

Poole Hospital NHS Foundation Trust

Poole Hospital

Quality Report

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This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Summary of findings

Letter from the Chief Inspector of Hospitals

We undertook an inspection, which we announced the day before, of the operating theatre department at Poole Hospital NHS Foundation Trust on 9 April 2019. This inspection was focussed on the improvements required following a warning notice issued to the trust on 8 August 2018.

The warning notice was issued in relation to Regulation 12 (1) (2) (a) (b) (e) (g) and (h) (Safe care and treatment), Regulation 15 (1) (e) (Premises and equipment), Regulation 17 (1) (2) (a) (b) (d) and (e) (Good governance) and Regulation 18 (1) (2) (a) (Staffing). The warning notice set out the following areas of concern, where significant improvement was required:

- Governance and risk management arrangements were not operating effectively.
- Safe care and treatment were not always provided in a way to reduce risk to patients. This included; staff not consistently following the five steps to safer surgery policy (also known as the World Health Organisation (WHO) checklist), poor communication when collecting patients for theatre, staff not following best practice for infection control, medicines management policies not being followed, and incomplete checks of theatre anaesthetic machines. There were also delays in investigating incidents and making improvements.
- The premises and equipment were not properly maintained, with maintenance tasks outstanding.
- The systems to ensure staff received appropriate support, training, professional development and supervision were not operating effectively. There were insufficient numbers of suitably qualified staff. Senior staff supported staffing in theatres, which did not enable sufficient administration time for these systems.

The warning notice gave the provider a timescale of three months in which to comply. Following the last inspection issuing of the warning notice the provider sent to us an action plan, outlining the areas and actions they would take to address the concerns,

In this follow up inspection, we found although improvements had been made, change was ongoing and new systems were not yet fully embedded. There was further work needed to continue the improvements. The requirements of the warning notice had been partially met.

We have not rated the service following this inspection because it had a very limited focus. We looked at specific key lines of enquiry, under two of our key questions, safe and well led.

During this inspection, we found the following improvements had been made:

- Mandatory training compliance had improved and exceeded the trust compliance target of 90%.
- The environment was mostly maintained, and equipment was serviced regularly. The day theatres were challenged by building work adjacent to the unit and generally needed updating.
- Staff mostly carried out daily checks on emergency equipment and other daily tasks.
- Staff carried out safety checks in line with the NHS world health organisation five steps to safer surgery. Audit results and a review of three patient notes confirmed patient risks associated with surgery were assessed and managed if required.
- There was enough nursing staff to keep people safe, but there was a high use of agency staff which had not improved since our last inspection.
- Staff were aware of their responsibility to report incidents. Learning from incidents was mostly shared with staff to improve practice. The surgical leadership had been strengthened. Since our last inspection a permanent theatre matron, a permanent general manager for anaesthetics, critical care and theatres, a permanent general manager surgery and trauma orthopaedics and a new clinical director for anaesthetics, critical care and theatres, and a new clinical director for surgery had all been appointed.
- There was a standard agenda for the regular governance meetings, this supported consistency in the overview and scrutiny of various areas of safety, risk and quality.

Summary of findings

- There was an audit programme with actions plans which included a range of topics including consent, NHS five steps to safer surgery, hand hygiene, scrub technique and saving lives.
- Risks were identified on the risk register and managed effectively.
- Staff wellbeing and retention had improved.
- Standard operating procedures had been reviewed to ensure they met current professional guidelines.
- Incidents were investigated and managed promptly to minimise risks to patients.
- Completion of repair and maintenance tasks which had been reported to the estates team were monitored effectively to minimise risks to patients.
- There was raised awareness of the freedom to speak up guardian role and staff were encouraged to use this communication route, should they wish to raise a concern.

However, we also found the following issues the service provider needs to improve:

- Staff did not always adhere to infection prevention and control measures in the operating theatre department and day theatres.
- The room temperature in operating theatre three was below recommended minimum temperature. This was not in line with national guidance for the prevention of surgical infections and a breach of the Workplace (Health, Safety and Welfare) Regulations (1992).
- A risk assessment for one type of laser equipment used within theatre had not been reassessed since 2015, and it was possible the mitigating actions were not up-to-date with current evidence-based practice.
- Medicines were not always stored securely, which meant there was a risk unauthorised people could gain access to medicines.
- All staff, who participated in invasive procedures, were not always involved with all stages of the patient safety checks.
- Review of staffing establishment was not carried out regularly in the day surgery unit and was last completed in 2017.
- Maintenance tasks were not always completed in a timely manner.

Following this inspection, we told the provider that it must take action to comply with the regulations and that it should make other improvements. We also issued the provider with one requirement notice that affected the operating theatre department. Details are at the end of the report.

