

# Portsmouth Hospitals NHS Trust

## Inspection report

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






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

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

## Ratings

### Overall rating for this trust

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Requires improvement 
Are services caring?	Requires improvement 
Are services responsive?	Requires improvement 
Are services well-led?	Requires improvement 

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

# Summary of findings

## Background to the trust

Portsmouth Hospital NHS Trust is located in Cosham, Portsmouth and is a 975 bedded District General Hospital providing a comprehensive range of acute and specialist services to a local population of approx. 610,000 people.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Requires improvement** 



## What this trust does

Portsmouth Hospital NHS Trust is located in Cosham, Portsmouth and is a 989 bedded District General Hospital providing a comprehensive range of acute and specialist services to a local population of approx. 610,000 people.

The Trust provides specialist renal services to a population of 2.2 million across Wessex.

The Trust has four registered locations

- Queen Alexandra Hospital
- Gosport War Memorial Hospital
- St Marys Hospital
- Petersfield Hospital.

The main work is located at the Queen Alexandra Hospital. Outpatients clinics are offered at the other sites.

As of 31/01/18 the Trust employed 7345 members of staff.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## What we inspected and why

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

We planned to undertake a comprehensive inspection of this trust because we had not inspected most of the services since our last comprehensive inspection in 2015. On 17-19 April we inspected seven of the core services provided by this trust. These were medicine, outpatients, diagnostics, maternity, children and young people, critical care and end of life care.

# Summary of findings

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well led key question at the trust level. Our findings are in the section headed 'is this organisation well led?' We inspected the well led key question on 8-10 May. During this time we also inspected two further core services; surgery and urgent and emergency care.

## What we found

### Overall trust

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

- Safety, effectiveness, caring, responsive and well led were requiring improvement overall. We identified improvements to safety were required in five of the services we inspected. Responsiveness and well led remained requires improvement, the same as our previous inspection. While we saw evidence that some services were planned to meet people's needs and had good leadership this was not consistent across all of the services we visited. Effectiveness was previously rated as good however at this inspection we identified that not all services provided care and treatment to patients which achieved the best outcomes or was based on the best available national guidelines. Caring was previously rated as outstanding. At this inspection we identified some concerns in two of the services we visited and therefore the rating had dropped to requires improvement.
- Our last inspection of the urgent and emergency services was in February 2017. At this inspection we saw the trust had made some improvements to improve the safety of the service and therefore the rating had improved from inadequate previously to requires improvement. Effectiveness and well led were rated as requires improvement which was the same as the previous inspection. We saw a deterioration in caring, which was rated as good and responsiveness rated as requires improvement in our 2017 inspection. At this inspection caring was rated as requires improvement and responsiveness as inadequate. This gave an overall rating as requires improvement which was the same as our February 2017 inspection.
- Medical services. We carried out inspections of the urgent medical pathway in February and March 2016, September 2016 and February and May 2017. During those inspections we inspected some areas of the trust's medical services, but did not inspect them all. This current inspection is the first comprehensive inspection of medical services since 2015. Comparisons to previous ratings relate to the inspection carried out in 2015. The rating for safe and responsive was requires improvement which is the same as our inspection in 2015. We saw a deterioration for effective, caring and well led, which was rated as good in our 2015 inspection. However, although this inspection identified deterioration in the service since the last comprehensive service in 2015, the trust had made improvements in the services since the inspection of the urgent medical pathway in 2017 when safe, effective caring and well led were rated as inadequate and responsive was rated as requires improvement. At this current inspection, medical services were rated overall as requires improvement.
- Surgery was rated as requires improvement overall at our inspection in 2015. On this inspection the overall rating remained the same however both caring and responsive had risen by one rating from requires improvement to good. Effective had dropped from good and is now requires improvement.
- Maternity had been rated good overall in our 2015 inspection. However during this inspection all of the domains had declined and we have rated the service as requires improvement.
- Critical care was rated as outstanding overall, with caring rated as good in 2015. In this inspection all of the domains were rated as outstanding and the service remained outstanding overall.

# Summary of findings

- Children and young people's services were rated good overall with responsive requiring improvement in our 2015 inspection. At this inspection the service remained good overall and responsive was rated as good however safe had dropped to requires improvement.
- End of life care was rated as requires improvement in our 2015 inspection. Work had been undertaken to improve the safety and effectiveness of the service which were previously requires improvement. At this inspection the service was rated as good overall.
- Outpatients were good overall in 2015. On this inspection we found some concerns in the well led domain which was previously rated as good, on this inspection we rated well led as requires improvement. Safe, caring and responsive remained good and therefore the service remained good overall.
- Diagnostic imaging was previously included with outpatients and therefore has not been inspected as a separate service before. We rated all areas as good and therefore the service was rated as good overall.

## Are services safe?

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

- During our previous inspection in 2015 we identified four out of the eight core services inspected were either inadequate or required improvement with regards to safety, at this inspection five out of nine services we inspected required improvement. These were urgent and emergency services, medical care, surgery, maternity and services for children and young people. End of life care, outpatients and diagnostic imaging were rated good. Critical care was rated outstanding. While the emergency department had improved from inadequate to requires improvement, sufficient priority had not been given to improving the safety in medical care and surgery and the maternity services had dropped from good previously to requires improvement.
- Within medical care, surgery, maternity and urgent and emergency services records of patients care and treatment did not always contain updated risk assessments and appropriate individualised care plans. Up to date records were therefore not always available to all staff that provided care.
- Medicines were not managed safely in many of the core services we inspected. Medicines were not always stored securely, and medicine fridges were not consistently monitored to ensure medication was kept at required temperatures.
- There were insufficient numbers of staff with the right qualifications, skills, training and experience to keep people safe and provide the right care and treatment in the medical care, children and young peoples and urgent and emergency services.
- The design and layout of the emergency department (ED) did not keep people safe. The emergency department was frequently crowded and patients were queued in a corridor which became congested, sometimes hampering the movement of patients and equipment. People waited too long for initial assessment in ED and the flow through the department often impacted on the movement of patients into the hospital.
- Within ED and surgical services infection prevention and control was not robust in some areas and some equipment and premises were not sufficiently clean. Within the surgical high dependency unit there was no facility to isolate patients and therefore there was a risk of the spread of infection.
- Mandatory training rates in some areas fell short of the trust's target meaning staff did not have the minimum training deemed essential for their roles.

However

- Overall in critical care, children's and young people, end of life, outpatients and diagnostic imaging services people were protected from abuse and avoidable harm.

# Summary of findings

- We identified comprehensive systems where in place to keep people safe and risks were regularly assessed and updated.
- The services controlled infection risk well and staff kept themselves and equipment clean.
- Within critical care, end of life, outpatients and diagnostic imaging there were sufficient numbers of suitably trained and competent staff available to care for patients safely.
- In critical care, diagnostic imaging, outpatients and children and young people staff kept clear, up to date, detailed records of patients care and treatment.

## Are services effective?

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

- Four out of the nine core services were rated as requires improvement. These were medical care, surgery, maternity and urgent and emergency services. This was an increase from our inspection in 2015 where one service, outpatients, was rated as requires improvement. Children and young people, end of life care and diagnostic imaging were rated as good. Critical care was rated as outstanding.
- Staff who worked in the surgery, urgent and emergency and medical care services did not fully understand their roles and responsibilities with regards to the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS). Where appropriate, people's mental capacity and DoLS were not consistently assessed and recorded in line with legal requirements. This had been identified at previous inspections and the trust had not given sufficient priority to ensure staff were suitably trained, competent and fully understood their requirements under the legislation.
- Within the maternity service, guidelines had not been reviewed and updated in line with current best practice or national guidance. There was no robust practice that ensured completed audits were acted upon to improve practices.

However

- Staff in urgent and emergency, services for children and young people, end of life care, diagnostic imaging and critical care provided care and treatment based on national guidance. Managers checked to make sure staff followed guidance and audits were undertaken and acted upon to improve services. Staff, teams and services worked well together to provide effective care for patients.

## Are services caring?

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

- Both urgent and emergency services and medical care were rated requires improvement. This rating had gone down from our inspection in 2015. Surgery was rated as good which was an improvement from our previous inspection. Maternity was found to be good rather than outstanding as it had been previously rated at our inspection in 2015. End of life care and outpatients maintained their previous rating of good. Critical care and children's and young people were rated outstanding which was the same as our previous ratings.
- Staff did not always provide patients with compassionate or respectful care in the emergency department. We observed a number of nursing staff who did not behave in a way which was consistent with the trust's stated values or desired practice. Staff did not always provide emotional support to patients and relatives to minimise their distress.
- In both medical and urgent and emergency care staff did not always involve patients and those close to them in decisions about their care and treatment. Some patients and relatives told us there was little communication from staff and they were not kept well informed about what was happening

# Summary of findings

However.

- We observed exceptional care in both children's and young people's services and critical care. We observed staff going 'above and beyond' to ensure patients and their relatives were supported and involved in treatment plans.
- Overall in the other services we visited patients were treated with care and compassion. Patients and their relatives were complimentary about the care and treatment they received.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff offered emotional support to patients and their relatives.

## Are services responsive?

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

- We rated responsiveness as inadequate for urgent and emergency services. This was a drop from their previous rating in 2017. Medical care and maternity were rated requires improvement. For maternity this was a drop from their previous rating in 2015. Services for children and young people had previously been rated as requires improvement however work had been undertaken to improve services and the rating had improved to good. End of life care and outpatients had maintained their previous rating of good. Diagnostic imaging was rated good. Critical care was rated outstanding.
- Within maternity, medical and urgent care, services were not consistently planned or delivered to meet the needs of the local population.
- In urgent and emergency services patients were not always able to access care and treatment in a timely way and in the right setting. The trust was consistently failing to meet national standards in relation to the time patients spent in the emergency department, the time they waited for treatment to begin and the time they waited for an inpatient bed. Patients waited too long for their treatment to begin. Facilities and premises were not wholly appropriate for the services delivered and we observed patients queuing in non-clinical areas such as corridors where there was a lack of comfort and privacy. Patients sometimes waited on ambulances outside of the emergency department due to congestion.
- Within maternity, services were not routinely planned to ensure women could always deliver their baby in the preferred place of birth.
- There were shortfalls in how the needs and preferences of different patients were met in medical and urgent care. Staff did not fully consider the needs of individual patients living with dementia or who had a learning disability.
- Although the medical service treated concerns and complaints seriously and investigated them, but there was lack of process to ensure learning from complaints was communicated and shared across all staff groups.

However

- In the other services we inspected we found people were able to access the service when they needed them. The services had been planned and provided in a way that met the needs of local people.
- The services mostly took account of people's needs and were flexible to encompass individual needs and preferences.
- In critical care there was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which was accessible and promoted equality.

## Are services well-led?

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

# Summary of findings

- We rated the leadership of urgent and emergency services, medical care, surgery, maternity and outpatients as requiring improvement. This was the same for surgery and urgent care as our previous ratings. Medical care, maternity and outpatients had dropped from good in 2015 to requires improvement at this inspection. Leadership was rated as good for children and young people and end of life care which was the same as our previous inspection. Diagnostic imaging was rated as good. The leadership of critical care was rated as outstanding.
- During our inspection the trust was in the processes of re-designing both their risk and governance structures. While some new processes were in place these had not been fully embedded. There were systems in place to identify, manage and mitigate risks however risks had not been fully identified and risk registers had not been fully completed within the urgent and emergency, maternity, medical and surgery services.
- Governance processes did not consistently provide an effective systematic approach which identified areas for improvements and there was no overarching governance structure in the outpatients service.
- The trust had identified improvements were required to address some poor cultures across the hospital. On the whole staff told us managers promoted a positive culture that supported and valued staff creating a sense of common purpose. Managers had the skills and abilities to run a service which provided high quality sustainable care However we observed some poor behaviours exhibited by senior nurses within the urgent and emergency service. In the outpatients department there was a poor culture where staff concerns were not always taken seriously and there was low staff morale in some areas.
- Information systems within urgent and emergency services, maternity and medical services did not support effective sharing of patient information or support comprehensive recording or analysis of data.

However

- Effective governance processes which monitored the quality of services provided were evident in the other services we inspected and rated as good or outstanding.
- Within critical care there was a fully embedded systematic approach to improvement. The service was forward looking, promoted training and clinical research and encouraged innovations. The service made effective use of internal and external reviews and learning was shared effectively and used to make improvements. There was a record of shared working locally, nationally and internationally.
- Some services engaged well with patients, staff, and the public and local organisations to plan and manage appropriate services

## 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 saw a number of examples of outstanding practices in some of the services we visited

Critical care

- There was strong leadership of the critical care unit senior staff looked for ways to drive the unit forward in delivering excellent patient care, whilst promoting a happy, passionate, inclusive, open and transparent, no blame culture amongst the staff. There was an embedded safety culture with an effective and sophisticated patient computer information system that was used to manage and monitor patient care.

# Summary of findings

## Urgent and Emergency

- The emergency department had used winter pressure funding to employ a Child and Adolescent Mental Health Service (CAMHS) practitioner in the children's emergency department. This was funded for three months only but in the first two months the service estimated it had achieved savings of £26,000 by avoiding admission of children and young people.
- The children's area was a securely accessed area, audio-visually separate from the main adults' area. It was sensitively decorated, furnished and equipped with toys and there was a separate area for teenagers.

## Children and young people

- Both units held a parents forum where parents could discuss any quality and service improvement suggestions. Actions were reviewed and implemented by the clinical management team.
- In the neo-natal unit parents were able to use the local sports centre free of charge and a baby massage course had been introduced to promote bonding between parents and their babies.

## Areas for improvement

We found areas for improvement including breaches of legal requirements that the trust must put right. These included compliance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, governance requirements, lack of patient centred care planning and poor completion of documentation. We found things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

## Action we have taken

We issued 8 requirement notices to the trust. This meant the trust had to send us a report saying what action it would take to meet these requirements.

