

# Royal Surrey County Hospital NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Outstanding 

Are services well-led?

Good 

Are resources used productively?

Good 

### Combined quality and resource rating

# Summary of findings

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.

## Background to the trust

Royal Surrey County Hospital NHS Foundation Trust is a single-site hospital, based in Guildford, which serves a population of more than 330,000 across south west Surrey for general hospital services and some areas of specialist complex care; state of the art diagnostic and treatment services are offered to a population of between 2-3 million.

The majority of the trust's general hospital services are commissioned by Guildford and Waverley CCG who also act as the main lead for the trust on behalf of all other CCGs. NHS England are the main commissioner of the trust's specialist cancer activity.

The local population is mainly white British, and 84.5% of in-patient admissions are from this ethnic group. Regarded as an wealthy area, census data shows increases in the number of children under the age of five, 17-25 year olds and adults over 65. The population of adults over the age of 85 has increased by 25% in the last decade. The average household size has also increased, reversing a long established trend.

The trust was last inspected by the CQC in December 2013 and was a pilot for the comprehensive inspection methodology being introduced across all NHS trusts. At the time, the hospital achieved a rating of good overall, with some services judged as outstanding.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Good** ● → ←

## What this trust does

The trust has a total of 545 in-patient beds including 62 maternity beds and 30 critical care beds provided on a total of 16 wards. There are also 31 day-case beds. The trust has 16 operating theatres including two within the day surgery unit and one obstetric theatre. In the financial year 2016-2017 there were 17,702 operations performed in theatres at the trust. The trust provides the following services at this location:

- Urgent and emergency services
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity
- Gynaecology
- Services for children and young people
- End of life care
- Diagnostics
- Outpatients

# Summary of findings

Outpatient activity includes specialist, general and oncology clinics and the Royal Surrey County Hospital runs outpatient services at community hospitals in Cranleigh, Haslemere and Cobham with outreach clinics in a number of local GP surgeries. The trust also provides specialist support services to HMP Cordingly and HMP Send.

There are about 663 outpatient clinics held per week, and from July 2016 to June 2017, there were 469,565 outpatient attendances. Diagnostic imaging resources include two MRI and three CT scanners. In the financial year, 2016/2017 there were 114,683 x-ray examinations undertaken.

The trust is also a specialist tertiary centre for cancer, oral and maxillofacial surgery. The cancer network serves a population of two million people in the south east of England. As the regional cancer network hub, the trust operates outreach radiotherapy services at the hospital and another local trust. Oncology facilities include an interventional radiology suite and five linear accelerators (LINACs) at Guildford and two LINACs at Redhill. Chemotherapy services are provided at Ashford and St Peter's Hospital and another local trust.

The trust has 3,287 staff, supported by 500 hospital volunteers, making it the largest employer in Guildford. This includes 534 medical staff and 928 nurses. A council of 32 governors represent over 8,000 public members of the trust.

The trust was placed in breach of its licence in June 2016 as a consequence of failing to meet constitutional targets and reporting a financial deficit of £10.5 million for 2015/16. The trust exited licence breach in October 2017 having regained control of its finances following a period of turn-around.

In January 2018, the trust forecast an annual turnover of £345 million. In January 2018, the trust was reporting an in-month deficit of £110,000 which was better than planned, and a year to date surplus of £1.84m. The trust was reporting a likely control total basis deficit forecast to NHSI of £2.17 million for the end of the financial year, £3.16 million better than its control total.

## 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.

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 trust level. Our findings are in the section headed 'Is this organisation well-led?'. We inspected the well-led key question on 21 and 22 February 2018.

Prior to this, we gathered information and data from the trust, NHSI and stakeholders (community organisations with an interest in the healthcare provided by the trust). We then conducted two days of staff focus groups on 8 and 9 January. Over 11% of the workforce from all levels and specialities within the trust attended and actively contributed. We then conducted unannounced inspections of four core services on 24 and 25 January 2018.

# Summary of findings

At the last inspection in 2013, one of these core services was rated as requires improvement. However, three domains (key question areas) were rated as outstanding from among the other core services we reviewed.

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

## What we found

### Overall trust

We found there had been a number of improvements throughout the trust, which had accelerated in the past year. Performance was good. During our unannounced visit in January, we observed the trust benefiting from extensive preparations made for 'winter pressures' and they were responding well to the seasonal demand on services.

Overall, our rating for the trust stayed the same:

- The trust was rated as good for safe, effective, caring, and responsive. Outpatients improved from requires improvement to good and maternity was rated as outstanding.
- We did not inspect urgent and emergency care, surgery, services for children and young children or end of life care.

We are monitoring the progress of improvements to these services and will re-inspect them as required.

### Are services safe?

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

- We found overall trust services had adequate numbers of staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse, and to provide the right care and treatment. However, not all staff were trained to the appropriate level of safeguarding children.
- Areas we visited were visibly clean; staff demonstrated good infection control practices and procedures. Management of medicines was in line with best practice guidance and legislation.

### Are services effective?

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

- We saw staff treated patients with compassion, dignity and respect. Staff involved patients and their carers in decisions about their care and treatment. Staff considered all aspects of a patient's wellbeing, including the emotional, psychological and social aspects.
- The response rates to friends and family surveys were generally above the national average. Patients told us the care they received respected their wishes.
- The feedback we received from patients and their loved ones showed they were satisfied with the services provided.

### Are services caring?

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

- We saw staff treated patients with compassion, dignity and respect. Staff involved patients and their carers in decisions about their care and treatment. Staff considered all aspects of a patient's wellbeing, including the emotional, psychological and social aspects.
- The response rates to friends and family surveys were generally above the national average. Patients told us the care they received respected their wishes.

# Summary of findings

- The feedback we received from patients and their loved ones showed they were satisfied with the services provided.

## Are services responsive?

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

- The trust worked with commissioners and other external bodies to make sure it planned and delivered services according to the needs of local people.
- Access and flow had improved in the emergency department, which increased patient movement through the hospital.
- Staff throughout the organisation worked to ensure individual needs were met. Patients and carers with additional needs were supported.
- The trust treated concerns and complaints seriously and investigated them. Where there were learned lessons or changed practices as a result, these were shared with all staff.

## Are services well-led?

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

- The trust had a clear vision and strategy that all staff understood and they put this into practice by displaying and working in line with the trust's values.
- The trust had arrangements for continually improving the quality of care and promoting high standards. Managers monitored performance and used the results to help improve care. All staff identified risks to good care and the service took action to eliminate or minimise risks.
- The trust involved staff, patients and the public in decisions on how services were run and improved.

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in medical care and oncology, maternity and outpatients.

For more information, see the outstanding practice section in this report.

## Areas for improvement

We found six 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 a service quality.

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

## Outstanding practice

- We found the overall standard of the built environment to be high, which included the dementia-friendly decoration and signage.

# Summary of findings

- In medicine and oncology, we saw commendable examples of innovative practice in respiratory care, oncology and care for people living with dementia.
- The maternity department had recently implemented a 'bobble hat care bundle'. The initiative involved every newborn being given a colour coded woolly hat to wear straight after birth, which not only kept them warm, but also assisted midwives in making sure new mothers and babies received the correct level of support. This had recently been nominated for a national award and had been adopted by two local trusts. In the last financial year, all of the 2,973 babies welcomed at Royal Surrey received a knitted hat and this cut the number of admissions to the special care baby unit by 16%.
- The maternity department had a dedicated home birth team. The homebirth team would stay with women throughout the birth even if she was transferred into the hospital setting. We saw a strong collaborative workforce which allowed community and hospital midwives to work effectively both in hospital and in the community.
- The maternity department had pushed forward with plans to provide a range of antenatal and postnatal classes for women. They provided these within the community or hospital setting. Some classes were free, such as 'preparing for pregnancy' and 'antenatal workshop', while other classes required payment (hypnobirthing and 'royal relaxation'). There were concessions available.
- In maternity, following on from requests directly from patients, the theatre department had implemented a new 'gentle' caesarean section. In a gentle caesarean section, the drapes which normally screen the operation from the mother are lowered so she and her partner could see the baby being born. The baby was also given time to 'wiggle out' of the womb, rather than being instantly lifted out by the obstetrician. The department were auditing the births to see if there was any improvement in breastfeeding uptake, bonding and skin to skin contact being achieved. As they had only introduced these late in 2017, there were no audit results at the time of inspection.
- The maternity department had been working with an NHS ambulance trust and placed midwives in the call centres to help direct women requiring assistance with maternity related issues. The aim was to reduce the workload within the maternity department. We saw evidence of this service commencing in April 2017.
- The 'bitesize' quality performance poster was developed for staff as senior management recognised that staff did not want to read large reports, but felt that it was important for staff to be aware of the data and plans for the outpatients department.
- The physiotherapy team had a national programme called 'enabling self – management and coping with arthritic pain using exercise' (ESCAPE). This worked in line with the National Institute for Health and Care Excellence guidance 2014 Osteoarthritis: Care and Management to manage exercise and coping strategies to help patients avoid surgery. The physiotherapists had changed their department opening and closing times to offer earlier and later appointments to accommodate treating patients out of usual working hours. The quality improvement approach, 'achieving excellence', implemented within the trust was notable and had been used throughout the trust to improve the focus on the quality and efficiency of delivering care across the trust.

