewed the checking procedures for the trolleys and found that staff completed all checks daily and weekly in line with the trust policy.

Assessing and responding to patient risk

- During our 2018 inspection, we raised concerns about how staff assessed and responded to patient risk. This meant that deteriorating patients may not have been identified in a timely manner and appropriate interventions may not have taken place.

During this inspection we saw each ward now had a clinical matron in post. There was one covering ward F1 and another covering wards F1 and F2. The presence of this senior leadership raised the level of care on the wards and provided greater experience and knowledge to support junior staff. The matrons monitored care at close quarters and did regular spot checks of the patient records to ensure observations were completed and recorded in a timely manner and staff were sufficiently competent to undertake the care required or escalate appropriately. We reviewed five care plans on wards F1 and F3 and found that they were all completed fully and correctly.

Staff used and completed an updated blood sugar monitoring chart which clearly defined the regularity of monitoring required and what action should be taken following the results. The charts contained information about where to find the ward 'hypo box' (a box which contains items to improve the management of patients

Medical care (including older people's care)

with hypoglycaemia) and what it contained. The chart also provided information on the management of high blood glucose and ketone testing. Ward sisters made sure staff completed these forms and patient care was delivered accordingly. The chart included contact numbers for the diabetes specialist nurse and the endocrine registrar. On ward E4 we found that the staff were using the updated blood sugar monitoring chart we saw on F level. The matron explained that 'hypo' stickers were placed on patient charts when they had a hypoglycaemic episode to alert staff to monitor closely. The charts were included in the regular audit programme.

Nurse staffing

- During our 2018 inspection, we raised concerns about how staffing levels and skill mix were planned and reviewed so that people received safe care and treatment at all times.

During this inspection we returned to the acute assessment unit (AAU) and the Overton unit.

In AAU we saw that the trust had built a partition wall to create male and female patient areas. There were four trolley spaces on one side and five on the other and staff were able to flex the areas according to the numbers of female or male trolleys required.

A new clinical matron was leading the team, we saw that they provided strong leadership with a focus on achieving high standards. Nursing staff numbers were four registered nurses and five healthcare assistants for 23 patients, and the matron told us that the trust had approved a request to increase those numbers to five registered nurses and six healthcare assistants. A recruitment open day was planned for the near future to capture and attempt to recruit some of the nurses qualifying in the summer.

The nursing staff were supported by bank nurses for twilight shifts when the needs of patients increased. The service had initiated hourly rounding for patients who required assistance with less frequent rounds for the more independent patients. This rounding was audited monthly and results were consistently above 80% compliance.

The service was assured that the correct number of staff was available to safely manage the care of the patients in the area

However, when we visited Overton unit we waited for several minutes before a member of staff was free to let us

into the unit, which immediately highlighted the issue of lack of staff to attend to visitors in a timely way. All the patients we spoke with told us the staff were very busy and not enough of them available. The five patients we spoke with told us that they waited too long for staff to answer the call bells, some said they waited 10 to 15 minutes, and one patient said they waited 30 minutes during the night. Another patient told us that their relative drew the curtains for the patient in the opposite bay so that they could use the commode, as they were calling for attention, but no-one answered the call.

However, matron provided the call bell audit results for March and April which showed that overall the standard was being met. The standard was that call bells should be answered within 90 seconds or 10 rings. The audits showed that of 22 calls 14 were answered within the timescale. (70%), the longest wait was five minutes. All the patients included in the audit said their needs were met with compassion and in time.

At the time of our visit to this ward, a recruitment interview was taking place. The matron told us that there was a volunteer starting the following week and initiatives to attract new staff were underway, which included a band 6 nurse secondment. There was a recruitment open day planned for the near future.

Medicines

- During our 2018 inspection, we raised concerns relating to medicine management:

During this inspection we found improvements had been made:

On ward E3 patients' own controlled drugs belonged to patients who were currently on the ward. Records showed that unwanted controlled medicines were returned to pharmacy promptly.

On the Acute Assessment Unit (AAU):

All medicines were stored in locked cupboards within the locked treatment room.