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

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

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

## What happens next

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

## Outstanding practice

### Urgent and Emergency Care

- The emergency department had used winter pressure funding to employ a Child and Adolescent Mental Health Service (CAMHS) practitioner in the children's emergency department. This was funded for three months only but in the first two months the service estimated it had achieved savings of £26,000 by avoiding admission of children and young people.



# Summary of findings

- The children's area was a securely accessed area, audio-visually separate from the main adults' area. It was sensitively decorated, furnished and equipped with toys and there was a separate area for teenagers.

## Critical Care

- A safety culture was embedded throughout the unit,
  - with excellent infection control policy and procedures,
  - with twice daily safety briefings which involved the multidisciplinary team identified risks to the patients, risks to the performance of the unit, actions required to mitigate any risks and learning from recent incidents,
  - with electronic 'watch out' screens located in specific areas where staff gathered which displayed details about recent incidents, the learning from them and details about entries on the unit's risk register,
  - with a purposely designed unit that was fit for purpose and met the needs of patients, relatives and staff,
  - With an effective and sophisticated patient computer information system that was used to manage and monitor patient care.
- A competent and passionate multidisciplinary team with a shared philosophy.
- An embedded culture for training and educational development supported by a proactive education team.
- The provision of support for patients after discharge by the critical care follow up team. The team provided ongoing physical and emotional support for patients and their families after discharge from the critical care unit.
- The innovative use of technology within the critical care unit, led by the clinical director and the IT team.
- The compassionate, considerate care given by all staff working in the critical care unit to patients and relatives.
- The embedded culture of protecting patient's privacy and dignity.
- How the critical care unit used feedback from all sources to continually make changes and to deliver and improve the critical care service.
- Engagement in clinical research to improve and influence critical care in the future.
- The strong leadership of the critical care unit which looked for ways to drive the unit forward in delivering excellent patient care, whilst promoting a happy, passionate, inclusive, open and transparent, no blame culture amongst the staff.

## Children and young people service

- Both units held a parents forum where parents could discuss any quality and service improvement suggestions. Actions were reviewed and implemented by the clinical management team.
- The NNU introduced a baby massage course to promote bonding between mothers/carers and their babies.
- Parents with babies on the NNU were able to use the local sports centre facilities free of charge.
- A nurse on the children's unit was developing a key finder device to locate medicine keys.
- All staff on the children's unit were involved in fund raising for the unit's bubble's fund which provided equipment and toys for the children's unit.

# Summary of findings

## Areas for improvement

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

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

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

#### Urgent and Emergency care

- The trust must take steps to ensure patients who attend the emergency department are able to access care and treatment in a timely way in the right setting. The trust must ensure patients are promptly handed over by ambulance staff and assessed by a clinician in the emergency department. The trust must reduce the time patients wait in the emergency department: for their treatment to begin and their transfer to an inpatient bed.
- The trust must ensure that patients are not accommodated in non-clinical areas which are not appropriate to meet their needs and that their comfort, privacy and dignity are maintained.
- The trust must ensure that systems to ensure the ongoing monitoring of patients and to identify patients at risk of harm, or deteriorating patients, are consistently complied with.
- The trust must continue to take steps to recruit further registered nurses and reduce the use of temporary staff in the emergency department.
- The trust must ensure there are sufficient senior medical staff employed in the emergency department at night.
- The trust must ensure that all toilet facilities used by patients are equipped with an alarm so that patients can summon assistance
- Staff in the emergency department must take steps to provide appropriate care and support to meet the needs of patients living with dementia.
- Nursing staff must treat patients with dignity and respect. This includes treating patients in a caring and compassionate manner.
- The trust must ensure that staff are competent and confident in the process of gaining consent and, where a person lacks mental capacity to make an informed decision, or give consent, that staff act in accordance with the requirements of the Mental Capacity Act, 2005. This includes ensuring that patients who do not speak English are offered access to translation/interpreter services so that relatives are not relied on to translate.
- The trust must ensure the safe storage of medicines through the completion of regular fridge temperatures checks.
- The trust must ensure staff in the emergency department consistently comply with processes for preventing the spread of infection, including the isolation of infectious patients.
- The trust must develop a comprehensive audit system to provide assurance that patients' records are appropriately completed.
- The trust must ensure that there is prompt remedial action taken in response to serious incidents. This includes action in response to two serious incidents where patients sustained serious injuries following falls in the emergency department.

# Summary of findings

- The trust must ensure that all patient safety risks are captured on an appropriate risk register, which must describe planned and completed mitigating actions.
- The trust must develop governance systems to provide assurance of the efficiency and effectiveness of systems to ensure patient flow and patient safety.
- The trust must ensure that staff in the emergency department complete regular mandatory training to ensure they have up to date knowledge relating to safe systems and processes.
- The trust must ensure that staff in the emergency department receive regular supervision and performance appraisal to provide assurance of their continuing competence in their role.

## Medical care

- The trust must ensure completion rates for mandatory training across all staff groups meets the trust target.
- The trust must ensure staff check and record the checks of resuscitation equipment daily, as per the trust policy.
- The trust must ensure all substances hazardous to health are stored in a secure area.
- The trust must ensure staff always complete all patient risk assessments. Where risks are identified, staff must develop and follow care plans to lessen risks to patients.
- The trust must ensure all staff follow the national Early Warning Signs (EWS) process correctly and repeat patient observations in a timely manner as indicated in the EWS guidance.
- The trust must ensure staff check the position of patients' naso gastric tubes daily as per trust policy and good practice guidance.
- The trust must act to reduce the risk to patients relating to the lack of permanent nursing, allied health care professional and medical staff.
- The trust must ensure staff fully complete patient's records. This includes medical records, nursing records, patients' fluid balance records and patients' food intake records.
- The trust must ensure patient records are stored securely.
- The trust must ensure all medicines are stored at recommended temperatures.
- The trust must ensure all medicines are stored securely.
- The trust must ensure all staff report all incidents, including staff shortages.
- The trust must ensure all staff receive an annual appraisal.
- All staff must apply the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS) in the provision of care and treatment to patients. This includes recording of assessments, delivery of care and assurance that DoLS authorisations have been granted.
- The trust must ensure patients and their relatives or carers are involved and are kept informed about their care and treatment.
- The trust must plan and provide services to meet the collective and individual needs of patients living with dementia.
- The trust must ensure patient's care plans provide information in sufficient detail to support individualised care and treatment.
- The trust must develop and embed a vision and strategy for the trust and services.

# Summary of findings

- The trust must ensure governance processes are established and embedded to provide an effective and systematic approach to improvement of the service.
- The trust must ensure effective management of risks. Risk registers must include all risks, the date the risk was identified and action taken to mitigate risks.

## **Surgery**

- Ensure staff follow correct handwashing procedures and that wards and equipment are kept clean to prevent the spread of infection.
- Must ensure all Mental Capacity Act and Deprivation of Liberty Safeguards are completed in line with current legislation.
- Ensure the risk of the spread of infection is minimised in the surgical high dependency unit by ensuring accommodation is available for patients requiring isolation.
- Ensure there is access to sufficient toilet and handwashing facilities in the surgical high dependency unit.
- Ensure comprehensive risk assessments are undertaken for each patient and that these assessments include risk management plans developed in line with national guidance.
- Staff must keep detailed records of patients' care and treatment
- 'Do not attempt cardiopulmonary resuscitation' forms must be completed for all appropriate patients.
- Ensure medicines are stored, checked and disposed of correctly.

## **Children and young people services**

- There must be sufficient numbers of suitably qualified, competent skilled and experienced staff to meet the needs of the service.
- Adult trained nurses who provide care for children must successfully complete children's competency training.

## **Maternity**

- Staff must complete person-centred and comprehensive records.
- Staff must be encouraged to report and learn from incidents, and receive feedback consistently.
- Ensure maternity services undertake audits and acts on finding to improve practices.

## **End of life care**

- Nursing staff must write person centred, individualised patient care plans in the Achieving Priorities of Care document.
- Doctors must ensure they keep accurate records including name, date, time and bleep number.

## **Outpatients**

- Medicines are stored at appropriate temperatures.
- All staff that treat children in outpatient areas must have specific competencies to treat children and be trained to safeguarding children level 3.

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

# Summary of findings

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

## Urgent and Emergency Care

- The trust should monitor and report on their *Acute Admissions Standard Operating Procedure* in relation to speciality clinicians reviewing patients in the emergency department within 60 minutes.
- The trust should provide further protected time to safeguarding leads within the emergency department to enable them to carry out the increasing responsibilities of these roles.
- The trust should undertake further health promotion for patients in respect of obesity, drug dependency and cancer national priorities.
- The trust should ensure that action plans developed in response to national audits include timescales for actions and review.
- The trust should consider progressing plans for a bereavement suite within the emergency department.
- The trust should ensure the emergency department has access to 24 hour psychiatric liaison support.
- The trust should source funding to continue to provide a child and adolescent mental health service (CAMHS) practitioner within the children's emergency department.
- The trust should provide assurance that steps have been taken to mitigate ligature risks in the emergency decision unit, identified in an audit undertaken in February 2017.
- The trust should take steps to improve response rates to the friends and family test.

## Medical Care

- The trust should consider introducing processes that give ward staff assurance bed side curtains are changed and cleaned in accordance with national guidance.
- The trust should act to ensure the flooring of the discharge lounge poses no risk to patients or staff.
- The trust should support individual wards and services to develop and embed criteria for admission of patients to their areas in periods of increased bed pressures.
- The trust should consider introducing a process that provides assurance to staff on E4 that the resuscitation trolley on the adjoining ward is checked daily in line with the trust policy.
- The trust should consider carrying out more detailed audits of the use of the five steps to safer surgery check list in endoscopy services.
- The trust should consider including detail about patients usual or required nutritional intake and the support they need to eat and drink in assessments and care plans.
- The trust should consider using nationally recognised pain assessment tools to identify pain in patients with severe communication difficulties or living with dementia.
- The trust should consider using the national safety thermometer results to make changes to improve safety of patients.
- The trust should continue to embed the 'medical model' and 'urgent care pathway' to ensure improvements made to patient flow through the hospital is sustained.
- The trust should proactively support patients to live healthier lives by health promotion across all medical services.

# Summary of findings

## **Surgery**

- Ensure medical and dental staff attend and complete mandatory training in safety systems, processes and practices.
- Ensure surgery had enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Ensure patients records were kept securely locked away when not in use.
- Ensure a strong safety culture in theatres and the adherence to WHO safety processes.
- Ensure all staff receive their annual appraisal.
- Ensure patients with dementia are fully supported in line with the Trust policy.

## **Children and young people services**

The service should be using the correct NHS children and young people national tool to provide an appropriate snapshot of safety within the children's unit.

- Medicines should be managed and stored safely in all services and a review of stock rotation should be undertaken to ensure all out of date medicines are removed.
- The trust should provide a safe environment for children to be seen in the adult outpatient departments.
- The children's unit should use an acuity-staffing tool for establishing staffing figures when completing the staffing rota on the children's unit.
- Facilities for young people attending the children's unit should be improved and be age and stage of development appropriate.

## **Maternity**

Action the trust SHOULD take to improve

- Ensure there is a robust process in place to monitor compliance with mandatory training across all maternity staff groups.
- Ensure maternity staff complete safeguarding children training level 3.
- Staff consistently comply with systems for monitoring cleanliness and hygiene practices.
- Review the maintenance contract for the maternity led unit and ensure the environment and equipment meets agreed standards.
- Gain assurance that all maternity staff are competent with the use of equipment.
- Ensure there are sufficient resources to support maternity staff carrying out nationally recognised risk assessments in a timely way, such as scans and carbon monoxide and bilirubin testing.
- Ensure all theatre staff consistently follow the World Health Organisation (WHO) guidelines and the five steps to safer surgery.
- Ensure consultant medical cover complies with the recommendations of the Royal College of Obstetricians.
- Medicines are stored securely and at the correct temperatures.
- Maternity service guidelines are reviewed against current best practice or national guidance.
- The trust should ensure medical staff complete appraisals.

# Summary of findings

- Ensure staff work together to develop an effective culture.
- The trust should ensure women's choices for their place of birth can be respected.
- The service is able to meet the needs of people in vulnerable circumstances and provide them with continuity of care.
- Ensure maternity services develop their approach to audit and reporting to support improvements and good governance.
- Systems for identifying and managing risks are robust in including risks identified by staff at all levels.
- Ensure the maternity IT system supports comprehensive recording and analysis of data.

## End of life care

- The trust should use the butterfly system of identification consistently throughout the trust.
- The AMBER care bundle should be rolled out across the trust.
- The trust should recruit sufficient numbers of palliative care nurses to ensure care delivery.
- All wards should use the skin care bundle to support the APOC documentation.
- The trust should ensure that recognised pain assessment tools are consistently used for end of life patients who are not able to verbalise.
- Porters should receive infection control training for moving deceased patients who may have infectious diseases.
- Doctors should ensure appropriate mental capacity assessment is undertaken where a patient lacks capacity to understand DNACPT decisions and ensure this is recorded in the records.
- Bereavement leaflets should be provided in easy read format and in languages other than English.
- Investigation of complaints should be within trust policy of 30 days.
- The hospital palliative care team should ensure a seven day service is resumed as soon as possible.
- Multiple APOC booklets should be appropriately labelled to make it clear which is the current document.
- The trust should consider whether the APOC is given sufficient priority as its use is not mandatory.

## Outpatients

- Patients treated in the eye department patients are seen in clinic rooms with doors in order to protect their privacy.
- The eye department is a safe and appropriate environment to meet the needs of the number of patients treated in this area.