## Areas for improvement

- The trust should continue to monitor the storage and management of medicines in the maternity department until adequate pharmacy support is embedded.
- The trust should ensure guidance and policies within the maternity department are clear and up-to-date.
- The trust should work to reduce phlebotomy drop-in clinic wait times.

# Summary of findings

- The trust should ensure that patient confidentiality is not breached by allowing staff to consult or treat where others cannot overhear private consultations in the outpatient department.
- The outpatient department should ensure medicines are always kept securely and ensure treatment rooms with medicines are locked.
- The audiology department should have a handwashing sink in treatment room one.

## 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 trust board had been through a period of considerable change since the last inspection, which had not adversely affected patient care or impacted on the sustained improvement.

The chief executive was held in high esteem by staff at the trust. They were seen as being highly visible around the hospital and a number of initiatives were described where the chief executive facilitated contact and communication with all grades of staff. Other board members were also described as being visible and approachable. Although there had been relatively recent appointments to the board, there was strength in the relationships between members of the board and clear succession planning in place. There was an awareness of the need for a structured and forward thinking board development programme.

We found an open and honest culture throughout the organisation. Staff told us they felt able to raise concerns among their peers and with leaders and they felt heard when they did so. Leaders and staff understood the importance of staff being able to raise concerns. Staff described peers, managers and senior leaders as being supportive and described a happy workplace with a “family feel”.

The trust had carried out a staff listening exercise across the organisation during spring 2017 with the purpose of re-shaping its vision and values following an external review of governance processes. It had developed a clear statement of its vision and values and had engaged staff throughout the process.

The trust had successfully implemented their business continuity plan and supported staff through a challenging time at the end of 2017, following the collapse of the patient administration system. This had enormous operational, clinical and administrative impact on the organisation. However, the quality, performance and experience of care was not impacted adversely.

The trust leadership had overcome some significant challenges in the 18 months prior to our inspection. The trust was placed in breach of their licence by NHS Improvement in July 2016 because of a financial deficit; performance (accident and emergency four hour wait and two week and 62 day cancer targets); and their governance in respect of financial and operational management and board governance and leadership. They exited licence breach in October 2017.

During this time, there was a shift in approach by the new board (fully in place by May 2017) to an organisation with a clear vision, strategy and values, with patient care at the centre, embedded at the time of our inspection. This was evident throughout the trust.

They had continued to improve their financial position since then. The senior leadership team understood the need for a strong framework to balance finance, performance and quality.



# Summary of findings

The trust had made improvements in the core services we inspected since the last inspection, despite experiencing a programme of financial turnaround. The trust board had been through a period of significant change since the last inspection, which had not adversely affected patient care or sustained improvement.

There were systems, processes and accountability to provide good quality care throughout the trust. There were systems and processes in place to assess, prevent, deter, manage and mitigate risk throughout the organisation. However, the governance and assurance system required strengthening to ensure that it was clear assurance was provided to board. The absence of a substantive trust/company secretary had an impact on this, although the trust had engaged some interim support to ensure statutory requirements were in place and assess the improvements required moving forward. There were plans for the secretariat and associated roles being drawn up at the time of our inspection.

The trust monitored quality and performance information to report to board. The trust used information from a variety of data sources to gain assurance and measure improvement in the quality of its services. The performance executive committee was responsible for developing the trust performance management framework. However, information within minutes and papers to board and sub-board committees was not always clearly presented in order for the board to gain assurance through the governance committee structures, from board to ward,. Executive and non-executive directors were able to articulate that they had obtained assurance either in or out of board meetings. Again, the appointment of a secretariat would assist in approving this service.

The trust made sure they included and communicated effectively with patients, staff, and the public and local organisations. It supported staff to get involved with projects affecting the future of the trust.



## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↔ May 2018	Good ↔ Apr 2018	Good ↔ Apr 2018	Outstanding ↑ Apr 2018	Good ↔ Apr 2018	Good ↔ Apr 2018

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

## Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care and oncology (including older people's care)	Good ↑ Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018
Maternity	Good →← Apr 2018	Good →← Apr 2018	Good ↓ Apr 2018	Outstanding ↑ Apr 2018	Outstanding →← Apr 2018	Outstanding ↑ Apr 2018
Gynaecology	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018	Good Apr 2018
Outpatients	Good →← Apr 2018	N/A	Good ↑ Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018	Good ↑ Apr 2018
Urgent and emergency services (A&E)	Good Dec 2013	N/A	Good Dec 2013	Good Dec 2013	Good Dec 2013	Good Dec 2013
Surgery	Good Dec 2013	Good Dec 2013	Good Dec 2013	Good Dec 2013	Good Dec 2013	Good Dec 2013
Services for Children & young people	Good Dec 2013	Good Dec 2013	Good Dec 2013	Outstanding Dec 2013	Good Dec 2013	Good Dec 2013
End of life care	Good Dec 2013	Good Dec 2013	Good Dec 2013	Good Dec 2013	Good Dec 2013	Good Dec 2013
<b>Overall trust</b>	Good →← Apr 2018	Good →← Apr 2018	Good →← Apr 2018	Outstanding ↑ Apr 2018	Good →← Apr 2018	Good →← Apr 2018

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

# Royal Surrey County Hospital

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## Key facts and figures

The Royal Surrey County Hospital (RSCH) NHS Foundation Trust operates a single-site hospital located in Guildford. The trust provides a full range of general hospital services and some areas of specialist complex care to 323,500 people living in Surrey. It is a specialist tertiary centre for cancer, oral and maxillofacial surgery. The cancer network serves a population of two million people in the South East of England.

The trust has 3,287 staff, making it the largest employer in Guildford. Some 500 hospital volunteers support the work of the hospital and a council of 32 Governors represent over 8,000 public members of the trust. During 2016 the trust appointed a new chief executive who changed the management structure from two portfolios into the following five divisions, each led by management and clinician partnerships:

- Medicine and Access
- Women and Children
- Surgery
- Oncology
- Diagnostics and Clinical Support Services

### Activity (July 2016 to June 2017)

- 72,129 inpatient admissions
- 469,565 outpatient attendances
- 70,448 A&E attendances
- 2,856 live births
- 780 deaths

### Financial position

- Annual turnover £345,420,000
- Projected deficit at month 9, £2,170,000
- Exited Licence Breach in October 2017

# Summary of findings

## Summary of services at Royal Surrey County Hospital

Good   

The trust has 432 inpatient beds, 62 maternity beds, 14 intensive care unit beds and 6 coronary care unit beds. It also has 23 trollies within the day surgery Unit and eight in the medical day unit. It has 16 operating theatres including two within a day surgery unit and one obstetric theatre. Diagnostic imaging resources include two MRI and three CT scanners.

Outpatient activity encompasses specialist, general and oncology clinics and the hospital runs outpatient services at Cranleigh, Haslemere and Cobham hospitals with outreach clinics in a number of local GP surgeries. The trust also provides specialist support services to HMP Cordingly and HMP Send.