Staff described the process for disposing of unwanted medicines and there were appropriate bins available for medicines and sharps.

Medical care (including older people's care)

Fridge temperatures were monitored on most days, including minimum, maximum and actual temperatures. Room temperatures were also recorded and all temperatures were within safe ranges.

Staff had introduced an expiry date checking process. All medicines were checked at the beginning of each month and we saw no expired stock.

Are medical care (including older people's care) effective?

Pain relief

- During our 2018 inspection, we raised concerns about how staff assessed and managed pain, particularly for those people where there are difficulties in communicating.

During this inspection of the acute assessment unit, we saw the measures in place to address the concerns raised. These included increased rounding appropriate to the patients' needs; the rounding included pain assessment. At the time of our visit, rounding documentation compliance was 80% and improving.

Leadership had improved and improved staffing levels ensured patients' needs were met.

Are medical care (including older people's care) caring?

Compassionate care

- During our 2018 inspection, we raised concerns regarding how the service respected people's privacy and dignity in the acute assessment unit (AAU). On ward E4 a patient's relative approached us to tell us how their relative had been treated by a nurse in a rude and aggressive manner.

During this inspection we saw that our concerns had been addressed by the staff.

Patients in the acute assessment unit (AAU) were better supported with increased staffing and increased rounding for patients who needed assistance. We did not see any patients uncovered and observed all staff treating patients with respect.

We met with the clinical matron on ward E4. Following our inspection senior staff met with the nurse who the complaint had been about. They were asked to provide a statement and asked to reflect on the event. The individual was also expected to attend communication and conflict resolution courses. Ultimately, they revealed that they were unhappy in the medical ward environment and left the ward five months later and was reported as being much happier in a different environment.

The unit has taken forward learning from the complaint. The team on the ward reflected on the complaint and since then, they had been encouraged to attend the conflict resolution courses. Additionally, the matron has initiated more rotations which allow staff to work in different environments to get a feel for what really suited them.

Surgery

Safe

Caring

Well-led

Summary of findings

This rating is from the previous comprehensive inspection. We did not re-rate this service as part of this focused inspection.

The staff had responded to issues raised at our previous inspection in June 2018:

- Measures had been taken to improve infection prevention and control. The estates department had commenced a programme of replacing old and outdated sinks, and all waste bins had been replaced with bins to meet regulations.
- Staff had improved practice to ensure cleaning schedules were completed and recorded properly.
- The world health organisation (WHO) safe surgery checklist was rigorously carried out following surgical procedures.
- Staff managed and scored medicines according to manufacturer's instructions.
- Measures were in place to maintain patient confidentiality, patient names appeared on white boards in public areas only with their consent.

Are surgery services safe?

Cleanliness, infection control and hygiene

- During our 2018 inspection, we raised concerns that the risk of detecting and controlling the spread of infections was not always managed effectively.

During this inspection we found:

The broken door in theatre 3 had been replaced with a new one.

Staff had removed all the non-compliant waste bins in theatres throughout the trust and we saw bins in the theatres were compliant with the Health and Social Care Act 2008: code of practice on the prevention and control of infection guidance.

Replacement of sinks in theatres formed part of a rolling programme. At the time of our visit three of the seven main theatres had sinks compliant with HBN00-10 Part C. The trust estates team were continuing to replace sinks in the diagnostic treatment Centre (four theatres), and the eye day care unit (EDCU) which had one eye theatre.

Cleaning routines had been improved in all areas of the trust with clinical matrons and divisional chief nurses overseeing practice and regular audits taking place. On ward C3 we saw that domestic staff completed records to show when bed spaces were cleaned and ready for the next patient.

Throughout the hospital we saw 'I am clean' stickers in use, and matrons told us that they regularly undertook random spot checks to ensure practice was maintained at the highest level.

In endoscopy, and in all other areas we visited, we saw personal protective equipment (PPE) was available and staff were using it to carry out clinical tasks with patients.