## Diagnostic Imaging

- All staff should complete training in all core identified mandatory training subjects included safeguarding children level two.
- Information regarding patient's individual needs and treatment wishes are passed between teams to ensure patients received the treatment they wish which meets their needs
- Continue their work to improve and meet the national and trust target of 48% of patients entering the emergency department with a suspected stroke receives a CT scan within an hour of arrival.
- The investigation of complaints are completed fully and complainants responded to in line with trust policy

# Summary of findings

- The availability of chaperones is made clear to patients when using the service.
- Recruitment of radiologists continues in order to provide a sustained safe service.
- Resuscitation equipment is immediately available for use if required in the children's department
- Review the Queen Alexandra Hospital overall environment and design to ensure patients with sensory loss are supported to negotiate the hospital safely

## 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.

The new trust Chair and chief executive (CEO) were relatively new in post. They had recently built an experienced leadership team with the skills, abilities and commitment to provide high quality services. High calibre non-executive directors had been appointed some of whom were very new to the role.

- Since the arrival of the CEO the trust had collaborated much more effectively with partner organisations and staff to plan and manage appropriate services. Engagement with the public had developed however there was no co-production of current services to impact on the quality, delivery and service improvement.
- The senior team understood the importance of a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Some work had begun which addressed some immediate cultural issues and the executive team had identified further work was required to implement and sustain cultural change across the organisation. There were signs of change across the organisation and staff reported a change in approach and 'hope' for the future.
- The trust did not have a current strategy which provided an organisational and clinical framework for the sustainable delivery of high quality care. The executive team had recognised the need for the development of a credible strategy which supported organisational plans and shared strategic priorities with stakeholders and partners. However this was still in development during our inspection and was due for implementation in July 2018.
- Since the arrival of the CEO the trust had collaborated much more effectively with partner organisations and staff to plan and manage appropriate services. Engagement with the public had developed however there was no co-production of current services to impact on the quality, delivery and service improvement.
- There was evidence of learning and reflective practices across the trust. An improvement plan had been contributed to by staff across the trust although there was identified non-compliance in some of the clinical service centres. Learning was shared from mortality reviews and trust had invested time and resource into the development of quality improvement methodologies.

However

- The governance systems in place did not provide a systematic governance structure which gave clear responsibilities, roles and systems of accountability. However the executive team had identified that the structure was not



# Summary of findings

appropriate to meet the needs of the trust and a significant programme of work was being undertaken to revise the governance structure and strengthen its effectiveness. Some changes in governance processes had been implemented which provided greater assurance however, they would not all be fully implemented until the new organisational structure was in place

- The trust were in the process of developing effective systems for identifying, assessing and planning to eliminate or reduce risks. Improvements were required to ensure serious incidents were investigated appropriately and learning disseminated. Financial challenges were starting to be managed but the trust financial position remained a risk
- The trust did not routinely collect, manage and use information well to support all its activities. There had been a historic under investment and lack of clarity with regards to the trust strategy. Data assurance with regards to the non 18 week waiting lists was inadequate.

## Ratings tables

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

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

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

### Ratings for the whole trust

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

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

## Ratings for Portsmouth Hospitals NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↑ Aug 2018	Requires improvement ↓ Aug 2018	Requires improvement ↓ Aug 2018	Inadequate ↓ Aug 2018	Requires improvement ↔ Aug 2018	Requires improvement ↔ Aug 2018
Medical care (including older people's care)	Requires improvement ↔ Aug 2018	Requires improvement ↓ Aug 2018	Requires improvement ↓ Aug 2018	Requires improvement ↔ Aug 2018	Requires improvement ↓ Aug 2018	Requires improvement ↔ Aug 2018
Surgery	Requires improvement ↔ Aug 2018	Requires improvement ↓ Aug 2018	Good ↑ Aug 2018	Good ↑ Aug 2018	Requires improvement ↔ Aug 2018	Requires improvement ↔ Aug 2018
Critical care	Outstanding ↔ Aug 2018	Outstanding ↔ Aug 2018	Outstanding ↔ Aug 2018	Outstanding ↑ Aug 2018	Outstanding ↔ Aug 2018	Outstanding ↔ Aug 2018
Maternity	Requires improvement ↓ Aug 2018	Requires improvement ↓ Aug 2018	Good ↓ Aug 2018	Requires improvement ↓ Aug 2018	Requires improvement ↓ Aug 2018	Requires improvement ↓ Aug 2018
Services for children and young people	Requires improvement ↓ Aug 2018	Good ↔ Aug 2018	Outstanding ↔ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018
End of life care	Good ↑ Aug 2018	Good ↑ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↔ Aug 2018	Good ↑ Aug 2018
Outpatients	Good ↔ Aug 2018	N/A	Good ↔ Aug 2018	Good ↔ Aug 2018	Requires improvement ↓ Aug 2018	Good ↔ Aug 2018
Diagnostic imaging	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018

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

# Queen Alexandra Hospital

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Hampshire  
PO6 3LY  
Tel: 02392286000  
[www.porthosp.nhs.uk](http://www.porthosp.nhs.uk)

## Key facts and figures

Queen Alexandra Hospital is a 975 bedded District General Hospital providing a comprehensive range of acute and specialist services to a population of approximately 610,000 people.

We inspected nine core services during our inspection of this hospital. This included urgent and emergency care, medical care, surgery, critical care, maternity, services for children and young people, end of life care, outpatients and diagnostic imaging. Throughout our inspection we inspected premises and equipment, reviewed records, observed care, spoke with patients and staff at all levels.

## Summary of services at Queen Alexandra Hospital

**Requires improvement** ● → ←

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

- Within medical care, surgery, maternity and urgent and emergency services records of patients care and treatment did not always contain updated risk assessments and appropriate individualised care plans. Up to date records were therefore not always available to all staff that provided care.
- Medicines were not managed safely in many of the core services we inspected. Medicines were not always stored securely, and medicine fridges were not consistently monitored to ensure medication was kept at required temperatures.
- There were insufficient numbers of staff with the right qualifications, skills, training and experience to keep people safe and provide the right care and treatment in the medical care, children and young peoples and urgent and emergency services.
- The design and layout of the emergency department (ED) did not keep people safe. The emergency department was frequently crowded and patients were queued in a corridor which became congested, sometimes hampering the movement of patients and equipment. People waited too long for initial assessment in ED and the flow through the department often impacted on the movement of patients into the hospital.
- Within ED and surgical services infection prevention and control was not robust in some areas and some equipment and premises were not sufficiently clean. Within the surgical high dependency unit there was no facility to isolate patients and therefore there was a risk of the spread of infection.

# Summary of findings

- Mandatory training rates in some areas fell short of the trust's target meaning staff did not have the minimum training deemed essential for their roles.
- Staff who worked in the surgery, urgent and emergency and medical care services did not fully understand their roles and responsibilities with regards to the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS). Where appropriate, people's mental capacity and DoLS were not consistently assessed and recorded in line with legal requirements. This had been identified at previous inspections and the trust had not given sufficient priority to ensure staff were suitably trained, competent and fully understood their requirements under the legislation.
- Within the maternity service, guidelines had not been reviewed and updated in line with current best practice or national guidance. There was no robust practice that ensured completed audits were acted upon to improve practices.
- Staff did not always provide patients with compassionate or respectful care in the emergency department. We observed a number of nursing staff who did not behave in a way which was consistent with the trust's stated values or desired practice. Staff did not always provide emotional support to patients and relatives to minimise their distress.
- In both medical and urgent and emergency care staff did not always involve patients and those close to them in decisions about their care and treatment. Some patients and relatives told us there was little communication from staff and they were not kept well informed about what was happening
- Within maternity, medical and urgent care, services were not consistently planned or delivered to meet the needs of the local population.
- In urgent and emergency services patients were not always able to access care and treatment in a timely way and in the right setting. The trust was consistently failing to meet national standards in relation to the time patients spent in the emergency department, the time they waited for treatment to begin and the time they waited for an inpatient bed. Patients waited too long for their treatment to begin. Facilities and premises were not wholly appropriate for the services delivered and we observed patients queuing in non-clinical areas such as corridors where there was a lack of comfort and privacy. Patients sometimes waited on ambulances outside of the emergency department due to congestion.
- Within maternity, services were not routinely planned to ensure women could always deliver their baby in the preferred place of birth.
- There were shortfalls in how the needs and preferences of different patients were met in medical and urgent care. Staff did not fully consider the needs of individual patients living with dementia or who had a learning disability.
- Although the medical service treated concerns and complaints seriously and investigated them, there was lack of process to ensure learning from complaints was communicated and shared across all staff groups.
- During our inspection the trust was in the processes of re-designing both their risk and governance structures. While some new processes were in place these had not been fully embedded. There were systems in place to identify, manage and mitigate risks however risks had not been fully identified and risk registers had not been fully completed within the urgent and emergency, maternity, medical and surgery services.
- Governance processes did not consistently provide an effective systematic approach which identified areas for improvements and there was no overarching governance structure in the outpatients service.
- The trust had identified improvements were required to address some poor cultures across the hospital. On the whole staff told us managers promoted a positive culture that supported and valued staff creating a sense of common

# Summary of findings

purpose. Managers had the skills and abilities to run a service which provided high quality sustainable care. However we observed some poor behaviours exhibited by senior nurses within the urgent and emergency service. In the outpatients department there was a poor culture where staff concerns were not always taken seriously and there was low staff morale in some areas.

- Information systems within urgent and emergency services, maternity and medical services did not support effective sharing of patient information or support comprehensive recording or analysis of data.

However

- In critical care, diagnostic imaging, outpatients and children and young people staff kept clear, up to date, detailed records of patients care and treatment.
- Overall in critical care, children's and young people, end of life, outpatients and diagnostic imaging services people were protected from abuse and avoidable harm.
- We identified comprehensive systems where in place to keep people safe and risks were regularly assessed and updated.
- The services controlled infection risk well and staff kept themselves and equipment clean.
- Within critical care, end of life, outpatients and diagnostic imaging there were sufficient numbers of suitably trained and competent staff available to care for patients safely.
- Staff in urgent and emergency, services for children and young people, end of life care, diagnostic imaging and critical care provided care and treatment based on national guidance. Managers checked to make sure staff followed guidance and audits were undertaken and acted upon to improve services. Staff, teams and services worked well together to provide effective care for patients.
- We observed exceptional care in both children's and young people's services and critical care. We observed staff going 'above and beyond' to ensure patients and their relatives were supported and involved in treatment plans.
- Overall in the services other than patients were treated with care and compassion. Patients and their relatives were complimentary about the care and treatment they received.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff offered emotional support to patients and their relatives.
- In most services we inspected we found people were able to access the service when they needed them. The services had been planned and provided in a way that met the needs of local people.
- The services mostly took account of people's needs and were flexible to encompass individual needs and preferences.
- In critical care there was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which was accessible and promoted equality.
- Effective governance processes which monitored the quality of services provided were evident some services
- Within critical care there was a fully embedded systematic approach to improvement. The service was forward looking, promoted training and clinical research and encouraged innovations. The service made effective use of internal and external reviews and learning was shared effectively and used to make improvements. There was a record of shared working locally, nationally and internationally.
- Some services engaged well with patients, staff, and the public and local organisations to plan and manage appropriate services

# Urgent and emergency services

Requires improvement   

## Key facts and figures

Queen Alexandra Hospital is the acute district general hospital of the Portsmouth Hospitals NHS Trust. The emergency department (ED) is open 24 hours a day, seven days a week. It treats people with serious and life-threatening emergencies and those with minor injuries that need prompt treatment, such as lacerations and suspected broken bones. There were 149,191 ED attendances from January to December 2017, of which 32,080 were children.

The emergency department is a recognised trauma unit. Major trauma patients are transported directly to the nearest major trauma unit. The department has a four-bay resuscitation area, with one bay designated for children. There are two major treatment areas; majors A has 18 bays and three cubicles, majors B has six bays and four chairs (with a trolley for clinical examination). There is a separate 'pit stop' assessment area with six trolleys and four chairs. In the event that the pit stop area is full, up to six patients are accommodated in the corridor while they wait for assessment. One further corridor area is used when the department reaches capacity.

There is a nine-bed emergency decision unit (EDU). This area comprises of two four-bed bays and a single-bed side room. The area is used for patients who are unlikely to require admission but who require short term observation or are waiting for test results. The unit is regularly used to accommodate patients with acute mental health problems who are waiting for assessment by a mental health practitioner or waiting for a mental health bed. There is a side room designated for mental health practitioners to undertake mental health assessments. The unit also accommodates frail elderly patients.

The minor treatment area has six treatment cubicles and two consultation rooms used by general practitioners to provide an urgent care service. This service operates from 8am to 11pm, seven days a week and sees patients who present with a condition which requires immediate treatment, but which can be carried out by a GP.

The emergency department has a separate children's treatment area with its own secure waiting room. This consists of an observed play area, a high dependency cubicle, an isolation room, five majors cubicles and four minors cubicles. This area is open from 8am until midnight, seven days a week. Outside of these hours, children are seen in the main (adult) area of the emergency department or they are taken directly to the children's assessment unit, located elsewhere in the hospital.

### Details of emergency departments and other Urgent and Emergency Care services

- The trust's emergency department is located at the Queen Alexandra Hospital.
- The trust has one minor injuries unit located at Gosport War Memorial Hospital. We did not inspect this service at this time.

We previously inspected this service in February 2017. At that time the service was rated requires improvement overall, with safety rated as inadequate. We completed a focused inspection in February 2018 in response to concerns about how the trust was managing with the increased pressures of the winter period. As that was a focused inspection and we did not look at all five key questions, the service was not rated.

# Urgent and emergency services

During this inspection, which was announced, we spoke with 15 patients and six relatives and reviewed 30 sets of patient records. We observed care and treatment in all areas of the emergency department and emergency decision unit. We spoke with approximately 30 members of staff in a variety of roles, including, doctors, nurses, department managers, health care support workers, porters and administrative staff. We looked at trust policies and reviewed performance information from, and about the trust.