As the regional cancer network hub, it operates an outreach radiotherapy service from the hospital as well as another local trust. Oncology facilities include five linear accelerators (LINACs) at Guildford and two LINACs at Redhill. Chemotherapy services are provided in partnership with local trusts.

Co-located services operated by other providers are:

- Out of hours GP service
- Dermatology outpatients
- Discharge hub
- MRI scanner
- New-born hearing screening

# Medical care (including older people's care)

Good   

## Key facts and figures

The medicine and access division is responsible for nine wards or units in the hospital. It controls 188 out of 437 general and acute beds located on the site. The division provides a general medical on call service through the emergency assessment unit and specialist care, which includes respiratory, gastroenterology, hepatology, diabetes and endocrinology, cardiology, rheumatology, ageing health, stroke medicine, neurology and palliative and end of life care.

The oncology division manages a ward of 31 beds in the main hospital as well as an adjacent chemotherapy day unit with 52 chairs. The division provides oncology services to patients from five hospitals in the region as part of the trust's cancer services based at the adjoining St Luke's Cancer Centre. Services include inpatient and outpatient care at the Royal Surrey County Hospital for clinical and medical oncology, clinical haematology, chemotherapy, radiotherapy, nuclear medicine and medical physics services.

Oncology also provides trust-wide specialist diagnostic services which include nuclear medicine imaging, non-oncological haematology as well as commercial services to other NHS trusts and private providers for radiopharmacy and medical physics services. This includes national contracts for radiation protection.

The trust had 24,117 medical and medical oncology admissions from July 2016 to June 2017. Emergency admissions accounted for 11,309 (47%), 2,967 (12%) were elective, and the remaining 9,841 (41%) were day case admissions.

Admissions for the top three medical specialties were:

- Gastroenterology – 6,301
- Geriatric medicine – 3,109
- Medical Oncology – 2,749

## Summary of this service

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

- Since our last inspection in 2013, quality initiatives such as the 'achieving excellence' program had matured and we saw ample evidence of improvements made. This resulted in us improving the rating for safe in medical care and oncology.
- The service had also benefited from changes in the divisional structure and a new model of shared leadership between medical, nursing and operational managers called 'triumvirates'. These changes had been implemented in May 2017 by the new trust leadership and staff we spoke to agreed that more improvements had been achieved in the last year.
- We found a culture of openness and transparency about safety. Staff could raise concerns and report incidents, which were regularly reviewed to aid learning. Lessons learned were effectively shared and we saw changes implemented within the wards as the result of investigations.
- There were sufficient numbers of staff with the right qualifications, training and experience to meet the needs of patients. Staffing was reviewed regularly to ensure the correct skill mix and numbers of staff on the wards and throughout the department.

# Medical care (including older people's care)

- Staff followed trust policies and best practice with regards to the department's environment and equipment. Premises and facilities were visibly clean and suitable. Infection control and equipment management were regularly monitored.
- The service undertook audits to ensure they regularly reviewed the effectiveness of care and treatment of patients. These showed that the care delivered was meeting national standards.
- Patients received co-ordinated care from a range of different staff, teams and services. Staff worked collaboratively to meet patients' individual needs, including their mental health and emotional wellbeing. Patients and relatives we spoke with gave positive feedback about the care they received on the unit.

## Is the service safe?

Good  

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

- The service had effective systems, processes and practices to keep people safe and protected from abuse or avoidable harm. Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The trust had systems and processes in place to help staff identify and report concerns to protect their patients.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. The overall training completion rates had been recently improved and matched trust targets. Clinical and therapeutic staff had additional role-specific mandatory training which included more advanced safeguarding, responding to deteriorating patients, record keeping and detailed infection prevention and control training. We also found that staff received training to help make them aware of the potential needs of people with mental health conditions, learning disabilities and dementia.
- Staff we spoke with told us they received sufficient training to ensure they had the skills to do their jobs. Staff generally reported having adequate time allowed to complete training and attend trust courses. This was called 'protected time'. Senior staff grades reported having less protected time compared to their junior colleagues. We heard good examples of occasions when colleagues and managers worked to ensure their team could attend training despite changes in staffing levels and increased demand. This included the use of closed social media groups that facilitated informal requests among staff and managers for work cover and other support.
- All of the areas we inspected were visibly clean and tidy. The service controlled risk of infection well. Staff kept themselves, equipment and the premises clean and used effective control measures to prevent the spread of infection.
- The service maintained suitable premises and sufficient equipment to support safe care and treatment.
- The service had enough numbers of clinical and therapy staff with the right qualifications, skills, training and experience to provide the right care and treatment. Nursing staff turnover and vacancy rates were close to trust averages and where bank or agency staff were used, the trust had sufficient controls in place to manage risk. Junior and intermediate medical staff turnover and vacancy rates were better than trust averages.
- There was an open and transparent culture of incident reporting and investigation. Incidents were recorded on electronic systems that incorporated fail-safes about aspects such as duty of candour. We found a positive focus on safety and the service was transparent about the levels of harm free care achieved.

However,

# Medical care (including older people's care)

- The proportion of consultant staff working in the medical division was lower than the England average. The trust acknowledged this and continued to work towards recruiting senior medical grades.

## Is the service effective?

Good   

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

- We found a service that provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance. They compared local results with those of other services to learn from them. New and updated guidance was evaluated and effectively shared with staff.
- Patients had a higher than expected risk of readmission for elective admissions but a lower than expected risk of readmission for non-elective admissions when compared to the England average.
- Other outcome measures were in line with national averages. The trust took part in the quarterly sentinel stroke national audit programme (SSNAP). Over that last two quarters the hospital achieved grade B, which had improved from grade D.
- The trust had recruitment policies and procedures together with job descriptions to help ensure staff were properly experienced, qualified, competent and suitable for their post. All new permanent and temporary employees undertook trust and local induction with additional support and training when required.
- The divisions had improved appraisal rates and matched trust targets.
- At meetings, we observed positive and proactive engagement between all members of the multidisciplinary team. Staff at all levels and from all disciplines worked together as a team for the benefit of their patients. Staff also worked closely with teams outside the hospital when preparing to discharge patients.
- Staff made sure that patients had enough to eat and drink when they needed it. They supported vulnerable patients who had additional needs or could not eat or drink themselves.

## Is the service caring?

Good   

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

- Staff cared for patients with respect and compassion. Feedback from patients confirmed staff treated them well and supported their personal needs as and when required.
- Staff provided emotional support to patients to minimise their distress. Staff supported and encouraged links to external resources to help patients, families and carers cope with their emotional needs.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff took into consideration peoples' opinions and beliefs.
- The service provided emotional support to patients, information about support groups, and supported spiritual needs through a multi faith chaplaincy.



# Medical care (including older people's care)

## Is the service responsive?

Good ● → ←

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

- The service took account of patients' individual needs. The trust employed specialist nurses to support the ward staff and utilised 'ward champions' who acted as additional resources to promote best practice.
- Managers planned and provided services in a way that met the needs of local people. They were flexible and made changes to improve services and support patients more effectively.
- The service treated concerns and complaints seriously, investigated them comprehensively and learned lessons from the results, which were effectively shared with all staff.
- The last patient-led assessment of the care environment (PLACE) survey showed the trust scored 92.8% for dementia care, which was significantly better than the England average of 76% and 94.6% for care of people with disabilities against an average of 82%.
- The average length of stay for medical elective patients at Royal Surrey County Hospital was 1.4 days, which is lower than England average of 4.2 days. Referral to treatment time (RTT) for admitted pathways was worse than the England average for medicine, although the latter part of the year showed 94% of this group of patients were treated within 18 weeks compared to the England average of 89%.

## Is the service well-led?

Good ● → ←

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

- The service had a clear vision and strategy that all staff we spoke with understood well.
- The trust had managers in place with the right skills and abilities to run a service providing high-quality care. We saw excellent examples of strong local ward and divisional leadership. Divisions benefitted from the triumvirate model of senior management and when we visited were in the process of cascading this to unit level.
- Managers monitored performance effectively and used the results to help improve care. All staff identified risks to good care and the service took action to eliminate or minimise risks.
- Staff told us they felt well supported, valued and that their opinions counted. At a local level, the staff we spoke with understood what the vision, values and strategy for the divisions were and how their work contributed to achieving the vision.
- There was a trust wide risk register for the directorate which encompassed risks, as well as a local level risk hazard log to document site level risks.