Environment and equipment

- During our 2018 inspection, there was a lack of assurance regarding the safety testing of equipment at

Surgery

Basingstoke and North Hampshire Hospital theatres. Staff were confused as equipment had two or more safety labels with different dates. They could not confirm which date was correct and if the equipment was safe to use.

During this inspection we reviewed the equipment log book which staff completed and signed which provided assurance that the anaesthetic equipment was checked and ready for use. There was no confusion with the maintenance labels on the equipment; equipment had been checked and where two or more differing safety labels were in place, these were removed and replaced with a single safety label. This meant staff could clearly see when equipment was safe to use.

Assessing and responding to patient risk

- During our previous inspection in 2018 we raised concerns about how staff assessed and responded to patient risk; the WHO (World Health Organisation) safety checklist was not consistently completed, which meant that deteriorating patients may not be identified in a timely manner and appropriate interventions may not take place.

During this inspection the theatre and endoscopy unit staff had improved their practice and a debrief is held after each case. Staff went on to tell us that this step was missed sometimes previously due to time constraints, but now they appreciated how important the debrief is for a learning opportunity. At the time of our visit, the completion of the WHO checklist continued and it was audited weekly. The results were submitted centrally to the trust business intelligence unit. We saw the audit results for recent weeks which showed 100% compliance.

Medicines

- During our 2018 inspection, we raised concerns relating to staff management of medicines.

During this visit we returned to wards C2 and C3 and found the medicine trolleys were organised and there were no loose strips of medicines found. However, on C2 we found inhalant nebulas stored on a shelf next to water for injection ampoules; there could be a risk that these were selected and injected in error. We pointed this out to the matron who acted immediately to dispose of these.

Staff had reduced controlled drug stocks significantly and the cupboard was organised so that controlled drugs could be found easily.

There were dates of opening on all liquid medicines, we found no expired liquids.

Temperatures of the fridge, where nutritional products were stored, were monitored daily, including minimum, maximum and actual temperatures.

We saw that the temperatures recorded were within the safe range. Staff said that a thermometer for measuring the room temperature was on order, as we had seen on other wards.

We also checked medicines in the anaesthetic room in theatre three where we had previously found concerns. During this inspection we found all medicines were in date. Fridge temperatures were monitored and recorded daily, including minimum, maximum and actual. All temperatures were within safe ranges.

Are surgery services caring?

Compassionate care

- During the previous inspection in 2018 we raised concerns with regard to how the service respected people's privacy and dignity.

During this inspection we found:

On all wards we visited white boards had been modified to disclose patient names only if the patients had given their consent. Asking patients for their consent was part of their introduction to the ward.

Patient information was no longer posted where members of the public could view it. The large monitor which displayed patient information in the main corridor of the pre-assessment unit had been removed.

Patient dignity was protected by the staff. A nurse who was disrespectful to a patient during our previous inspection on one of the wards was performance managed by the professional lead for the area.

When we visited D3 previously, a patient told us about his poor experience when asking for something to relieve his pain. The ward team reflected on the patient's concern. Since this event was highlighted conflict resolution training

Surgery

has been added to the mandatory training programme. This provided staff with the necessary tools to diffuse difficult situations and helped staff understand their own reactions to certain situations.

Are surgery services well-led?

Managing risks, issues and performance

- During our 2018 inspection, we found the trust had not interpreted the national mixed sex guidance correctly and as a result failed to report breaches to NHS England (NHSE) in line with requirements. Some areas of the trust did not have single sex accommodation. There was no standard operating policy or monitoring for the management of mixed sex breaches.

During this inspection we revisited the areas where mixed sex breaches had occurred and found the trust had addressed our concerns about mixed sex breaches and the lack of reporting. In each area where this issue had been raised, the staff outlined the changes that had been made and they were aware of when they should report that mixed sex accommodation had occurred. The trust had introduced a report form for staff to complete if they could not accommodate patients of different gender separately. At the time of our visit we did not see any mixed sex breaches, and staff told us they rarely needed to report this issue.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider **SHOULD** take to improve

- The trust should increase staffing on Overton ward to meet the needs of the patients.