## Summary of this service

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

- The emergency department was frequently crowded. Patients were not always handed over promptly by ambulance staff on arrival in the emergency department and some patients waited too long for their initial assessment and for their treatment to begin. Crowding in emergency departments is associated with an increase in mortality and impacts on patients' experience.
- Patients were not always able to access care and treatment in a timely way and in the right setting. Patients spent too long in the emergency department. The service consistently failed to meet the national standard which requires that 95% of patients are admitted, transferred or discharged within four hours of arrival in the department and performance was consistently below the England average.
- Poor patient flow within the hospital and the health and social care system meant that patients in the emergency department, who required admission, frequently experienced long waits for a bed. From April 2017 to March 2018, the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was consistently higher (worse) than the England average. In the same period 307 patients waited more than 12 hours. This is known as a 'black breach'.
- There was a lack of assurance with regard to the ongoing monitoring of patients' safety and the identification of patients at risk of harm or deterioration, particularly where patients experienced extended waits. During our inspection we found that patients' records were not consistently completed so as to provide assurance that regular checks on patients' safety had taken place. Although daily audits of completion rates were taking place, a comprehensive audit tool had not yet been developed to provide assurance that this risk assessment tool was being used consistently and effectively to ensure safe care.
- There were insufficient risk assessments documented to provide assurance that patients who were at risk of falls or developing pressure ulcers were identified and appropriately managed. The service had not taken prompt action in response to two serious incidents where patients had fallen in the emergency department and sustained a serious injury.
- Facilities were not wholly appropriate for the services delivered. Demand often outstripped the availability of clinical spaces in the emergency department to assess, treat and care for patients. Patients frequently queued in the corridor where their safety, privacy, dignity and comfort was compromised.
- The service provided mandatory training in key skills but not all staff had completed it.
- Staff did not always comply with systems to control and prevent the spread of infection Staff did not always demonstrate good hand hygiene practice or ensure the safe disposal of sharps. Systems to isolate infectious patients were not effective.
- There were significant numbers of registered nurse vacancies and heavy reliance on temporary staff. There were frequent shortages of medical staff at night.



# Urgent and emergency services

- Staff did not always understand or comply with the relevant consent and decision-making requirements of legislation, including the Mental Capacity Act, 2005.
- Not all staff received regular supervision or performance appraisal so the service could not be assured of staff competence in their roles.
- Nursing staff did not always provide compassionate and respectful care. We witnessed a nurse shout at a patient and treat them in a disrespectful way. We witnessed staff talking over patients as if they were not there.
- Staff did not always provide emotional support to patients and relatives. We witnessed a number of occasions where nursing staff did not respond promptly to patients or relatives who were distressed.
- Staff did not always involve patients and those close to them in decisions about their care and treatment. A number of patients and relatives told us there was little communication from nursing staff, especially on arrival in the emergency department.
- There was limited use of tools and strategy in the emergency department to support patients living with dementia.
- Assurance systems around risk and performance were not fully developed or embedded. Risks on the risk register did not fully align with those staff told us were on their 'worry list' and there were notable omissions. The safety risks associated with delayed ambulance handover, delayed initial assessment, delayed time to treatment, and prolonged waits for a bed (12 hour breaches were the most common cause of a serious incident) were not captured. The safety risks associated with poor record keeping (failure to consistently complete safety checklists) and falls (two serious incidents had occurred) had also not been captured.

However:

- Staff knew how to protect patients from abuse, had received training and knew where to seek support.
- Medicines were prescribed and given well but some fridge temperature checks had not been completed.
- The service provided care and treatment in accordance with evidence-based guidance.
- Patients were given enough food and drink to meet their needs. However, this was not always documented.
- The service collected and monitored data about clinical outcomes and this was used to improve practice.
- The service provided regular training and development opportunities for staff.
- Staff in the emergency department felt well supported by the rest of the hospital. There were some good examples of multidisciplinary working. The department was well supported by the mental health liaison team and the frailty and interface team.
- The service was working towards providing a range of services over seven days a week.
- The department had improved services for patients with mental health needs. There was a registered mental health nurse employed to support people with mental health needs and a child and adolescent mental health service (CAMHS) practitioner was employed in the children's emergency department to support children and young people with mental health needs.
- Patients were encouraged to report concerns and complaints; these were treated seriously, investigated and lessons learnt.
- Leaders were visible and accessible in the emergency department; staff respected the local management team and felt well supported by them. Staff who had previously felt they and their service were undervalued and under-invested in now felt that the executive management team understood the challenges they faced and were focused on implementing system-wide change by holding all partners to account.

# Urgent and emergency services

- There was good managerial oversight of complaints and incidents and evidence of learning from them.
- There was a vision for the service and preparatory work was underway to develop an urgent care floor or a 'one stop shop' for all unscheduled care. There was a system-wide accident and emergency (A&E) delivery board providing strategic and operational leadership and a number of work streams had been developed, supported by external consultants to drive improved performance and to set out what needed to change in preparation for next winter.
- There were a number of quality improvement projects underway. This included the development of a nurse training programme in advanced sepsis care, for which external funding had been sourced.

## Is the service safe?

**Requires improvement** ● ↑

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

- The emergency department was frequently crowded. Patients were not always handed over promptly by ambulance staff on arrival in the emergency department and some patients waited too long for their initial assessment and for their treatment to begin. Crowding in emergency departments is associated with an increase in mortality and impacts on patients' experience.
- Some patients arriving at the emergency department waited too long to be assessed. The Royal College of Emergency Medicine recommends that patients should be assessed by a healthcare professional within 15 minutes of arrival. This standard was not consistently met, although significant improvement was seen in April 2018.
- There was a lack of assurance with regard to the ongoing monitoring of patients' safety and the identification of patients at risk of harm or deterioration, particularly where patients experienced extended waits. During our inspection we found that patients' records were not consistently completed so as to provide assurance that regular checks on patients' safety had taken place. Although daily audits of completion rates were taking place, a comprehensive audit tool had not yet been developed to provide assurance that this risk assessment tool was being used consistently and effectively to ensure safe care.
- There were insufficient risk assessments documented to provide assurance that patients who were at risk of falls or developing pressure ulcers were identified and appropriately managed. The service had not taken prompt action in response to two serious incidents where patients had fallen in the emergency department and sustained a serious injury.
- The design and layout of the emergency department did not keep people safe. The emergency department was frequently crowded and patients were queued in a corridor which became congested, sometimes hampering the movement of patients and equipment.
- The service provided mandatory training in safe systems and processes but not all staff were up to date with this training. Nursing staff told us it could be difficult to access some training courses.
- There were systems to control and prevent the spread of infection; however, they were not consistently complied with. Premises and equipment were clean but we saw staff not taking necessary hand hygiene precautions and not changing protective gloves between patients. Audit data showed poor compliance in relation to isolating infectious patients.

# Urgent and emergency services

- 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, there were a significant number of registered nurse vacancies and there was heavy reliance on temporary staff to ensure that assessed and planned staff to patient ratios were consistently met.
- There were continuing concerns about medical staff cover at night. Senior medical cover was provided at night by a registrar or middle grade doctor, supported by a consultant on call. This was universally felt to be inadequate and patients waited longer for their treatment to begin. Recruitment was underway to address this.

However:

- 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 where to seek advice.
- The service prescribed, gave, and stored medicines well; however, we found temperature checks on fridges used to store medicines had not been undertaken consistently prior to May 2018 so we could not be assured monitoring systems were effective. A pharmacist independent prescriber had recently joined the emergency department team and supported clinicians by, for example, prescribing for discharge or on admission.

## Is the service effective?

**Requires improvement** ● ↓

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

- Staff did not always understand or comply with the relevant consent and decision-making requirements of legislation and guidance including the Mental Capacity Act, 2005. Nursing staff felt a lack of confidence in assessing mental capacity and assessments were usually undertaken by medical staff.
- Many staff had not received a recent performance appraisal so there was no assurance of their continuing competence in the roles they were employed to perform. From April 2017 to March 2018 only 56% of staff in urgent and emergency care had received an appraisal. This did not meet the trust target of 85%.

However,

- The service provided care and treatment in accordance with evidence-based guidance, including Royal College of Emergency Medicine (RCEM) and National Institute for Health and Care Excellence (NICE) guidelines. There was a range of clinical guidelines, which were well organised and easily accessible on the intranet.
- Staff mostly gave patients enough food and drink to meet their needs, although we saw some occasions when this was not the case or it was not documented.
- Information about clinical outcomes was collected and monitored. The trust participated in national RCEM audits so they could benchmark performance against best practice and other emergency departments. Performance was mixed but there were comprehensive action plans in response to these audits in order to drive improvement.
- The service provided training and support to ensure staff were competent for their roles. There was a comprehensive in-house training programme for nurses and a structured approach to developing nurses. Junior doctors received protected training time, regardless of the pressures in the department.
- Staff, teams and services worked well to deliver effective care and treatment. Staff in the emergency department told us they felt well supported by the rest of the hospital. Acute physicians were visible in the emergency department and the ambulatory emergency care consultant routinely attended the morning handover in the emergency department

# Urgent and emergency services

to identify patients suitable for transfer. An Acute Admissions Standard Operating Procedure had recently been agreed with all admitting specialities, setting out the appropriate admission routes for patients and clarifying responsibility for the ongoing care of patients once they had been referred to the appropriate speciality. The frailty interface team worked closely with staff in the emergency department to support older people. They liaised with other agencies to ensure this patient group received care and support in the most appropriate care pathway and hospital admission was avoided where possible.

- The service was working towards the provision of a full range of services seven days a week. The department had access to pharmacy advice, radiology services and a mental health liaison service seven days a week. However, the mental health service was only available from 8am to midnight.

## Is the service caring?

**Requires improvement** ● ↓

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

- Staff did not always provide patients with compassionate or respectful care. We observed a number of nursing staff who did not behave in a way which was consistent with the trust's stated values or desired practice. We witnessed a nurse shouting at an agitated patient and treating them in a disrespectful manner. We saw a frail elderly patient, who was confused and not able to clearly communicate their needs, was not adequately supported to maintain their dignity or to take a drink, despite many members of staff being nearby.
- Staff did not always provide emotional support to patients and relatives to minimise their distress. We saw that staff did not provide prompt support to a patient who was crying in pain and unsupported, distressed family members who did not understand what was happening to their relative.
- Staff did not always involve patients and those close to them in decisions about their care and treatment. Some patients and relatives told us there was little communication from staff and they were not kept well informed about what was happening.

However,

- We observed many staff in different roles interact with patients in a kind, respectful and considerate way. Reception staff were welcoming and porters introduced themselves and spoke kindly with patients.
- We saw nurses and healthcare support workers who were employed in the waiting room, welcome self-presenting patients and visitors and provide explanations of the tests being completed and what to expect during their time in the emergency department.

## Is the service responsive?

**Inadequate** ● ↓

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

- Patients were not always able to access care and treatment in a timely way and in the right setting. The trust was consistently failing to meet national standards in relation to the time patients spent in the emergency department, the time they waited for treatment to begin and the time they waited for an inpatient bed.

# Urgent and emergency services

- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From April 2017 to March 2018 the trust failed to meet this standard, breaching it in all 12 months.
- Patients waited too long for their treatment to begin. The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival in the emergency department to the time that their treatment begins is no more than one hour. The trust's performance against this standard ranged from 49.4% to 63% from January to April 2018, with the worst performance in March 2018.
- In the period from April 2017 to March 2018, 307 patients waited more than 12 hours from the decision to admit until being admitted. This is known as a 12 hour breach. The highest number of patients waiting over 12 hours was 73 in January 2018. Performance improved significantly in February and March and there were no 12 hour breaches in April.
- Facilities and premises were not wholly appropriate for the services delivered. Demand for services frequently outstripped the availability of appropriate clinical spaces to assess, treat and care for patients. We observed patients queuing in non-clinical areas such as corridors where there was a lack of comfort and privacy. Patients sometimes waited on ambulances outside of the emergency department due to congestion.
- The service had taken some steps to support patients in vulnerable circumstances or those with complex needs. However, we found there was limited understanding of the needs of patients living with dementia and little evidence of a strategy or use of tools to support this patient group. We found blank copies of 'This is Me' documentation which could be completed to assist in care planning. However, we saw no evidence of these being used in the department. There was a dedicated dementia champion in the emergency department but many staff did not know who this was.

However:

- The emergency department had improved services for patients with mental health needs. There was a mental health liaison team, employed by a local mental health trust, which was based in the department and worked from 8am to midnight, supported by a consultant psychiatrist. The service employed a registered mental health nurse to support people with mental health needs who were admitted to the emergency decision unit. Staff had received training to support this patient group.
- In the children's emergency department a Child and Adolescent Mental Health Service practitioner had been employed, although this service was only temporarily funded. This service had resulted in a significant decrease in admissions for this patient group.
- The service treated concerns and complaints seriously. Complaints were investigated promptly and lessons learned were shared with all staff.

## Is the service well-led?

**Requires improvement** ● → ←

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

- There was some evidence of managerial oversight of risk and performance but assurance systems were not fully developed or embedded. The service maintained a risk register which recorded known risks and rated them according to their potential impact. Details of actions already taken or planned to mitigate risks were not recorded.

# Urgent and emergency services

- The safety risks (and mitigation) associated with delayed ambulance handover, delayed initial assessment, delayed time to treatment, and prolonged waits for a bed (12 hour breaches were the most common cause of a serious incident) were not captured. The safety risks associated with poor record keeping (failure to consistently complete safety checklists) and falls (two serious incidents had occurred) had also not been captured.
- The service acknowledged that operational pressures had prevented them from examining the efficiency of safety systems and systems to improve patient flow.
- We noted some behaviours exhibited by a few senior nurses during our inspection which did not present a professional image to staff or visitors. We reported concerns about one particular nurse who we observed raising their voice to both a patient and, on another occasion, their colleagues. Although the majority of staff welcomed us in the department there was a small minority who were openly hostile and this did not go unnoticed by their colleagues.
- The service used the friends and family test to capture patients' feedback; however, response rates were low.