Dr Nigel Acheson

Deputy Chief Inspector of Hospitals (South)

Poole Hospital

Detailed findings

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Background to Poole Hospital

Poole Hospital NHS Foundation Trust provides acute services for a population of approximately 500,000 people living in East Dorset, Purbeck and Poole. Services are commissioned by Dorset Clinical Commissioning Group.

The hospital offers both planned and emergency surgical care in a range of surgical specialities such as general surgery, orthopaedics and trauma.

Facilities in the operating department comprised of eight operating theatres, three day case theatres and a recovery suite.

We inspected this service using our comprehensive inspection methodology in 2017 (report published January 2018). During this inspection, the trust was rated as 'good' overall with surgical services being rated as 'requires improvement'. The operating theatre department was re-inspected in June 2018 following concerns raised about safety and quality of patient care in the operating theatre department. Following this unannounced inspection, we issued the trust with a warning notice. The service was not rated during this inspection, which is in line with our inspection methodology.

Our inspection team

The team inspecting the service comprised a CQC inspection manager, a lead inspector, one other CQC inspector, and a specialist advisor with expertise in general anaesthetic.

The inspection team was overseen by Mary Cridge, Head of Hospital Inspection.

Facts and data about Poole Hospital

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Detailed findings

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Surgery

Safe

Well-led

Overall

Information about the service

During the focussed inspection, we visited five main theatres, two day case theatres and the recovery suite. We did not visit any of the inpatient wards or other departments associated with the surgical care group. As this was a focused inspection, we did not inspect the whole of this key question.

We spoke with 31 staff including medical staff, registered nurses, theatre support workers, reception staff, medical staff, operating department practitioners, and senior managers. We spoke with two patients. During our inspection, we reviewed three sets of patient records.

Activity (June 2018 to March 2019)

In the reporting period 1 June 2018 to 31 March 2019, there were 7,083 operations carried out in the main theatres department and 3,005 day case episodes of care recorded at the hospital.

Track record on safety (June 2018 and March 2019)

- Two never events
- The service had reported 227 incidents
- Three complaints

During our last inspection in June 2018, we had the following concerns about the safe key question:

- Care and treatment was not always provided in a way that reduced risks to patients. Staff did not consistently follow the NHS five steps to safer surgery policy also known as the World Health Organisation (WHO) check list.
- There were gaps in records for the day theatre anaesthetic machine checks.
- Policies were not always followed in relation to the management of medicines.
- Staff did not always carry out their work in a way that prevented and controlled infection.

- Adequate processes were not in place to ensure the premises were properly maintained. When we inspected there were 66 outstanding maintenance tasks dating back to March 2017.
- Systems to ensure staff received appropriate support, training, professional development, supervision was not operated effectively. The appraisal rate for nursing staff in theatres was 48% and theatre recovery 78%. In main theatres compliance with adult basic life support training was 45% in main theatres, and 70% in day theatres. In main theatres compliance with infection control and prevention training was 66% and in theatre recovery 65%.
- Insufficient numbers of suitably qualified staff meant senior staff were required to work in other areas/ theatres to ensure theatres were safely staffed. This impacted on the completion of appraisals, mandatory training and investigation of incidents.

During this inspection, we found:

- Mandatory training compliance had improved and exceeded the trust compliance target.
- There were adequate processes to ensure the premises were properly maintained although there were still some outstanding tasks to be completed. The environment was mostly maintained, and equipment was serviced regularly. The day theatres were challenged by building work adjacent to the unit and generally needed updating.
- The operating theatres, anaesthetic rooms and theatre corridors looked visibly clean and tidy. The trust audited cleaning processes monthly.
- Staff mostly carried out daily checks on emergency equipment and other daily tasks.
- Theatre staff carried out safety checks in line with the NHS five steps to safer surgery (also known as the World Health Organisation (WHO) checklist). The review of three patient notes confirmed patient risks associated with surgery were assessed and managed if required. We observed staff use the NHS five steps to safer surgery checklist to ensure patient safety.

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- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- Staff used designated patient care records to ensure effective communication between staff and other departments.
- There was enough nursing staff to keep people safe, but there was a high use of agency staff which had not improved since our last inspection.
- The service followed best practice when prescribing, giving, recording medicines. Patients received the right medication at the right dose at the right time.
- 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.

Summary of findings

However:

- Staff did not always adhere to infection prevention and control measures in the operating theatre department and the day theatres. Although, the issues we found on this inspection were different from those included in the warning notice.
- The room temperature in operating theatre three was below recommended minimum temperature. This was not in line with national guidance for the prevention of surgical infections. This was also a breach of the Workplace (Health, Safety and Welfare) Regulations (1992).
- We were not assured all staff, who participated in invasive procedures, were always involved with all stages of the safety checks, and some staff were less familiar with the process and the importance of it in the prevention of serious incidents.
- A risk assessment for one type of laser equipment used in the day theatres, had not been reassessed since 2015. It was possible the mitigating actions were not up-to-date with current evidence-based practice.
- Medicines were not always stored securely which meant there was a risk unauthorised people could gain access to medicines.
- Review of staff establishment in the day surgery unit was not carried out regularly and was last completed in 2017.
- Maintenance tasks were not always completed in a timely manner.