## Outstanding practice

- We found the overall standard of the built environment to be high, which included the dementia-friendly decoration and signage.

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

- In medicine and oncology, we saw several examples of innovative practice in respiratory care, oncology and care for people living with dementia.

# Maternity

Outstanding  

## Key facts and figures

The trust's maternity service offered both consultant and midwifery led care. From July 2016 to June 2017 there were 2,856 deliveries at the trust. The trust provided a range of services, which included; pre-conception, antenatal, intrapartum and post-natal care.

There were ten consultants who specialised in specific patient pathways aligned with the national maternity agenda, including foetal medicine and management of high risk maternal conditions such as obesity, diabetes and perinatal mental health. The population included a number of young teenage mothers who received one to one care from the specialist teenage pregnancy team.

The maternity service was an early adopter site for Better Births and this involved testing new models of working to support the transformation of maternity services. There were four key projects; to improve both continuity of midwifery care and access to services. This included the introduction of community hubs, to support a 24 hour advice and labour line working in partnership with the local NHS ambulance trust, to introduce a complete electronic patient record and to replicate home birth service at the Royal Surrey County Hospital to increase the number of home births within Surrey Heartland's footprint.

The maternity unit was a silver accredited global award UNICEF baby friendly site. The transitional care unit was co-located on the postnatal ward and this model supported the number of mothers who could stay with their babies despite them having additional care needs.

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We carried out our inspection on 24 and 25 January 2018 and reviewed all areas where maternity patients received care and treatment. These included the antenatal ward (including the planned assessment unit and day assessment unit/triage area), post-natal ward, labour ward, early pregnancy unit, antenatal clinic, midwife led unit, obstetric theatres and recovery. We spoke with 28 staff from across the department including the head of midwifery, matrons, consultants, a registrar, midwives including specialist midwives, housekeepers, maternity support workers, the governance lead, the 'Jasmine Team' and community midwives. We also spoke with eight patients and relatives and reviewed 13 sets of maternity records. Before, during and after our inspection we reviewed the hospitals performance and quality information. This information included meetings minutes, policies and performance data.

## Summary of this service

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

- Staff recognised and responded quickly to changes in the risks to people who use the maternity services, including community care. Risks to people who used the services were assessed, monitored and managed on a day to day basis. These included signs of deteriorating health, medical emergencies and behaviour that challenges.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Openness and transparency about safety was encouraged. Staff felt able to raise concerns and report incidents, which were regularly reviewed to aid learning. We saw learning from incidents was widely shared and saw changes within the department as a result of incidents.

# Maternity

- There were sufficient numbers of staff with the right qualifications, training and experience to meet the needs of patients. Staffing was reviewed regularly to ensure the correct skill mix and numbers of staff on the wards and throughout the department.
- Staff adhered to trust policies and best practice with regards to the department's environment and equipment. Premises and facilities were visibly clean and suitable. Infection control and equipment management were regularly monitored.
- The service undertook a series of audits to ensure they regularly reviewed the effectiveness of care and treatment of patients. These showed that the care delivered was meeting national standards.
- Patients received co-ordinated care from a range of different staff, teams and services. Staff worked collaboratively to meet patients' individual needs, including their mental health and emotional wellbeing.
- Staff responded compassionately when people needed help and supported them to make informed choices about the care they received. Women were supported to breastfeed.
- Women had access to a range of pain relief methods including birthing pools. Epidurals were available 24 hours, seven days a week.
- We saw several innovative approaches to providing integrated person centred pathways of care that involved other service providers. We found an energetic and ambitious workforce that took accountability and ownership for changes within the department.
- Care and treatment was co-ordinated with other services and staff were responsive to patients' requests, with reasonable adjustments being made where possible to remove barriers, for example patients with physical disabilities having the option of a water birth.
- The leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care.
- Leaders at all levels demonstrated high levels of experience, capability and had the capacity to deliver sustainable care with compassion. Leaders understood the challenges to achieve quality and sustainability, and demonstrated they could identify the actions needed to address them.
- Staff and managers demonstrated commitment to best practice performance and risk management. Risk and performance was reviewed and managed through a series of local and trust wide meetings.

## 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 and made efforts to ensure everyone completed it. Staff also undertook specific sepsis training and undertook Practical Obstetric Multi-Professional Training (PROMPT) which covered the management of a range of obstetric emergency situations.
- 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 risk of infection well and had suitable premises and equipment which were well maintained in accordance with the trust's Medical Devices and Systems Policy.

# Maternity

- Openness and transparency about safety was encouraged. Staff felt able to raise concerns and report incidents, which were regularly reviewed to aid learning.
- We saw comprehensive risk assessments carried out for women who use services and risk management plans were developed in line with national guidance. Risk assessments contained information on women's social and medical assessments and referrals, as well as assessment of maternal mental health and staff used the nationally recognised Modified Early Warning Score (MEWS), this continually monitored risk while women were in the department.
- Staffing within the maternity unit derives from an assessment by and recommendations from the nationally recognised tool Birth-rate Plus, and reflected a delivery rate of 3082 babies. Overall the service had enough staff with the right qualifications, skills, training and experience to keep people safe. As of December 2017 the trust had a ratio of one midwife to every 29 women. A recent review indicated funding should be increased to one midwife to every 27 women in the future.
- The trust provided 60 hours of obstetric consultant presence on the Labour Ward which exceeded the standard proposed by Safer Childbirth (2007).

However;

- Although the department reported that one to one care in labour was sometimes not achieved, they had an escalation policy in place which meant women always received one to one care. As a result of the reported figures, the head of midwifery told us the department had recently undertaken a staffing review and moving forward were aiming to be funded for more midwives to ensure women were always receiving one to one care.
- We saw medicines management at the time of inspection was not given enough consideration. The lack of a lead pharmacist had contributed to lapses in the storage of medicines.
- Although we recognised there were improvements in children's safeguarding level three training figures, the service was still below the target for this type of training.

## Is the service effective?

Good   

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

- Peoples' care and treatment is delivered in line with current guidelines and this was monitored to ensure consistency of practice.
- Staff gave patients enough food and drink to meet their needs and improve their health. The department offered a breastfeeding room and had an infant midwife to support women.
- The service undertook a series of audits to ensure they regularly reviewed the effectiveness of care and treatment of patients. The department also carried out specific audits from national strategies and direction or best practice as well as audits arising from serious incidents, duty of candour incidents, complaints, and feedback.
- Staff of different kinds worked together as a team to benefit patients. Doctors, midwives and other healthcare professionals supported each other to provide good care. We were given several examples of external working between maternity departments in neighbouring NHS hospitals with the emphasis on caring for women in the community in a joined up cohesive way.

# Maternity

- 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.
- Women had access to a range of pain relief methods. This included gas and air and a morphine-based injection for medical pain relief during labour. Epidurals were available 24 hours, seven days a week.
- Maternity services offered a 24 hour telephone triage service. This service could be accessed at any stage of pregnancy. The day assessment unit in maternity also accepted patients at all times.

However:

- Guidance and policies available to staff were not always clear or well written. We saw older versions of policies on the database that staff would access if they needed guidance on trust policy.

## Is the service caring?

**Good** ● ↓

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- We saw staff taking time to interact with patients and saw examples where staff demonstrated the importance of gaining the trust of women they were seeing.
- From September 2016 to September 2017 the trust's maternity Friends and Family Test (FFT) performance was better than the England average, (96.4% recommended) for antenatal, postnatal ward, and for postnatal community with all scoring above 98%.
- The trust had a team of bereavement midwives who supported women and their families following stillbirth or neonatal death.
- Women were given the opportunity of making an informed choice about all available birth settings that were appropriate and safe for their clinical need and risk.
- Staff demonstrated an understanding of how to support mothers and their loved ones to understand and be involved in their care and treatment.