However:

- The leadership team appeared well informed and had a cohesive view of what needed to be done.
- Staff in different roles told us they enjoyed working in the emergency department. They felt well supported, valued and respected by peers and managers. Teamwork, peer support and camaraderie were cited by many staff as the reasons they enjoyed coming to work.
- There was good managerial oversight of complaints and incidents. The senior management team was supported by a governance coordinator and an administrator, who maintained a database of complaints and incidents, arranged for these to be reviewed by the management team and monitored the progress of investigations.
- There were a number of quality improvement projects which were underway in the emergency department.

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

Medical services at Portsmouth Hospitals NHS Trust provides care and treatment for acute nephrology, audiology, cardiology, gastroenterology, general medicine, neurological rehabilitation, acute older people's care, respiratory medicine and stroke medicine. There are 580 medical inpatient beds located across 24 wards at Queen Alexandra Hospital.

The trust had 56,875 medical admissions from December 2016 to November 2017. Emergency admissions accounted for 25,511 (44.9%), 1,274 (2.2%) were elective, and the remaining 30,090 (52.9%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 18,755, down 6% compared to previous year
- Gastroenterology: 13,782, up 3% compared to previous year
- Rheumatology: 6,193, down 3% compared to previous year

We carried out inspections of the urgent medical pathway in February and March 2016, September 2016 and February and May 2017. During those inspections we inspected some areas of the trust medical services, but did not inspect them all. This current inspection is the first comprehensive inspection of medical services since 2015. Comparisons to previous ratings relate to the inspection carried out in 2015, unless otherwise stated.

During the inspection, we visited 23 wards (including surgical wards where medical patients were being treated), the discharge lounge, the endoscopy unit, the chemotherapy unit, the medical day unit at St Marys Hospital and attended a site bed meeting.

We spoke with 35 patients and/or their relatives, reviewed 48 patient records and observed and spoke with 82 members of staff. These included non-clinical staff, healthcare assistants, therapists, nurses, doctors and managers.

Before the inspection visit, we reviewed information we held about these services as well as information that we had received from the trust.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

## Summary of this service

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

- The service did not consistently provide safe or effective care and treatment. Staff did not always identify risks to patients, and where staff identified risks there was often lack of guidance about how to lessen the risk. Patient records were not held securely and often had missing information. The records did not demonstrate staff always followed evidence based care pathways.
- Nursing and allied health care professional shortages increased the risk of patients receiving unsafe or inadequate care and treatment. There was a lack of assurance that staff had the necessary skill set to carry out their roles. There was a low rate of medical staff compliance with mandatory training and annual appraisals were below the trust target.

# Medical care (including older people's care)

- Across staff groups there was a lack of understanding and application of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.
- The service was not fully developed to meet the needs of the local population. The individual needs of patients with dementia were not fully considered. Some staff did not consider involving people, carers and their families as an important part of care.
- Staff did not consistently monitor and manage risks to patient safety and governance arrangements to identify shortfalls in performance and areas for improvement were not fully effective.
- Staff and managers had not developed and implemented a strong vision and strategy for the service.

However:

- The medical services used national audits to monitor and improve their services.
- Staff understanding about safeguarding vulnerable people had improved.
- There were some good examples of multidisciplinary working, on many of the medical wards.
- Staff commented that the new trust leadership team were visible. There was increased confidence in the trust leadership team.

## Is the service safe?

**Requires improvement** ● → ←

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

- Although overall nursing staff met the trust target for completion of mandatory training, there were low rates of compliance with some mandatory training. Medical staff did not meet the trust's target for completion of mandatory training.
- Staff did not always assess, monitor or manage risks to people who used the service. Staff did not always complete patient risk assessments and where assessment were completed, staff did not always act to lessen those risks. Trust audits showed staff did not always follow the national Early Warning Score (EWS) guidance to monitor patients at risk of deterioration. Although patients were screened appropriately for possible sepsis, staff did not always respond in a timely manner in administration of antibiotics.
- Nursing and allied health care professional shortages increased the risk of patients receiving unsafe or inadequate care and treatment.
- Staff did not always have the complete information they needed before providing care, treatment and support. Staff did not always fully complete patient records.
- Staff did not always follow best practice guidelines for storing and recording medicines.
- Safety concerns, such as staff shortages, were not always reported as an incident. Shared learning from incidents was not fully established.
- The service did not use safety monitoring results to support improvements.

However,

- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew where to seek advice.



# Medical care (including older people's care)

- The service controlled infection risk well. Staff kept themselves, equipment and premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm, and to provide the right care and treatment.

## Is the service effective?

**Requires improvement** ● ↓

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

- Care and treatment did not always reflect current evidence based guidance or best practice standards.
- Care assessments did not fully consider patients nutritional and hydration needs or fully consider pain patients might be experiencing.
- There were gaps in management and support arrangements for staff such as appraisal, supervision and professional development.
- There was limited focus on prevention and early identification of health needs and staff were not proactive in supporting people to live healthier lives.
- Consent to care and treatment was not obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. Where appropriate, people's mental capacity was not assessed and recorded. When people over the age of 16 lacked capacity to make a decision, best interest decisions were not made in accordance with legislation.

However,

- Information about clinical outcomes was collected and monitored. Medical services took part in internal and external audits. The information was used to improve care and so they could benchmark performance against best practice and other similar services.
- Staff of different kinds worked together as a team to benefit patients.
- The service was working towards delivering a full seven-day service.

## Is the service caring?

**Requires improvement** ● ↓

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

- Some staff did not consider involving people, carers and their families as an important part of care. People said that staff did not always explain things clearly to them.
- Some patients described experiences where staff had not kept them informed about their treatment plans. Some patients and their families had to ask for updates about their treatment plans, the information was not routinely provided to them. Staff did not always explain the assessments they were carrying out to the patient.

However,

# Medical care (including older people's care)

- Staff cared for patients with compassion
- Staff provided emotional support to people to minimise their distress.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The service did not plan and provide services to fully meet the needs of the local population.
- There were shortfalls in how the needs and preferences of different patients were considered. The service did not fully consider and meet the individual needs of patients living with dementia or who had a learning disability.
- Processes to support patient flow through and out of medical services were not yet fully embedded into the running of the service.
- Although the service treated concerns and complaints seriously and investigated them, but there was lack of process to ensure learning from complaints was communicated and shared across all staff groups.
- The referral to treatment time for general medicine, gastroenterology, dermatology, cardiology, geriatric medicine and neurology were all below (worse than) the England average

However,

- The referral to treatment time for rheumatology and thoracic medicine were all above (better than) the England average.

## Is the service well-led?

**Requires improvement** ● ↓

See guidance note AL5 then add your text after the standard text paragraph below (and delete this help text).

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

- Medical services did not have an established vision and strategy for the development of their services.
- Medical services' governance processes did not provide an effective systematic approach to identify areas for improvements and thus support improvements to the services.
- There was some evidence of managerial oversight of risk and performance but assurance systems were not fully developed or embedded. Not all risks had been identified and entered on the risk register
- The trust collected, analysed and used information to support all its activities, but there was lack of assurance that the information systems supported effective sharing of patient information.
- There was a limited approach to sharing and obtaining the views of people who used the service.

However,

- Managers across medical services had the skills, ability and commitment to run a service that was focused on improving patient experiences.

## Medical care (including older people's care)

- Staff commented that the new trust leadership team were visible. There was increased confidence in the trust leadership team.

# Surgery

Requires improvement   

## Key facts and figures

The trust provides surgical services at the Queen Alexandra Hospital. The surgical specialties offered at the hospital are urology, breast and plastics, lower and upper gastrointestinal, vascular surgery, bariatric and general surgery.

The trust is an orthopaedic centre, providing elective and emergency trauma surgery, with the head and neck clinical service centre at the trust also providing ophthalmic surgery, dental, maxilo-facial and oral surgery. Dermatology services which require minor surgical procedures are provided off site at St Mary's Hospital.

Surgical patients are cared for in the following wards:

- E1 - Surgical Assessment Unit - 28 beds
- E2 - General Surgery - 30 beds
- E3 - GS and colorectal - 34 beds
- E4 - Surgical High Care (SHCU) - 10 beds
- D1 - Trauma and orthopaedics (T&O) - 28 beds
- D4 - T&O acute head injury - 28 beds
- D5 - Trauma and orthopaedics (T&O) - 36 beds
- D6 - Trauma and orthopaedics (T&O) - 36 beds
- D7 - Urology and plastics - 36 beds – 18 for vascular and 18 for plastics
- D8 - Head and Neck and ENT - 28 beds

There is also a day surgery unit, and a private surgery ward (G5) with 13 beds.

The trust had 48,377 surgical admissions between December 2016 and November 2017. Emergency admissions accounted 13,126 (27%), 28,630 (59%) were day case, and the remaining 6,621 (14%) were elective.

*(Source: Hospital Episode Statistics)*

During our inspection, we spoke with approximately 75 staff members including doctors, nurses, allied health professionals, administration, and domestic staff. We also spoke with the clinical service leadership team and with 45 patients. We reviewed 20 sets of patient's records and we also reviewed 10 Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) records. We observed eight surgical procedures in theatres.

Our inspection was announced.

## Summary of this service

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

- Safe was rated as “requires improvement” as there were areas of poor practice in respect of infection prevention, assessing and responding to patient risk, records and medicines management.

# Surgery

- Effective was rated as “requires improvement” which is down one rating from that given in 2015. This is largely due to poor practice in respect of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and Mental Capacity Assessment (MCA) assessments and recording which still required improvement in decision making and in recording as required from the 2015 report.
- Caring was rated as “good” which was an improvement on its previous rating of “requires improvement”. This was because the service was meeting the standards expected.
- Responsive was rated as “good” which was an improvement on its previous rating of “requires improvement”. This was because the service was meeting the standards expected.
- For Well-led, while there were good systems observed, the fact remained that many of the policies, processes and procedures were in the course of being revised and introduced hence its rating as “requires improvement”.

## Is the service safe?

**Requires improvement** ● → ←

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

- While the service provided effective training in safety systems, processes and practices, completion rates for medical and dental staff failed to meet the 85% target with 79% compliance overall, although qualified nursing staff met the target with 91% compliance overall.
- While there were systems in place to prevent and protect people from a healthcare-associated infection staff did not always ensure hands were washed and that ward areas and equipment were kept clean to prevent the spread of infection.
- Staff had not completed and updated risk assessments for each patient. Comprehensive risk assessments had not always been carried out for people who used the services and risk management plans were not always developed in line with national guidance. The WHO checklists were not always fully carried out in theatres.
- According to the figures provided by the hospital the service did not have enough nursing staff in surgery, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Staff did not always keep detailed records of patients’ care and treatment. Records were inconsistent in that not all were clear, up-to-date and easily available to all staff providing care. Records were not kept securely locked away when not in use.
- While medicines were stored securely and storage areas were kept clean and tidy. It was not possible to confirm whether medicines were stored in the recommended temperature range as not all of the fridge temperatures were correct. Some fridges contained expired medication, and there were medications stored for patients who had been discharged.
- There were concerns about the safety culture in theatres. This was due to the repeat occurrences of similar never events within the operating theatres as detailed below in Never Events.

However:

- Staff understood how to protect patients from abuse and staff had training on how to recognise and report abuse and they knew how to apply it.

# Surgery

## Is the service effective?

**Requires improvement** ● ↓

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

- We found 'Do not attempt cardiopulmonary resuscitation forms' (DNACPR) not properly completed, Deprivation of Liberty (DoLs) safeguards forms not properly completed, and both with missing or incomplete mental capacity assessments (MCAs).
- 81% of staff within surgery at the trust had received an appraisal. This did not meet the trust target of 85%. Medical and dental staff and other non-medical staff were the only two staff groups who achieved the 85% target.

However:

- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- 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.
- Acute and emergency surgical services were available seven days a week across the trust.

## Is the service caring?

**Good** ● ↑

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

- 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.

## Is the service responsive?

**Good** ● ↑

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

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.

# Surgery

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- Whilst there were prompts across the surgical wards to support patients we did not see these consistently in use across these wards. While staff were aware of which patients were living with dementia we did not see evidence that dementia care was fully embedded in the way the wards carried out their day to day activities.

## Is the service well-led?

**Requires improvement** ● → ←

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

A number of key well-led areas were in development and there were performance and safety issues that required addressing.

Areas that required urgent addressing included:

- Full compliance with the WHO 'five steps to safer surgery' procedure.
- An update of the CHAT CSC and Surgery CSC risk registers to better reflect real and current risks.
- While the surgery CSC was committed to improving services by learning from when things went well and when they went wrong, there was concern that a culture of safety was not yet fully embedded in theatres to eradicate the occurrence of 'never events'.
- Improvements are necessary to the recording and evidencing of DNACPR, of DoLS and of the provisions of the Mental Capacity Act.
- Some of the MUST actions we had raised at the last inspection of surgery in 2015 had still not been implemented.

However, there was evidence to demonstrate that the trust were making progress in this area:

- The new chief executive and director of nursing had made a significant impact. Staff at all levels told us they had seen or met the chief executive and the director of nursing and had noticed a positive change in leadership style.
- The surgical clinical service group had a business strategy for 2018/19 which was to be revised once the new vision for the Trust had been published.
- Most staff we spoke with felt that managers in the trust promoted a positive culture that supported and valued the staff, and that there was a sense of common purpose based on shared values. Staff on the surgical service group and in Theatres were proud to work at the hospital
- The trust was in the process of developing its systems for identifying risks. The trust told us enhanced training in risk management would be delivered during 2018 to ensure that all parts of the organisation had a better understanding of the importance of effective risk management.
- The surgery CSC engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

# Critical care

Outstanding   

## Key facts and figures

The trust has 11 clinical service centres (CSC) with critical care sitting in the Critical Care, Hospital Sterilisation and Disinfection Unit, Department of Anaesthesia and Theatres (CHAT) clinical service centre.