## Is the service responsive?

**Outstanding** ☆ ↑

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

- The trust planned and provided services in a way that met the needs of local people. Patients' individual needs and preferences are central to the delivery of tailored services. We saw several innovative approaches to providing integrated person-centred pathways of care that involved other service providers. For example the introduction of midwives in the call centres at a local ambulance trust to ensure women received the best care and direction.

# Maternity

- There was a proactive approach to understanding the needs of different groups of people and delivering care that met their needs. Following on from requests directly from patients, the theatre department had implemented a new 'gentle' caesarean section. In a gentle caesarean section, the drapes which normally screen the operation from the mother are lowered so she and her partner could see the baby being born.
- People could access the service when they needed it. Access to care is managed to take account of peoples' needs including those with urgent needs. A recent change to offer a better service to women who were suffering with hyperemesis gravidarum, which is a pregnancy complication that is characterised by severe nausea, vomiting, weight loss, and possibly dehydration. Staff had identified that these women were especially vulnerable so now had a special care plan. This allowed the women to return to the department at any time, but also booked women in to return to the department on a four or five day pattern, to ensure they were hydrated and cared for continuously.
- From April 2016 to September 2017 the bed occupancy levels for maternity were generally lower than the England average, with the trust having ~35% occupancy in Q2/2017 compared to the England average of ~60%.
- The department had recently implemented a 'bobble hat care bundle'. The initiative involved every new-born being given a colour coded woolly hat to wear straight after birth, which not only kept them warm, but also assisted midwives in making sure new mothers and babies received the correct level of support. This had recently been nominated for a national award and had been adopted by two local trusts. In the last financial year, all of the 2,973 babies welcomed at the Royal Surrey County Hospital received a knitted hat and this cut the number of admissions to Special Care Baby Unit by 16%.
- Patients with mental health issues were placed on a care pathway and had regular contact with the perinatal mental health midwife and the 'Jasmine Team'. The psychiatric liaison team accepted referrals from hospital staff and provided a service 24 hours a day, seven days a week.
- Women were offered a range of antenatal and postnatal classes. They provided these within the community or hospital setting. Some classes were free for example, 'preparing for pregnancy' and 'antenatal workshop,' whilst others had to be paid for like the Hypnobirthing and 'royal relaxation'. There were concessions if women were under the 'Jasmine Team' and also women could be referred by GPs if they felt it would benefit.
- The department has a team of professional midwifery advocates who were available on call 24 hours seven days a week. The team supported midwives to develop their practice and professional development and supported women in birth choices, advice and aimed to ensure that the maternity care was responsive to individual needs.
- There was a dedicated home birth team. The homebirth team would stay with the women throughout the birth even if she was transferred into the hospital setting. We saw a strong collaborative workforce which allowed community and hospital midwives to work effectively both in hospital and in the community.
- The service treated concerns and complaints seriously, investigated and responded to them in a timely way, and learned lessons from the results which were shared with all staff.
- Leaflets were readily available; we saw several relevant leaflets available throughout the maternity wards and departments. The leaflets had information on the back on how to access the information written in several different languages.
- A teenage pregnancy specialist midwife was in post; her role was to offer extra support and education to younger people who were pregnant. Bariatric patients were catered for with wider chairs in the department and beds, we also saw specialist equipment in theatres for bariatric use.
- Community midwives identified patients who would need translation services at booking. Staff within the hospital were made aware before admission and translation services arranged. We were given an example of a woman who



# Maternity

needed to access translation services in the Early Pregnancy Unit. The matron had arranged an interpreter and while the woman was in the department they considered all her future appointment needs and booked them in with her and the interpreter. This showed that the woman's future needs were being considered alongside her immediate ones.

## Is the service well-led?

**Outstanding** ☆ → ←

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

- Leaders at all levels demonstrated high levels of experience, capability and had the capacity to deliver sustainable care with compassion. Leaders understood the challenges to achieve quality and sustainability, and demonstrated they could identify the actions needed to address them.
- There was a clear leadership strategy and development programme, which included succession planning. Staff were empowered to make changes to the service and to push forward ideas they had for improvements to the department alongside their own personal development. For example, a matron attending a leadership course and midwife support workers being upskilled to support women to breastfeed and take routine observations.
- The department had vision, values and strategy that had been developed using a structured planning process in collaboration with staff, people who use services, and external partners. This strategy was aligned to local plans in the wider health and social care economy, and had been planned to meet the needs of women across Surrey.
- The department aimed to be one of the first units in the country to achieve Breast Feeding Initiative - Gold standard for 2018 and were working with the Special Care Baby Unit who were working towards Breast Feeding Initiative standards to support this accreditation. The unit had already achieved the silver award.
- Staff we spoke with understood what the vision, values and strategy for the department were, and many were directly involved in them. For example the maternity support workers were all aware of their role in achieving the Breast Feeding Initiative 'Gold' status and how this was going to be achieved.
- Staff reported they felt supported, respected and valued. Staff felt positive and proud to work in the organisation and several had been there for many years.
- We saw staff at all levels were given opportunity to develop their skills, for example, several maternity support workers recently undertook infant feeding training to support women who used the service. Alongside this, a matron was undertaking a leadership course to enhance her skills and further career.
- We saw a clear process for escalating any concerns over performance issues and staff felt able to challenge each other and take ownership of the department.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- There was a demonstrated commitment to best practice performance and risk management. Risk was reviewed through a series of local and trust wide meetings. We saw potential risks were taken into account when planning services, for example we saw the introduction of a seasonal flu policy in light of a local increase in flu cases.
- We saw staff involved in the performance of invasive procedures were developed and educated in good safety practice, as set out in the national standards and maternity specific Local Safety Standards for Invasive Procedures had been produced.

# Maternity

- We saw evidence of the clinical and internal audit processes working well. The department were aware of the impact of audit and how audit can be used to further the development of better systems within the department. For example the use of audit in the continued push for a second obstetric theatre and the use of continual audit to ensure that the new medical management of miscarriages was successful.
- The departments 'Jasmine Team' ensured that staff and relevant senior staff members aware of any risks or issues related to mental health and emotional wellbeing in relation to their ward or clinic. They also supported staff that were not competent or confident in working with people's mental health and were available alongside the perinatal mental health midwife and mental health liaison team if needed.
- There were effective arrangements to ensure that the information used to monitor, manage and report on quality and performance was accurate, valid, reliable, timely and relevant.
- We were given examples where people who use services were engaged in new initiatives. For example, the department sought out the views of patients when deciding on the new tags that would be used on babies.
- Staff input on development performance and working environment were actively sought through online questionnaires after team and departmental meetings. This showed that the trust were committed to receiving feedback to support continuous learning.
- We saw an energetic and ambitious workforce that took accountability and ownership for changes within the department. There was a sense that if staff felt something could be improved, they would be empowered to make the changes and supported by leaders to take ownership of this.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

- The maternity department had recently implemented a 'bobble hat care bundle'. The initiative involved every newborn being given a colour coded woolly hat to wear straight after birth, which not only kept them warm, but also assisted midwives in making sure new mothers and babies received the correct level of support. This had recently been nominated for a national award and had been adopted by two local trusts. In the last financial year, all of the 2,973 babies welcomed at the Royal Surrey County Hospital received a knitted hat and this cut the number of admissions to Special Care Baby Unit by 16%.
- The Maternity department had a dedicated home birth team. The homebirth team would stay with the women throughout the birth even if she was transferred into the hospital setting. We saw a strong collaborative workforce which allowed community and hospital midwives to work effectively both in hospital and in the community.
- The Maternity department had pushed forward with plans to provide a range of antenatal and postnatal classes for women. They provided these within the community or hospital setting. Some classes were free for example, 'preparing for pregnancy' and 'antenatal workshop,' whilst others had to be paid for like the hypnobirthing and 'royal relaxation'. There were concessions if women were under the 'Jasmine Team' and also women could be referred by GPs if they felt it would benefit.
- In Maternity, following on from requests directly from patients the theatre department had implemented a new 'gentle' caesarean section. In a gentle caesarean section, the drapes which normally screen the operation from the mother are lowered so she and her partner could see the baby being born. The baby was also given time to "wriggle out" of the womb, rather than being instantly lifted out by the obstetrician. The department were auditing the births to see if there was any improvement in breastfeeding uptake, bonding and skin to skin contact being achieved. As they had only introduced these late in 2017 there were no audit results at the time of inspection.