The trust's critical care service included a 24 bedded intensive care unit (ICU) and a critical care outreach service. The ICU included support from the critical care follow up team, the specialist nurse organ donation team and the bereavement support team. Neonatal critical care was reported in the children and young people's report.

The trust has 24 critical care beds across two adjoining units. Each unit has nine open beds and three side rooms.

The ICU has about 1500 admissions per year.

During our inspection, we spoke with 50 members of staff. This included the Clinical Director for critical care, the Matron and operational manager, junior and senior medical staff, trainee advanced critical care practitioners, junior and senior nursing staff, a physiotherapist, a pharmacist, a dietitian, administration staff and housekeeping staff. We spoke with three patients and three relatives. We observed care and treatment patients were receiving and reviewed six patient records.

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

## Summary of this service

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

- People were protected from abuse and avoidable harm by a strong comprehensive safety system, with a focus on openness, transparency and learning from when things went wrong.
- People received excellent care, treatment and support which achieved good outcomes when compared with similar services, promoted a good quality of life based on the best evidence-based care and treatment.
- People were treated with compassion, kindness, dignity and respect. They were truly respected and valued as individuals and were empowered as partners in care received, practically and emotionally, by an exceptional and distinctive service.
- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.
- The leadership, management and governance of the critical care unit assured the delivery of high-quality and person-centred care, supported learning and innovation and promoted an open and transparent culture.
- The critical care unit had been rated as outstanding following our last inspection in 2015. However improvements had been made to the service since our last inspection. This included but not limited to: safety briefings increased to twice daily; a dedicated dietitian; increased physiotherapist staffing levels; new systems for improving patient flow; an improved and extended critical care outreach team that was now 24 hours a day seven days a week; an updated computer information system; introduced a relatives bleep system; and looked at ways to humanise the critical care environment to aid patient treatment and recovery.



# Critical care

## Is the service safe?

**Outstanding** ☆ → ←

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

- There were comprehensive systems to keep people safe, which took account of current best practice. The whole team was engaged in reviewing and improving systems. People who used the service were at the centre of safeguarding and protection and discrimination. Innovation was encouraged to achieve sustained improvements in safety and continual reductions in harm.
- A proactive approach to anticipating and managing risks to people who used the services was embedded and is recognised as the responsibility of all staff. Staff were able to discuss risk effectively with people using the service.
- The systems to manage and share the information that is needed to deliver effective care, treatment and support, were coordinated, provided real-time information across the service and supported integrated care for people who use the service.
- Staff met good practice standards described in relevant national guidance. People received their medicines as prescribed. The service regularly reviewed people's medicines. Staff managed medicines consistently and safely. Medicines were stored correctly, and disposed of safely. Staff kept accurate records of medicines.
- Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety. Performance showed a good track record and improvements in safety.
- There was a genuinely open culture in which all safety concerns raised by staff and people who used the service were highly valued as being integral to learning and improvement. All staff were open and transparent, and fully committed to reporting incidents and near misses. The level and quality of incident reporting showed the levels of harm and near misses, which ensured a robust picture of quality. Learning was based on a thorough analysis and investigation of things that go wrong. All staff were encouraged to participate in learning to improve safety as much as possible.

However:

- The paediatric resuscitation equipment was located in the dedicated paediatric room. It did not lock or contain any anti-tamper tags. This trolley was checked once a week if no child was using the room. This was unsafe practice as although paediatric patients were not always on the unit, there could be children on the unit who had come to visit loved ones. This meant that the paediatric equipment could be needed at any time but staff could not be assured that equipment was still in situ.

## Is the service effective?

**Outstanding** ☆ → ←

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

- There was a holistic approach to assessing, planning and delivering care and treatment to all people who used the service. This included addressing their nutrition, hydration and pain relief needs. The safe use of innovative

# Critical care

approaches to care and how it was delivered were actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care. Where people were subjected to the Mental Health Act 1983 (MHA), their rights were protected and staff complied with the MHA code of practice. Any departure from the code of practice guidance was clearly justified.

- All staff were actively engaged in activities to monitor and improve quality and outcomes (including monitoring outcomes for people once they have transferred to other services). Opportunities to participate in benchmarking and peer review were proactively pursued, including participation in approved accreditation schemes. High performance was recognised by credible external bodies. Outcomes for people who used the service were positive, consistent and regularly exceeded expectations.
- The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, and share best practice.
- Staff, teams and services were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to patients who use the service. People's discharge and referral plans took account of their individual needs, circumstances, ongoing care arrangements and expected outcomes. People were mostly discharged at an appropriate time and when all necessary care arrangements were in place.
- Staff were consistent in supporting people once they had left the service including identifying those who needed extra support, through a targeted and proactive approach and used every contact with people to do so.
- Practices around consent and records were actively monitored and reviewed to improve how people were involved in making decisions about their care and treatment. When people aged 16 and over lacked the mental capacity to make a decision, best interests decisions were made in accordance with legislation. The use of restraint was understood and monitored.

However:

- There was no dedicated critical care psychologist.
- The new advanced critical care practitioner role, although seen as a valuable addition to the team, was not embedded in the unit yet, with the role and responsibilities unclear to some that worked on the critical care unit.

## Is the service caring?

**Outstanding**   

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

We rated this service as outstanding because:

- Feedback from people who used the service and those who were close to them was continually positive about the way staff treated people. People thought that staff went the extra mile and their care and support exceeded their expectations. There was a strong, visible personal-centred culture.
- Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. Those relationships were highly valued by staff and were promoted by leaders.

# Critical care

- Staff recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account and found innovative ways to meet them. People's emotional and social needs were seen as being as important as their physical needs.
- People were always treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity was consistently embedded in everything that staff did, including awareness of any specific needs as these were recorded and communicated.
- People who used the service and those close to them were active partners in their care. Staff were fully committed to working in partnership with people. Staff communicated with people and provided information in a way that they could understand. People understood their condition and their care, treatment and advice. People and staff worked together to plan care and there was shared decision-making about care and treatment.

## Is the service responsive?

**Outstanding**  

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

- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which was accessible and promotes equality. This included people with protected characteristics under the Equality Act, people who may be approaching the end of life and people who were in vulnerable circumstances or who had complex needs.
- People's individual needs and preferences were central to the delivery of tailored services. There were innovative approaches to providing integrated person-centred pathways of care. The service was flexible and ensured continuity of care. Facilities and premises were innovative and met the needs of a range of people who used the service.
- People could access services when they needed them. Appointments in follow up clinics were booked in a way and at a time that suited people. Technology and systems were used innovatively to ensure people had timely access to treatment, support and care.
- People knew how to give feedback about their experiences and could do so in a range of accessible ways, including how to raise any concerns or issues. The service treated concerns and complaints seriously, investigated them in an open and transparent way and learnt lessons from the results which were shared with staff. The service used the learning from complaints and concerns as an opportunity of how they incorporated learning into daily practice.

However:

- There was no water cooler in the visitors waiting area.

## Is the service well-led?

**Outstanding**   

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

# Critical care

- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver sustainable care. There was a system of leadership development and succession planning. Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to deliver the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service and beyond.
- There was a clear statement of vision and values, driven by quality and sustainability. There was a realistic strategy and well-defined objectives that were achievable and relevant and were planned to meet the needs of the relevant population. Progress against delivery of the strategy was monitored and reviewed and there was evidence of this. Staff in all areas knew, understand and supported the vision, values and strategic goals and how their role helped in achieving them.
- Leaders had an inspiring shared purpose, and strove to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff. There was a strong organisational commitment to ensure there was an equality and inclusion across the workforce. Staff were proud of the service and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this. There was a strong collaboration, team-working and support across the service and a common focus on improving the quality and sustainability of care and people's experiences.
- Governance processes were robust, well established and effective. Governance arrangements were proactively reviewed and reflected good practice.
- There was a demonstrated commitment to best practice and risk management systems and processes. Issues were escalated to the appropriate committees and the board through clear structures and processes.
- The service invested in innovative and best practice information system and processes. The information used in reporting, performance management and delivering quality care was found to be accurate, valid, reliable, timely and relevant. There was a demonstrated commitment at all levels to share data and information proactively to drive and support both internal and external working and improvement.
- There were high levels of constructive engagement with staff and people who used the service. Constructive challenge from staff, people who use the service and the public was welcomed and seen as a vital way of holding the service to account and to make improvements. Services were developed with full participation of those who used them, staff and external partners as equal partners.
- There was a fully embedded systematic approach to improvement. The service was forward looking, promoted training and clinical research and encouraged innovations. The service made effective use of internal and external reviews and learning was shared effectively and used to make improvements. There was a record of shared working locally, nationally and internationally.

# Maternity

Requires improvement  

## Key facts and figures

Portsmouth Hospitals NHS Trust offers six places for women to give birth:

- Queen Alexandra Hospital, B8, a consultant led labour ward for women with high risk pregnancy or medical complications.
- A co-located maternity centre, B5, offering birth to low risk women, as well as antenatal and postnatal care, with four birthing rooms and two triage rooms
- Blake Maternity Centre, based in Gosport War Memorial Hospital, with two birthing rooms.
- Grange Maternity Centre based in Petersfield Hospital, with two birthing rooms.
- Portsmouth Maternity Centre based in St Mary's Hospital Portsmouth, with two birthing rooms.
- Home births.

The trust had 73 acute maternity beds at Queen Alexandra Hospital, located across four departments:

- Maternity assessment unit – five beds
- Antenatal ward B6 – 16 beds
- Labour ward B8 – 21 beds
- Postnatal ward B7 – 31 beds, with eight side rooms

From October 2016 to September 2017 there were 5,452 deliveries at the trust.

For this core service inspection, we visited the maternity unit at Queen Alexandra Hospital, including the alongside midwifery led unit (B5), and two of the three standalone midwifery led units; Blake, in Gosport, and the Portsmouth Maternity Centre. The Grange unit in Petersfield was not staffed when we visited as there was no planned activity on that day, so we did not view this location.

We last inspected this service, in combination with gynaecology services, in 2015, and we judged it as good overall, with a rating of good for safe, effective, responsive and well led. We rated it outstanding for caring. For this inspection on 17 – 19 April 2018, we inspected maternity services only, in line with our revised inspection process.

During our visit we spoke with 15 women and their partners and 41 members of staff. Staff included senior departmental staff, midwives and maternity support workers, non-clinical staff, doctors and managers. We also spoke with the lead for maternity engagement. We reviewed 10 sets of notes and a wide range of documents submitted by the trust.

## Summary of this service

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

- There were gaps in the service's safety systems, such as monitoring training for obstetric medical staff, monitoring infection control, monitoring competency using equipment and monitoring medicines management.
- Staff created records which were not consistently person-centred and with some omissions

# Maternity

- Staff did not always receive feedback when reporting incidents and some felt discouraged from reporting.
- In theatres, staff did not consistently follow the World Health Organisation (WHO) guidelines and the five steps to safer surgery.
- Some of the protocols and guidelines for the service had not been reviewed and updated against best practice and national guidance.
- The service did not use audit effectively to ensure the service delivered care in line with practices and implemented improvements where necessary.
- The leadership structures and processes were relatively new and there was not an embedded culture of effective teamwork across different disciplines.
- Women could not always give birth in the place of their choosing.
- The maternity IT system did not support comprehensive recording and analysis of data.

However

- Staff demonstrated care and compassion when caring for women.
- There was effective engagement with the local community and the wider health economy in developing services
- Women could access maternity services when they needed it, with access to 24/7 telephone guidance and prompt responses.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results.
- The service had good systems for training staff and was working towards providing improved arrangements for sharing learning.

## Is the service safe?

**Requires improvement** ● ↓

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

- The service provided mandatory training in key skills to all staff. The trust provided data on training compliance for midwifery staff but not for medical staff. Midwifery staff achieved over 90% compliance for 11 out of 16 training modules. However, we were not assured there was a robust process in place to monitor compliance with mandatory training across all staff groups.
- Midwifery staff understood how to protect women from abuse and the service worked well with other agencies to do so. Midwifery staff had training on how to recognise and report abuse and they knew to apply it, although fewer had completed training in safeguarding children level 3 than the trust target. We asked for training data for medical staff and this was not provided. We were not assured medical staff had competency in safeguarding procedures.
- There was a lack of assurance the service controlled infection risk effectively. We observed that staff kept themselves, equipment and the premises clean. The cleaning checklists were not consistently completed and this had not been identified through the audit process.
- For the most part, the service had suitable premises. The main exception was the Blake birth centre in Gosport where the birthing rooms required refurbishment. The trust told us there were issues with maintenance contracts for the peripheral sites and planned to review these in 2018/19.

# Maternity

- There was inconsistent record keeping, with omissions and loose-leaf entries in the paper based records.
- There was a lack of assurance that staff were competent with the use of equipment.
- The milk fridge on the postnatal ward was not secured to prevent access by unauthorised persons.
- There was a shortage of some types of equipment within the community such as carbon monoxide testing equipment and bilirubin monitors (for a convenient assessment of the risk of jaundice).
- Theatre staff did not consistently follow the World Health Organisation (WHO) guidelines and the five steps to safer surgery.
- There was a lack of consultant medical cover on the delivery suite at weekends and the medical staffing model did not comply with the recommendations of the Royal College of Obstetricians.
- We identified some examples where medicines were not stored securely or at the correct temperatures.
- The systems for reporting and learning from incidents were not embedded and some staff said they received no feedback.

However, we also found

- Transfer arrangements were in place to transfer women and babies to the obstetric unit when necessary
- There was active recruitment to fill staff shortages.
- The service had set up governance meetings to review incidents promptly and respond to learning points.
- There was secure access to all the maternity units.

There was an established system for the maintenance and servicing of equipment.