# Maternity

- The Maternity department had been working with the local NHS ambulance trust and placed midwives in the call centres to help direct women requiring assistance with maternity related issues. The aim was to reduce the workload within the maternity department. We saw evidence of this service commencing in April 2017.

## Areas for improvement

We found areas for improvement in this service:

- The trust should continue to monitor the storage and management of medicines in the maternity department until adequate pharmacy support is embedded.
- The trust should ensure guidance and policies within the Maternity department are clear and up to date.

# Gynaecology

Good 

## Key facts and figures

Gynaecology services for Royal Surrey County Hospital are provided at a single site centre in Guildford. Gynaecology oncology comes under the leadership of the surgical division, whilst benign gynaecology services came under the women and children division.

Inpatients are cared for on Compton ward, which has a dedicated six-bed bay specifically for gynaecology patients. There are a further 23 beds on Surgical Short Stay Unit and an outpatient gynaecology area.

Specialist services include:

- Minimal Access Surgery - Complex Endometriosis
- Hysteroscopic Outpatient and Inpatient Services
- Paediatric Gynaecology Service for Congenital Abnormalities
- Fertility Surgery
- Acute Gynaecology Service
- Early Pregnancy Service
- Colposcopy Service
- Fibroid Embolisation and Fibroid Service

During our inspection, we visited the outpatient gynaecology clinic, theatres and Compton ward. We spoke with 20 members of staff, five patients, one with her partner and two students.

Between 1 July 2017 to 29 January 2018, there were 1661 admissions and discharges.

## Summary of this service

We rated gynaecology as good because:

- Openness and transparency about safety was encouraged. Staff understood their responsibilities relating to the reporting of incidents. Incidents and concerns were addressed at team meetings and safety huddles. We saw evidence that incidents had been used to drive improvement within the service.
- The gynaecology outpatient clinic, theatres, ward and equipment were visibly clean and staff adhered to infection control policies and protocols. This was consistent with the monthly hand hygiene, bare below the elbow audits where the service consistently achieved scores of 100%.
- Staff understood the importance of collaborative working in order to improve patient outcomes. Throughout the service, staff from different professional backgrounds were observed consulting each other to ensure the patients were given care by the relevant practitioner in a timely manner.
- Patients were very complimentary about the care they received. They said they were well informed about the treatments they were having and staff had time to answer any questions they had.

# Gynaecology

- The trust proactively monitored staffing levels and patient acuity. The ward matron was able to maintain safe staffing levels at all times by deploying staff with the required skills from one area to another. There was always a nurse on each bay to attend to patients throughout the day.
- Treatment and care was provided in accordance with the National Institute for Health and Care Excellence (NICE) guidance and quality standards. Divisional leads regularly monitored the publication of new guidelines ensuring local guidelines were up to date and reflected current practice.

However,

- Staffed lacked training in key areas of care. We found that nursing staff on Compton ward did not have accredited gynaecology training for every shift. Staff had to contact the gynaecology specialist nurses or the on call doctor if a patient required urgent gynaecology care.
- Patients' names were visible to all visitors in the gynaecology outpatient clinic, which raised concerns about the lack of patient privacy.
- Staff on the ward were using patient group directions which had expired in September 2017.

## Is the service safe?

**Good** ●

We rated it as good because:

- Staff understood their responsibilities relating to safeguarding. They were aware of what constituted abuse for example, female genital mutilation (FGM) and child sexual exploitation (CSE) so could recognise patients at risk of abuse. Staff knew who the safeguarding lead for gynaecology was.
- The ward, theatres and surgery areas we visited were visibly clean. Staff were observed wiping surfaces before the theatre cases began and before the next patient arrived. A deep clean was undertaken at the end of each day and if an infectious patient had been in. This was to prevent the transmission of diseases in accordance with the Association of Anaesthetists of Great Britain and Ireland (AAGBI) Infection Control in Anaesthesia 2.
- Equipment was kept clean and in working order. All equipment inspected was asset tagged and had an electrical safety test within the last 12-month period.
- There was evidence of weekly hand hygiene and bare below the elbow audits being performed with a consistent score of 100%. Staff in all gynaecology areas visited were observed using hand sanitizer when entering and moving around the units.
- The ward had patient sitters to protect patients such as those living with dementia from harm and to prevent them from wandering off unaccompanied.
- The management of deteriorating patients was well managed across the service through the use of the national early warning score (NEWS). Staff demonstrated their knowledge of what actions to follow if the score fell outside of the expected boundaries without prompts from the handheld device. This assured us that nurses were confident to respond to deteriorating patient immediately.
- Theatre staff demonstrated their compliance with the World Health Organisation (WHO) Five Steps to Safer Surgery. The consultant led the check and all staff were engaged in the process.

# Gynaecology

- Medicines were stored securely behind locked cupboards with access restricted to authorised staff. Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored securely. Two nurses checked the balance of medicines weekly to make sure they were correct.
- The trust proactively managed ward staffing levels across all divisions to ensure they maintained safe staffing numbers. The sister in charge updated the acuity spreadsheet system up to three times a day to assess patient acuity versus the number of staff and skill mix. Staff were deployed to maintain safe staffing levels.
- There were no serious incidents declared for either benign gynaecology or gynaecology-oncology since November 2016.

However,

- The waiting area for antenatal patients was next to that of gynaecology patients who had lost their babies. The trust recognised that the environment was not conducive to good patient experience and were building a bespoke early pregnancy assessment unit as a priority in accordance with NICE guideline CG138.
- Patient group directions (written instructions for the administration of medicines to groups of patients who may not be identified before treatment) for paracetamol and medication for heart burn and indigestion were currently in use but had expired in September 2017. Staff were unable to present updated versions.
- Eighty six percent of nursing staff in gynaecology outpatients and 79% of medical staff in gynaecology had attended mandatory training, which was lower than the trust target.

## Is the service effective?

**Good** 

We rated it as good because:

- Leaders of the service reviewed and updated trust policies in line with changes to current guidance.
- Patients were given adequate food and drink to meet their needs and improve their health. Additional time was giving for patients who required assistance with eating and drinking.
- Nursing staff on Compton ward managed pain and analgesia administration well and there was a clear escalation process if a doctor was required.
- Pain relief was administered using different methods. This included oral pain relief, epidurals and patient controlled analgesia (PCA) pumps. Staff followed guidelines for the frequency of observations, for example for PCA, staff would record their observations every two hours until the medication ceased.
- In the surgical unit, the gynaecology team had a trigger register to monitor surgical complications. The team reviewed the data quarterly to highlight any trends and make effective changes in practice. Clinicians were in favour of this system because the level of information allowed for them to track where the problems began and put measures in place to prevent issues arising again.
- Staff of all professions were observed working together throughout the service. In surgery, there were regular multidisciplinary meetings attended by specialist nurses, gynaecology consultants and colorectal specialists to establish the best approach to care to benefit each patient.
- The surgical unit had an Enhanced Recovery Programme (ERP) that aimed to get women back to full health quickly and safely after surgery. Patients were reviewed at the pre-assessment clinic, and given an enhanced recovery programme booklet with advice on eating, drinking and exercise as well as a patient diary to record their recovery.

# Gynaecology

- Patients were given information relating to the procedures available to them and time to ask questions about the procedures before making a decision choice. This was in line with the General Medical Council (GMC), Consent: Patients and Doctors Making Decisions Together 2008 guidance.

However,

Staff on Compton ward had no accredited training specific to the care of gynaecology patients. Gynaecology nurses in the outpatient clinic provided the ward gynaecology support on Mondays, Tuesdays and Friday between 9am and 5pm

## Is the service caring?

**Good** ●

We rated it as good because:

- Patients were very complimentary about the care and treatment they received. They told us, they 'felt cared for' and even when staff were busy, 'they had time to speak to patients'.
- The trust's charity offered advice, counselling and complementary therapies for patients with a cancer diagnosis, their families and carers.
- Staff involved patients and those close to them in making decisions about their care and treatment. Patients told us the consultant explained the treatment choices available to them, gave them a leaflet to take home and were allowed time to make a decision.