## Is the service effective?

**Requires improvement** ● ↓

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

- Some of the service guidelines were not up to date and had not been reviewed against current best practice or national guidance.
- Although the service participated in national audits and undertook local audits, there was not a robust process to ensuring audits were completed and acted upon to improve practices.
- There was a lack of assurance that medical staff met the trust's target for completed appraisals.
- There was not a strong culture of multidisciplinary working amongst the different staff groups providing maternity care.

However

- Staff gave women enough food and drink to meet their needs.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them and had implemented service improvement programmes to meet nationally recognised recommendations.

# Maternity

- The appraisal rate amongst midwifery and support staff met the trust target for 85%
- Staff supported women to live healthier lives and helped them provide a healthy start in life for their babies.

## Is the service caring?

**Good** ● ↓

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

- From December 2016 to December 2017 the trust's maternity friends and family tests (antenatal, birth and postnatal) performance (% recommended) was better than or in line with the England average.
- Staff cared for women with compassion. Feedback from most women was that staff treated them well and with kindness.
- Staff provided emotional support to women to minimise their distress.

## Is the service responsive?

**Requires improvement** ● ↓

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

- Women could not always give birth in the place of their choosing.
- The service took account of women's individual needs of people in vulnerable circumstances. The team to support vulnerable women was under review at the time of the inspection to determine how best to provide continuity of care.

However

- Services were planned in collaboration with the maternity services of neighbouring trusts.
- Women could access maternity services when they needed it, with access to 24/7 telephone guidance and prompt responses.
- Staff provided a range of information sessions for people and signposted them to resources on their intranet and on apps.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results.

## Is the service well-led?

**Requires improvement** ● ↓

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

- There had been recent appointments to leadership roles in the service. Leadership roles and arrangements were not yet embedded, but staff felt better supported.
- The service recognised there was a need to improve the culture in some areas of the service and had initiated an external review of medical engagement.



# Maternity

- The service had recently revised its governance arrangements to reflect guidance on safer maternity care, and some of the governance committees and accountabilities were relatively new. The service recognised it needed to improve its approach to audit, reporting and improvement to support good governance.
- The trust had initiated systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. These were not fully effective, for example the risk register did not capture all risks.
- The maternity IT system did not support comprehensive recording and analysis of data.

However

- The service had good systems for training staff and was working towards providing improved arrangements for sharing learning.
- The trust engaged well with women, staff the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was in the process of developing and agreeing its vision and strategy with key stakeholders, including the wider health economy and women's representatives.
- Most staff recommended the service as a place to work, and they were supported to take their breaks.

# Services for children and young people

Good   

## Key facts and figures

The trust provides paediatric care to a population of approximately 100,000 children. The trust has 84 inpatient paediatric and Neonatal Intensive Care Unit (NICU) beds on one site (Queen Alexandra Hospital)

- Children's assessment unit (CAU) – 15 care spaces (11 beds and 4 trolleys).
- A7 (Starfish) – 24 beds.
- A8 (Shipwreck) – Nine inpatient beds and nine day surgery beds.
- Neonatal Intensive Care Unit (NICU) - Level three tertiary referral units with 31 cots of which there are 14 level 1 cots, 4 level 2 cots and 13 special care cots..

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

The trust had 5,989 spells from December 2016 to November 2017.

Emergency activity accounted for 85% of spells (5,077 spells), 14% of spells (829) were day case, and the remaining 1% (83 spells) were elective.

The neonatal unit provides a community neonatal nursing service to babies discharged from the unit and have continuing needs.

Children and young people are also cared for in other areas of the hospital for example theatres, adult outpatients, critical care and the emergency department.

We also spoke with the research team, children's safeguarding team, some nurse specialists and a dietician.

Patients, and parents or carers, can access paediatric specialist services via their GP, the Emergency Department and other healthcare professionals (HCP) e.g. midwives. There is also open access for an identified group of chronic patients who have direct access to the ward using their 'Yellow Card'.

During our inspection, we spoke with 62 members of staff including doctors, nurses, allied health professionals, play therapists, administration, domestic staff and teachers. We also spoke with the directorate leadership team and 15 children and parents. We reviewed 18 patient records and many pieces of equipment.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

At the last inspection, we rated two or more key questions for the service at good so we re-inspected all five key questions.

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

## Summary of this service

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

# Services for children and young people

- Staff were clear about their safeguarding responsibilities and if there was a concern about a child's wellbeing staff understood and followed safeguarding procedures. All staff we spoke with had completed the appropriate level of training in safeguarding, apart from the medical and dental staff who had not yet achieved above 85% training in levels two and three.
- There was openness and transparency about safety, and continual learning was encouraged. Staff were supported to report incidents, including near misses. Both units were secured both day and night.
- The service controlled infection control well.
- Staff used a paediatric early warning system for the early detection of any deterioration in a child's condition, and we observed children and young people's pain effectively assessed and treated.
- Services were provided seven days a week by medical and nursing staff. There was good multidisciplinary working evident across both units.
- Inpatient services were tailored to meet the needs of individual children and young people. Access and flow through all departments was very good and complaints were dealt with in a timely manner. Staff listened to feedback and complaints and responded to them in a timely manner.
- Staff planned and delivered care in line with evidence-based guidance, standards and best practice and met the individual needs of the child and family through the careful care planning. Staff followed care pathways on electronic, multidisciplinary patient records to support practice.
- Staff received annual appraisals and new staff were supported when completing their competency assessments, helping to maintain and further develop their skills and experience.
- Parents and children gave feedback about the care and kindness received from staff, which was positive. All children and their carers we spoke with were happy with the care and support provided by staff. We observed staff treated children, young people and their families with compassion, kindness, dignity and respect. Staff worked in partnership with children, young people and families in their care.
- Play staff ensured that children and their families were supported during their hospital stay and their interventions during procedures reduced the anxiety and worry for the children for example during blood tests.
- The children's unit had its own radiology department which provided specific 'child friendly' environments for children to wait and undergo investigations and worked closely with the play therapist team to reduce stress and anxiety during those procedures.

However:

- There was not enough nursing staff on the neonatal unit and medical staff on the children's unit with the right skill mix to provide safe care. The trust had reviewed staffing levels, and identified a shortage of medical and nursing staff. Recruitment to vacant posts was ongoing at the time of inspection. Nursing levels on the neonatal unit did not conform to the British Association of Perinatal Medicine (BAPM) standards and the medical staffing on the children's unit did not conform to the Royal College of Children's and Child Health (RCPCH).
- There was a risk children would be distressed in the maxillo facial (Max Fax) outpatient's clinics as they were treated alongside adult patients. Mandatory training rates for both medical and nursing staff were below the trust's target of 85% for nine mandatory training modules.
- The Children and Adolescent mental health service (CAMHS) did not cover weekend and evenings, therefore children requiring a review before discharge would have extended stays in hospital.

# Services for children and young people

- Adult trained nurses who had not completed child specific competencies worked with children and young people in the children's fracture clinic and ophthalmology clinic.

## Is the service safe?

**Requires improvement** ● ↓

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

- The service did not have enough nursing staff with the right qualifications, skills, training and experience. There were nursing vacancies on the neonatal unit, which did not meet British Association of Perinatal Medicine (BAPM) standards. However, there was no evidence this caused harm to any of the children, young people or their families.
- Medical staffing on the children's unit did not meet the Royal College of Children's and Child health (RCPCH) recommendations. There were not enough middle grade medical staff, which resulted in the consultants frequently undertaking aspects of the middle grade role, which had the potential to affect the consultant's ability to fulfil their own job plans.
- The service mostly followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. However, cupboards in one of the children's wards contained expired medication and monitoring of fridge temperatures which stored chemotherapy medicines was not robust.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it, however, some mandatory training rates were under the trusts 85% completion rate for both nursing and medical staff.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Assessment of risks to children, young people and families were assessed, monitored and managed appropriately.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service

## Is the service effective?

**Good** ● → ←

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

# Services for children and young people

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other 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.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- 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.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff 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 always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.

However:

- Adult nurses without children's competency training were seeing children in the children's fracture clinics and children's ophthalmology clinic.

## Is the service caring?

**Outstanding** ☆ → ←

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

- All staff cared for babies, children and young people with great compassion. Feedback from patients and their families confirmed that staff treated them very well and with exceptional kindness.
- Parents and children spoke positively about the care they received and the department sought feedback from children, young people and their parents/carers by using a range of multidisciplinary and different, age appropriate approaches in order that the service could review its performance and to improve where necessary.
- Staff involved patients and their family in decisions about the care and treatment. We observed caring and compassionate interactions between staff and CYP. Staff had a child centred ethos.
- There were very good relationships between staff and those using the services. Staff worked in partnership with parents, babies, children and young people in their care. This ensured all children and families were fully informed and involved in their care. Parents told us they and their children were treated with dignity and respect.
- Staff provided exceptional emotional support to babies, children, young people and their families to minimise their distress. Staff were committed to providing holistic, family-centred care to children and their families.

# Services for children and young people

- The transitional care service enabled young people to feel empowered about their choices of medical and nursing care.

## Is the service responsive?

Good  

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

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The trust took into consideration the diverse needs of families and a translation service was available to them. This included leaflets in a number of different languages.

However:

- There were not adequate age appropriate facilities in some areas of the trust for babies, children, young people and their families. The maxi facial outpatients department did not have a separate waiting area for children.
- There were not adequate age appropriate facilities for young people. Young people would often be nursed with babies and toddlers.

## Is the service well-led?

Good   

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

The leadership, governance and culture promoted the delivery of high quality person-centred care.

- Managers had the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the units promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- Both the NNU and children's unit were seen to actively participate in national and local research in order that long-term standards of care for children could be improved.
- Both units had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Both units collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

# Services for children and young people

- Both units engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- Although some of the children's unit had a vision, the trust did not have a vision and strategy for the children's and neonatal unit.

# End of life care

Good ● ↑

## Key facts and figures

The trust provides end of life care at one of its sites, Queen Alexandra Hospital. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services. The trust had 2,166 deaths from December 2016 to November 2017

Since the last inspection the hospital palliative care team and the end of life team have merged, formed one team called the hospital palliative care team. The team have been able to extend their reach and will see any patient for general palliative care. The team receive about 2,400 referrals a year. These include patients who were on rapid discharge and did not die in the hospital.

End of life care is provided at Queen Alexandra Hospital under the Medicine for Older People, Rehabilitation and Stroke service (MOPRS). The hospital palliative Care team provides oversight of palliative and end of life care within the hospital. It is a consultant led service, supported by a small clinical nurse specialist team. The Specialist Palliative Care Team delivers a service from Monday to Friday, 8am to 6pm. Out of hours cover is provided by a local hospice. During weekend days, there is a duty matron available for support. The 'Hospital@Night' team, are available for patient advice.

## Summary of this service

During this inspection we visited some inpatient wards including stroke, elderly care, general medicine, surgery, oncology and the medical assessment unit. We also visited the mortuary, chapel, bereavement centre and Emergency Department (ED). We observed patient care and viewed care records where staff used the Achieving Priorities of Care (APOC) care plan. We noted the care and records of patients identified as nearing the end of their life. We spoke with patients, relatives, mortuary technicians, chaplains, porters, staff in the bereavement centre, nurses, doctors, health care assistants, paramedics, discharge team members, an occupational therapist, a physiotherapy assistant and a medical devices trainer. In total we spoke with 86 staff members. We also reviewed policies and procedures and reviewed performance information about the trust.

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- 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.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- 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.



# End of life care

- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- The service mostly took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- 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 effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However,

- Not all staff had received an annual appraisal of their work, although the trust had plans to address this.
- The trust was not able to provide a seven day service. This was due to some long term sickness within the nursing team. Actions had been taken to mitigate the impact of this, freeing up nurses for clinical time on the ward. Cover arrangements had been put in place for out of hours. Patients received consistent end of life care because care was provided on the wards by staff across the trust.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service mostly controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough medical 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 followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.

# End of life care

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Most staff kept detailed records of patients' care and treatment. Records were mostly clear, up-to-date and easily available to all staff providing care. However, the Achieving Priorities of Care (APOC) did not include individualised nursing plans of care. Not all doctors accurately recorded time, date and bleep number.
- The service mostly had enough nursing 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, nursing staff shortages meant the specialist end of life care service could not be staffed at weekends. The trust was taking action to redress this.

## Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service 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.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- 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.
- Staff, within palliative care, 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.
- The service made sure staff were mostly suitably trained for their roles.

However,

- Not all staff had received an annual appraisal of their work, although the trust had plans to address this.
- The trust was not able to provide a seven day service. This was due to some long term sickness within the nursing team. Actions had been taken to mitigate the impact of this, freeing up nurses for clinical time on the ward. Cover arrangements had been put in place for out of hours. Patients received consistent end of life care because care was provided on the wards by staff across the trust.
- We found inconsistencies in the use of the mental capacity act by doctors when completing DNACPR forms.

# End of life care

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

## 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.
- The service mostly took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. 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.
- 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.
- 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 used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

# End of life care

- 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 was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

# Outpatients

Good   

## Key facts and figures

Portsmouth Hospital NHS Trust outpatient services for adults are mainly provided at Queen Alexandra Hospital. Outpatient clinics are also held at satellite sites including at St. Mary's Hospital in Portsmouth, St Richard's Hospital in Chichester, Gosport War Memorial Hospital, Fareham Community hospital, Oak Park Havant and Petersfield Hospital. Each year this trust facilitates over 870,000 outpatient appointments.

There was a separate children's main outpatient department, which is reported under the children and young people core service. Some children were seen in regular outpatient clinics for ear nose and throat (ENT) at Queen Alexandra Hospital.

The trust provides consultant and nurse-led outpatient clinics across a range of specialities. Outpatient clinics are held from Monday to Friday 08:30am to 5pm. Some ad-hoc Saturday appointments were available dependant on speciality. Patients can make appointments through the centralised outpatient booking centre between 8:30am and 5pm Monday to Friday or directly with the department for some specialities.