## Is the service responsive?

**Good** ●

We rated it as good because:

- Patients completed a pre-assessment check on a computerised device in the surgery unit. There was also the option of doing the assessment at home using an online service so patients did not have to attend the hospital for this appointment. Triage staff assessed the completed assessments to identify patients with pre-existing factors that may compromise surgery. These patients were asked to attend the unit for a further health assessment, so risks were addressed and managed at an early stage to mitigate complications of surgery.
- The average length of stay for both elective and emergency benign gynaecology was much better than the England average.
- The outpatients department provided a service between Monday to Friday between 8am and 6pm. Outside of these hours, appointments could be arranged with the consultant.
- The gynaecology department had a fast track procedure for women who presented with ovarian pain and vaginal bleeding in the emergency department. Patients had a scan and were discharged if well enough, with an appointment to return to the gynaecology clinic the following day. This prevented unnecessary admissions and reduced waiting times in accordance.
- The surgical division had a protocol to limit the cancellation of elective surgery. The senior management had a weekly review of the surgery list to ensure they were not overbooked. From September 2016 to October 2017, the trust reported 53 cancellations.



# Gynaecology

- Care for patients with dementia was planned with the patient and their family to ensure their individual needs were met. The trust supported families to stay with the patient if they wished, in order to reduce patient and family anxiety.
- From October 2016 to September 2017 there were eight complaints about gynaecology services (3% of total complaints received by the trust). Staff said when concerns or complaints were raised, they tried to resolve the issue immediately. If the patient was not satisfied with the response, staff said they then encouraged patients to make a formal complaint through Patient Advice and Liaison Service (PALS) via telephone or the trust website.

However,

- The waiting areas had large screens, which showed the patients full name, appointment time and the treating consultant. This gave rise to some concerns about the privacy of the patient's information, as the screen was visible to all visitors in the waiting room.
- We only saw leaflets written in English. Staff told us, if a patient required information in a different language, they were able to get a translated version if this was identified before the day of the appointment. This did not assure us that women would receive the relevant information if they required urgent care.

## Is the service well-led?

**Good** 

We rated it as good because:

- Staff told us the matron in gynaecology outpatients had made a positive impact on the unit. The introduction of a single matron had unified the team and staff worked cohesively.
- The trust had developed and implemented a new mission, vision and values as a result of a board led exercise in 2017. Staff we spoke with had been involved in developing the values. They had a clear understanding of the direction the trust as a whole was moving in.
- All staff we spoke with said both local level and board level management teams listened to their concerns. At local level, staff told us managers were flexible with shift patterns or choices. If staff preferred night shifts due to childcare responsibilities, managers would consider this when planning shifts. At board level, issues that had been escalated from the triumvirate meeting, such as staffing, were actioned and vacancies for more nursing staff had been advertised.
- The trust had a register to monitor their compliance against national guidance. Monthly updates were reported in the quality performance report. Any outstanding or partially compliant guidance was highlighted and comments of what actions were being taken to update the guidance.
- The trust ran a new career clinic for staff in all areas wanting a change in job role. The clinic was confidential and offered guidance on development and training opportunities from senior management.
- Data relating to staffing levels, incidents and divisional risks was routinely collected. Site-specific data was shared with senior staff and disseminated to junior staff via daily safety huddles and staff meetings. This gave staff the opportunity to discuss, challenge and make suggestions on improvements. Staff had access to up to date performance data via the intranet and the matron displayed the latest performance data in the multidisciplinary room.
- In the surgical division of gynaecology, staff recorded every surgery performed on the site specific trigger list. Complication outcomes were audited quarterly to identify any themes to determine how best to mitigate the risk.

# Gynaecology

- In 2016 the trust was named as the first training centre for robotics surgery in the UK. The trust was well regarded as a leading training centre for robotics by registrars and fellows, with doctors choosing to come from all over the world for training. Courses were led by the gynaecology consultants using state of the art equipment.

# Outpatients

Good  

## Key facts and figures

The outpatients department at The Royal Surrey County Hospitals NHS Foundation Trust is part of a single site hospital located in Guildford.

From August 2016 to July 2017 there were 406,772 first and follow up outpatient appointments. Outpatient appointments were held in various locations across the site and within different divisions of the hospital. There were consultant and nurse-led outpatient clinics across a range of specialities, which were provided in the outpatients department. Outpatient clinics were held from Monday to Friday from 8am until 6pm. The service provided some Saturday appointments dependant on specialty.

There were 18 areas of the hospital that offer outpatient services and during the unannounced inspection we visited outpatient areas three, four, five, six, seven, eight, 10, 12, outpatient physiotherapy and the Castle outpatient clinic. We met with 16 patients who use the services, three division leads, one matron, seven senior nursing staff, five nurses, two physiotherapists, two audiologists and five health care assistants, one consultant, one cleaner and five administrators who shared their views and experiences of the outpatient service.

In addition, we reviewed national data and performance information about the trust and a range of policies, procedures and other documents relating to the outpatients core service.

## Summary of this service

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

- Staff were encouraged to report incidents. Managers investigated incidents and shared lessons with the whole team and the wider trust. Continued learning and information sharing happened at daily huddles in the outpatient department.
- There were clear performance trackers for the service providing information of the overall performance of the department, staffing levels and staff performance such as training. The trackers identified that the department was in line with trust's targets for mandatory training, safeguarding, able to identify staffing levels and manage risks.
- Staff working in outpatients were above trust targets for mandatory training and had achieved 100% completed for safeguarding training level two and three.
- Patients received care that was of a high standard based on national guidelines and there was an audit programme to review the effectiveness of this care.
- One stop clinics provided swift treatment and diagnosis for patients in several specialities. This meant that patients were seen by a team of health care professionals on the same day reducing the need for multiple hospital visits.
- Patients received coordinated care because staff worked well and supportively together. Staff were passionate about the service and spoke enthusiastically about developing services, improving services and innovation.
- Feedback from patients was overwhelmingly positive about care and the department was open to improving and changing the environment based on patient comments.
- Staff responded compassionately when people needed help, and access to information for people with disabilities, impairments and sensory losses was available.

# Outpatients

- Procedures were in place to manage waiting times for patients being referred from their GPs and for treatment and there were improvement plans to meet overall referral to treatment times for all patients.
- Staff worked hard to minimise delays and meet patient demand.
- There was strong, clear leadership and staff said they felt well managed and well-led. Staff said the matron and senior nurses were visible and supportive within the department, they felt valued, listened to and respected and did not have concerns about addressing issues or concerns with their line managers.
- We saw lots of innovation and enthusiasm when talking to staff within outpatients. The matron in outpatients was a finalist in; The Nursing Times award for innovation after developing a 'safer staffing tool' in use across the trust.

However:

- The phlebotomy drop-in clinic had long waits and a small waiting area.
- Some medicated eye drops in the ophthalmology department were found to be stored insecurely. Treatment rooms had not been locked when not in use and medicines were not locked away.
- Confidentiality was not maintained in some areas where doors were left open during consultations and the use of curtained areas for height and weight measurements did not protect patient confidentiality.
- The trust was in breach of cancer waiting time standards for patients receiving their first cancer treatment within 62 days of an urgent GP referral.
- Car parking capacity was an issue for patients and the trust.

## Is the service safe?

Good ● → ←

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

- The outpatient department provided mandatory training in key skills to all staff and had performance indicators to ensure everyone had completed it. Staff felt well supported in completing training and were given the time to finish it.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Staffing levels and skill mix were planned based on the number of clinics and patients attending.
- Staff had the confidence to liaise with other agencies and make safeguarding referrals. The department ensured staff attended the correct level of safeguarding training and planned for every band 6 nurse working within outpatients to complete level three safeguarding training. This was because the band 6 nurses sometimes took responsibility for being the nurse in charge on shifts.
- On the whole the service controlled risk of infection risk. Staff kept themselves, equipment and the premises clean.
- Equipment observed was visibly clean and well maintained in line with trust policy and manufacturer's guidance.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service within safety huddle meetings which took place before each start of shift.