During this inspection we spoke with 65 staff, including managers, doctors, therapists, nurses, healthcare assistants, cleaners and volunteers. We spoke with 26 patients and relatives. We looked at patient waiting areas, clinic environments and reviewed policies and procedures.

## Summary of this service

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

- People were protected from avoidable harm and abuse.
- People had good outcomes because they received effective care and treatment.
- People were supported, treated with dignity and respect and involved in their care.
- People's needs were met through the way the service was organised and delivered.

However:

- The governance and culture did not always support the delivery of high-quality person centred care

## Is the service safe?

Good   

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

The service provided mandatory training in key skills to all staff. The trust met the completion target for 10 of the 15 courses made available to nursing staff.

- 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.

# Outpatients

- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- Systems and procedures were in place to assess, monitor and manage risks to patients.
- 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.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Medicines were stored securely and suitable emergency medicines were regularly checked, appropriately stored and available.
- 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.

However:

- The service did not always have suitable premises. Some outpatient waiting areas in the eye department and renal outpatients were not suitable for the volume of patients attending clinics.
- Records were not always stored securely in all outpatient areas.
- Daily fridge temperature checks were not always recorded and prescription stationery was not always tracked and audited to reduce the likelihood of misuse.

## Is the service effective?



Currently we do not rate effective, however we found:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff ensured patients had enough food and drink during their visit to outpatients.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff were proactive in supporting people to live healthier lives.
- 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.
- 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.

## Is the service caring?

Good ● → ←

# Outpatients

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

- Staff cared for patients with kindness, dignity, respect and compassion.
- 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.

## 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.
- The service took account of patients' individual needs. Staff were aware of how to provide additional support for patients with a learning disability or living with dementia.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However,

- Some waiting areas were cramped for the number of patients visiting the clinics.

## Is the service well-led?

**Requires improvement** ● ↓

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

- There was no overarching governance structure for outpatient services. Outpatient services were managed under clinical service centres (CSCs) specific to the clinical specialities.
- Although the trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. We found that not all risks identified by staff were on the risk register.
- The trust did not have a strategy for outpatient services.
- There was a poor culture where staff concerns were not always taken seriously and low staff morale in some outpatient areas.
- Some departments did not have regular team meetings.

However,

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- Most managers across the trust promoted a positive culture that supported and valued staff.

# Outpatients

- The trust 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 services appropriately.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.



# Diagnostic imaging

Good 

## Key facts and figures

The Portsmouth NHS Trust provides a wide range of diagnostic imaging services, principally at its Queen Alexandra Hospital site based in Cosham, Hampshire.

These services include;

- X-rays
- Computed Tomography (CT) scanning
- Magnetic Resonance Imaging (MRI)
- Ultrasound
- Nuclear medicines
- Screening/Fluoroscopy
- Interventional radiology
- Mammography
- Cardiac catheterisation laboratories (managed by Cardiology).

The trust also offered services at three other trust hospitals, these include;

- Gosport War Memorial Hospital
- Fareham Community Hospital
- Petersfield Community Hospital

Portsmouth Hospitals NHS Trust provides District General Hospital services to a local population of 675,000 across South East Hampshire, and additionally some tertiary services to a wider catchment in excess of two million people.

The Queen Alexandra Hospital site includes 1200 beds including cots, 28 theatres, two purpose built interventional radiology suites, two fluoroscopy, three MRI scanners and three CT scanners. They also have six digital x-ray rooms in the main department; two digital x-ray rooms in the radiology day case unit (a nine bedded unit for in-patients); two digital x-rays and an ultrasound room in the paediatric department; 12 ultrasound scanning rooms; three digital x-ray rooms which included a dedicated paediatric room in the emergency department; and six digital MobileDaRT machines (a mobile X-ray system) and three digital mammography rooms with a mobile screening unit. The trust also has pathology laboratories and critical care facilities.

During our inspection we spoke with 45 members of staff including the deputy medical director, radiology service leads, imaging services manager, radiographers, radiologists, sonographers, student radiographers, radiography assistants, radiation protection advisor and the head of the imaging physics group.

# Diagnostic imaging

We spoke with four patients and two relatives asking for their experiences when using the diagnostic imaging services, reviewed ten patient care records, reviewed policies and procedures as well as documents relating to the running of the diagnostic imaging services including the risk register. We also asked the trust to provide information regarding customer feedback and reviewed analysis of 'Comments, complaints and concerns' feedback slips which had been gathered within the diagnostic imaging departments.

Despite requests being made the trust did not respond by providing us with evidence of their complaints investigations therefore we could not assess the effectiveness of their complaints process.

We inspected nine different departments across four hospitals, Queen Alexandra, Fareham, Petersfield and Gosport War Memorial Hospital, assessing their design, safety and ability to meet patients' needs. During the inspection we were present throughout a number of pre, during and post imaging interactions between staff and patients.

This was an announced inspection. The trust was given four weeks' notice of our inspection to ensure key staff were available to be spoken with. During this inspection we reviewed the following five key questions;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?, and
- Is the service well led?

The service was previously inspected in July 2017 where failings were found within the X-ray department at Queen Alexandra Hospital (QAH). The inspection did not result in a rating being provided to the trust, however the failings identified were found to warrant the imposition of conditions upon the trusts conditions. These conditions and whether or not the provider was meeting these was reviewed as part of this inspection. The conditions included;

- The Registered Provider must take evidenced based appropriate steps to resolve the backlog of radiology reporting using appropriately trained members of staff. This must include a clinical review, audit and prioritisation of the current backlog of unreported images, (including those taken before January 2017); assess impact of harm to patients, and apply Duty of Candour to any patient adversely affected.
- The Registered Provider must ensure they have robust processes to ensure any images taken are reported and risk assessed in line with Trust policy.

The inspection team consisted of a lead inspector, an inspector and a specialist advisor (diagnostic radiographer).

## Summary of this service

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Staff had completed training which allowed them to undertake their role effectively. Further training opportunities were provided by the trust to allow staff to expand their skills and professional knowledge.
- Staff took appropriate action to minimise the risk of cross infection between patients.
- Staff followed professional guidance and working practices during investigation to keep patients safe.
- Risk to patient safety due to the type of investigation being undertaken were identified and managed appropriately

# Diagnostic imaging

- Patients received care from staff who treated them as individuals and ensured their physical and emotional wellbeing needs were met
- Waiting times for investigation were similar or better than the national average identifying patients received the right investigation at the right time.
- Staff felt valued and supported in their role enabling them to provide high quality care. Patient feedback confirmed this was happening.
- Innovative practice was supported and promoted by staff who took responsibility to explore options to increase the quality of patient care

However

- The trust did not consistently meet the national and trust target of 48% of patients entering the emergency department with a suspected stroke receiving a CT scan within an hour of arrival.
- The Queen Alexandra Hospital environment did not fully support patients to move around the hospital independently. Environmental design did not always support those with a sensory loss such as vision impairments to negotiate the hospital whilst transferring between departments.
- Steps taken by staff to ensure a patient's individual needs could be met appropriately were not always followed consistently. Information about particular additional needs or patient support was not always passed between teams to ensure these needs could be met prior to investigation.
- The investigation of complaints did not take place in a timely way leading to delays in responding to the complainant. The service did not complete investigation of, respond to, and close complaints within agreed timescales

## Is the service safe?

**Good** ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The service provided mandatory training in key skills to all staff. Completion rates of most training subjects exceeded the trust target of 85% compliance with most areas reaching 100%. Where completion rates did not meet trust targets, staff were aware, and could describe the actions they would take when facing a situation which matched these training areas.
- Most staff members had completed safeguarding training on how to recognise and report abuse to the required level. This included training to safeguarding children level two, with a senior staff receiving additional safeguarding children level three training to act as points of reference for staff.
- The service controlled infection risks well. Staff kept themselves, equipment and the premises clean. Control measures to prevent the spread of infection were available and practiced by staff, patients and visitors. Patients and relatives visiting the departments were routinely asked to sanitise their hands.
- The service had suitable premises and equipment available to meet patient's needs safely. A rolling programme of maintenance and a financial replacement programme was in place to ensure the ongoing availability of equipment for use.
- We observed clear signage of radiation hazard for control areas throughout the departments.

# Diagnostic imaging

- The service had had a full set of Ionising Radiation (Medical Exposure) Regulations 2000 procedures and standard operating procedures available to staff, evidence showed these were being followed to maintain patient safety.
- The trust ensured there were enough radiographers and radiology department assistants with the right qualifications, skills, training and experience to keep people safe and to provide the right care. Regular agency staff were used to ensure consistency and knowledge of the trust's working practices. A dedicated radiation protection advisor was available supported by sufficient radiation protection supervision skills.
- The service safely managed patient's individual risks when using the service. Staff followed individualised and detailed risk assessment information to keep patients safe.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Robust processes were in place to ensure medicines used were ordered, delivered, stored and disposed in a safe way. Systems were in place to ensure the right patients received the right medication at the right time by the right route.
- 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.

However;

- Six out of 56 members staff had not completed training in safeguarding children level two however, staff we spoke with could describe the appropriate actions to take if they suspected abuse of any kind.
- The trust had not ensured all staff had completed four core training subjects, including adult basic life support, medicines management training, fire safety and conflict resolution to reach their compliance target of 85%.
- Resuscitation equipment was not immediately available for children whilst in the paediatric ultrasound and x-ray area to manage any rapid health decline.
- The trust did not always ensure staff were aware when a patient receiving treatment had a Do not Attempt Cardio Pulmonary Resuscitation order in place. This meant a seriously deteriorating patient may receive care they do not wish or may impact on the quality of their life.

## Is the service effective?

**Good** ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- During this inspection care and treatment was delivered in line with legislation, standards and evidence based guidance. Managers checked to make sure staff followed guidance provided to support them in their role.
- People had sufficient fluid available to them pre, during and post treatment to ensure their hydration needs were met.
- Pain relief, if required was available for patients although not routinely required.

# Diagnostic imaging

- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers monitored competence through appraisals, sharing learning and providing support for development. Trust data showed appraisal rates were above/below the trust target for all staff groups working within diagnostic imaging services.
- Staff felt part of the trust and worked together as a team to benefit patients.
- The trust ensured patients had access to services at times which suited their needs and offered seven days a week emergency access to service.
- Patients were supported with access to literature and advice to support health and wellbeing needs.
- 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;

- The trust did not consistently meet the national and trust target of 48% of patients entering the emergency department with a suspected stroke receiving a CT scan within an hour of arrival.
- Despite a request being made the trust did not provide evidence all registered radiographers had an in date health care professional registration and where therefore fit to practice.
- Staff working within diagnostic imaging often felt they were seen as an independent unit and were not always asked to participate in multidisciplinary meetings.
- Nursing staff had not meet any of the three core training subjects for DoLs, Mental Capacity Act Levels one and two. The trust target was 85% however nursing staff only achieved a 70% completion rate.

## Is the service caring?

**Good** ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Staff cared for patients with compassion. Observations and feedback from patients confirmed staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Staff showed awareness of the emotional impact a patient's care, treatment or condition would have on their well-being.
- Staff involved patients and those close to them in decisions about their care and treatment.

However;

- Information regarding the use of chaperones was not clearly displayed to patients advising them of their right to be accompanied during their investigation.

# Diagnostic imaging

## Is the service responsive?

**Good** ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The trust planned and provided services in a way which met the needs of local people. The department offered a variety of services over four hospital sites which enabled patients to access investigations at their chosen hospital where possible.
- There was a facility within the computerised radiology information system (CRIS) to flag specific need of patients such as those with a visual impairment or learning disability. This helped staff ensure they had the capacity to support such patients more fully.
- Staff had access to a number of resources in order to aide communication with patients who required additional support such as those with learning disabilities or patients who could not communicate in English.
- People could access the service when they needed it. Waiting times from referral to treatment and reporting on investigations were, on average, better than the England average.

However;

- The Queen Alexandra Hospital environment did not fully support patients to move around the hospital independently. Environmental design did not always support those with a sensory loss such as vision impairments to negotiate the hospital whilst transferring between departments.
- Steps taken by staff to ensure a patient's individual needs could be met appropriately were not always followed consistently. Information about particular additional needs or patient support was not always passed between teams to ensure these needs could be met prior to investigation.
- The investigation of complaints did not take place in a timely way leading to delays in responding to the complainant. The service did not complete investigation of, respond to, and close complaints within agreed timescales

## Is the service well-led?

**Good** ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. 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. Staff felt supported and valued in their role by their managers and had access to their executive board.
- There were various methods of communication across the teams, including whiteboards and daily staff handovers. Staff said they were involved in developing the services visions and values. Staff said the trust's vision was focusing on the quality of care and treating patients with respect and dignity.
- Staff told us they were happy with their work and enjoyed working for the trust. All the staff we spoke with said positive patient experiences drove their enthusiasm for their role. Staff felt listened to and said they worked well as a team. There was a positive culture for delivering high-quality care.

# Diagnostic imaging

- The service used a systematic approach to continually improving the quality of its services whilst maintaining standards of care. A governance structure was in place which was effective and promoted staff confidence.
- The trust took action to proactively identify risks to the service which could impact on the quality for the care required. All staff took responsibility to ensure risks were minimised wherever possible without compromising care quality
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged with patients seeking feedback to improve the quality of the services provided. Staff told us the trust sought their feedback involving them in the direction of the service and the completion of staff surveys.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training and innovation.

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 were not being met. The provider must send CQC a report that says what action they are 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

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

#### Regulation



This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

### Regulated activity

### Regulation

Treatment of disease, disorder or injury

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

### Regulated activity

### Regulation

Treatment of disease, disorder or injury

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

## Enforcement actions

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

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

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

# Our inspection team

The inspection team was led by Mary Cridge, Head of hospital inspections and Caroline Bishop , Inspection manager. The team overall consisted of two inspection managers, 16 inspectors, a range of specialist advisors and two experts by experience..

The well led inspection was supported by two executive reviewers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.