# Outpatients

- Systems and procedures were in place to assess, monitor and manage risks to patients. A new care risk record had been adapted within outpatients to ascertain developing trends and themes within the department to identify and mitigate risk. Staff had a good awareness of how to respond to risk. They knew how to make urgent referrals and had a clear pathway and process to follow.
- Patients' records were available for clinics. These were kept securely. They were clear, concise and up-to-date and met guidance from professional regulators.
- Medicines in outpatients were managed safely. There were no onsite pharmacists available in outpatients but they had access to a pharmacist if needed. The service prescribed, gave, recorded and stored medicines in line with legislation and national guidance. Room and fridge temperature checks were completed daily and records showed that medicines were being stored at suitable temperatures. Records also showed that expiry dates of medicines were checked regularly. Prescription pads were completed well and were seen locked away in the Castle outpatient clinic.
- There was a business continuity plan for use in the event of a major incident or disaster. This had recently been tested when the trust upgraded the patient appointment system and it failed. All clinical and non-clinical staff were briefed. The continuity plan involved accessing clinic lists six weeks in advance, printing clinic lists and requesting notes to be prepped in advance for appointments. Although the patient appointment system failed and outpatients were affected, staff reported the incident was managed well and the support provided by divisional leaders and senior staff.

However:

- In the audiology department we identified that there was no sink for hand washing in room one. Although minimal patient contact takes place in audiology it could be a possible infection control risk.
- In the ophthalmology department, we saw medicines were not always stored safely. Some medicated eye drops were found to be stored insecurely. Treatment rooms had not been locked when not in use and medicines were not locked away. We raised this with staff and this was rectified immediately.

## Is the service effective?

Currently we do not rate effective, however we found:

- The outpatient department had an audit programme which demonstrated they were engaged in auditing the effectiveness of the care they provided.
- Staff delivered patient care in line with evidenced based care and best practice guidelines. We saw proactive approaches to treatment designed to meet the individual requirements of patients. These included programmes to manage joint pain in physiotherapy and specialist nurse led clinics treating macular degeneration in ophthalmology.
- Patients were provided with health promotion guidance and literature during appointments and consultations.
- There were one stop clinics that had improved patient experience and outcomes. These included urology and the breast clinic which provided individualised patient care.
- The trust has met its target of 100% staff appraisal rate. Mandatory training in key skills for staff within outpatients was completed and there were up-to-date competency training records for those staff taking on additional skills.
- There was good multidisciplinary working within different speciality outpatient services. 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.

# Outpatients

- 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.
- Consent for procedures and treatment was documented as per trust policy. We witnessed consent being verbally taken and recorded correctly in patient notes.

## Is the service caring?

Good ● → ←

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

- Feedback from friends and family tests throughout outpatient services was positive and 94% of respondents would recommend the service they had to family and friends who may need similar treatment or care. Patients we spoke to were overwhelmingly impressed about the staff that provided their care and treatment.
- People were truly respected and valued as individuals. Staff throughout outpatient services put patients at the centre of what they did. Staff we spoke with were highly motivated to provide care that was kind and promoted dignity. Patients and relatives told us that they were treated with dignity and compassion. We saw strong relationships between staff and those who used the outpatient services. Patients and staff told us these relationships were valued.
- The trust engaged with patients and relatives in a number of ways and actively included them in discussions regarding service planning and design. We learned that people with a disability impairment or sensory loss were invited to contribute to the access and flow of the department.

## Is the service responsive?

Good ● ↑

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

- The trust was compliant with accessible information standards which meant patients with a disability, impairment or a sensory loss had the information and support they needed. This included hearing loops, pictorial signage and stickers on patients notes so it was clear that they had information or communication needs.
- The trust was listening to feedback from staff and patients and acting on it. For example, the oncology outpatient area was being redesigned following patient comments and the physiotherapy department had adapted opening hours to suit people's needs.
- The trust and outpatients actively managed waiting lists and put in place plans to reduce backlogs or increases in demand. There was an escalation policy to meet demand. The staff worked hard to minimise delays and clinics running over time. Appointment reminders were sent to patients and they also received a text message to remind them of their appointment.
- The trust was meeting and exceeding its cancer referral targets at 96% for patients to be seen within 2 weeks of an urgent referral from a GP. The trust was performing better than the 96% operational standard for patients waiting less than 31 days before receiving their first treatment following a diagnosis (decision to treat).

# Outpatients

- Patients we spoke with knew how to complain to the service if needed. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff. The outpatients department managed complaints in line with trust policy and met the response deadline of 25 days all the time.

However:

- We found confidentiality issues within the department during consultations. Some consultations and assessments occurred with open doors and behind curtains meaning patients and staff could be seen or overheard.
- Car parking capacity was not sufficient and all patients we spoke with described issues finding a space to park. This affected appointments with some patients arriving late or missing appointment times completely, though they were generally able to attend a later appointment that day. The trust acknowledged they were challenges with car parking and were working with partners to address this.
- The issues with the patient administration system upgrade impacted on referral to treatment waiting times; this affected the capacity of the administration teams to validate pathways and clock stops which reduced their ability to create additional clinics at short notice.
- The trust was performing worse than the 85% operational standard for patients receiving their first cancer treatment within 62 days of an urgent GP referral. Late referrals from trusts outside of Royal Surrey County Hospital had been the main contributor to outpatients being in breach of cancer waiting time standards.

## Is the service well-led?

Good  

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

- We found there was strong; clear leadership and staff said they felt well managed and well-led. Staff said the matron and senior nurses were visible and supportive within the department, they felt valued, listened to and respected and did not have concerns about addressing issues or concerns with their line managers.
- The senior teams knew the departments well and strived to achieve a positive workplace and learning environment. The response from the department's staff supported the information we gained from senior staff, such as good communication, improving patient experience and waiting times.
- We found staff had a thorough understanding of the trusts values and they were using these values within their practice, especially around promoting good leadership and good promotion of health and care for patients.
- Managers and the senior team promoted a positive culture that supported and valued staff, staff felt that there was a positive working culture and a good sense of teamwork. Good staff morale was evident and staff whom we spoke with felt respected and valued.
- The service had effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- Governance structures were in place to support the functions of outpatient services. There were clear reporting structures within outpatients and staff knew who to report to.
- Divisional governance meetings were conducted monthly to allow oversight of the service. Each triumvirate met with all senior outpatient managers and clinical managers to report on finance, performance and governance.



# Outpatients

- We reviewed the quality and performance trackers for the service and trackers gave clear information as to the overall performance of the department, staffing levels and staff performance such as training. This meant there was a clear indicator that the department was in line with trust's targets for mandatory training, safeguarding, able to identify staffing levels, manage risks and achieving excellence.
- The 'bitesize' quality performance poster was developed for staff as senior management recognised that staff did not want to read large reports but felt that it was important for staff to be aware of the data and plans for the outpatients department.
- The trust's in-house safer staffing tool was used daily within real time to review and manage staffing within the department. The tool identified where there were staff shortage concerns.

## Outstanding practice

- The 'bitesize' quality performance poster was developed for staff as senior management recognised that staff did not want to read large reports but felt that it was important for staff to be aware of the data and plans for the outpatients department.
- Physiotherapy had a national programme called enabling self – management and coping with arthritic pain using exercise (ESCAPE). This worked in line with National Institute for Health and Care Excellence guidance 2014, Osteoarthritis: Care and Management to manage exercise and coping strategies to help patients avoid surgery. The physiotherapists had changed their department opening and closing times to offer earlier and later appointments to accommodate treating patients out of usual working hours.

## Areas for improvement

- The trust should work to reduce phlebotomy drop-in clinic wait times.
- The trust should ensure that patient confidentiality is not breached by allowing staff to consult or treat where others can overhear private consultations in the outpatient department.
- The outpatient department should ensure medicines are always kept securely and ensure treatment rooms with medicines are locked.
- The audiology department should have hot running water and a handwashing sink in treatment room.

# Our inspection team

Shaun Marten, Inspection Manager led the inspection, which was overseen by Catherine Campbell, Head of Hospital Inspection. An executive reviewer supported our inspection of well-led for the trust overall.

The team included seven inspectors, eight specialist advisers, and one expert by experience.

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.