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Are surgery services safe?

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

There were effective systems to ensure staff received appropriate support, training, professional development, supervision and appraisal. There were effective systems to ensure staff were booked to attend training sessions in advance of their expiry date. Additional training and education sessions for theatre teams were planned over the course of the year.

Access to mandatory training and appraisal had improved. Simulation training had been provided with scenarios based around issues i.e. lost swabs and poor behaviour. Managers and staff said the use of scenarios had been “a powerful learning tool.” Staff said there was better access to training and time was protected to attend and that this had made a very positive impact on staff morale.

Compliance with mandatory training had improved since our last inspection in June 2018. Training compliance data demonstrated compliance with the trust target (90%) with mandatory training and regular update by the end of March 2019. Compliance data demonstrated compliance with overall mandatory training:

- 97% of clinical staff in main theatres.
- 93% of staff in recovery.
- 100% of main theatres management staff.
- 90% day theatres clinical staff.

Training compliance in basic life support training had improved since our last inspection. In main theatres, the compliance was 95% compared with 45% during our last inspection. In the day theatres, 96% of clinical staff had completed their basic life support training, which was an improvement from 70% during our last inspection.

We found similar improvement in compliance with infection prevention and control training. Compliance had improved in main theatres from 66% to 100% by end of March 2019. In recovery, 96% of staff had completed their training, which was an improvement from 65% during our last inspection. Compliance in the day theatres was 96% and 100% of the main theatre management team had completed mandatory training in infection prevention and control.

Cleanliness, infection control and hygiene

Staff did not always adhere to infection control measures designed to ensure the prevention and control of infections.

The trust had taken action to address the issues that were raised following our inspection in June 2018. However, we found some practice still did not meet national guidance for the prevention and control of infections.

We found extensive work had been carried out in main theatres to reduce the risk of infection. During our inspection the operating theatres, anaesthetic rooms and theatre corridors looked visibly clean and tidy. The trust audited cleaning processes monthly. We looked at audit results for January to March 2019 and found compliance was mostly above the 98% target. Records showed any areas which did not meet the target were re-audited and found to be compliant. However, we found marks from sticky tape used to display information had marked whiteboards, wall areas and doors, or were partly left behind. This could pose an infection risk as these marks could not be cleaned efficiently. We also found some computer key boards, which were not covered with a protective cover designed for easy cleaning, in both the main theatre department and the day theatres.

Staff did not use ‘I am clean’ stickers consistently which meant staff could not always be certain equipment had been cleaned and was ready for use. In main theatres, there was a task book for designated staff to sign when they had checked and cleaned different pieces of equipment. The task book had been renewed on 8 April 2019 and demonstrated the listed checks had been completed on 8 April 2019. There were still some outstanding tasks on the morning of 9 April 2019, at the time we looked at the task book. Staff explained some of these checks and cleaning would be carried out by staff working in the afternoon.

Staff did not always adhere to infection prevention control measures. Most staff wore theatre attire such as gloves, masks and hats when entering the operating theatres. But we observed some members of theatre staff were not bare below the elbow and a consultant and a medical sales person entered an anaesthetic room without wearing theatre attire, such as scrubs and hat. We observed not all staff used gel for hand hygiene when entering and leaving the operating theatres, and we observed a member of staff using a telephone in the operating theatre while wearing gloves. There was no clear understanding of where the

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operating department's clinical areas started and required staff to wear recommended theatre attire. This meant not all staff adhered to evidence-based guidance on the prevention and control of infection in line with Association for Perioperative Practice (2011). The trust audited hand hygiene and results in theatres and recovery demonstrated staff compliance was 100% except in day theatres in September 2018, where compliance was 80%.

Due to building work, a clean to dirty flow through theatre was not being followed. Used theatre equipment and waste was being carried through the operating theatre and reception area. We raised this during our inspection and were told this was a temporary solution while the building work was carried out. Following the inspection, we received a risk assessment carried out 1 November 2018. This risk assessment assessed the risk of cross contamination by not following a clean to dirty flow in accordance with national guidance (Surgery Health Building Note:10-02: Day surgery facilities, 2007). The risk assessment included mitigating actions to reduce the risk of cross contamination, which included all used surgical instruments should be securely covered. During this inspection we saw staff placed used surgical equipment in red bags secured with tape when they carried these through the reception area. The temporary arrangements were on schedule and the correct pathway was due to be re-instated at the end May 2019.

The theatre corridor used to store consumables in day theatres did not meet standards for safe storage of theatre consumables. Boxes were stored on the floor which made cleaning difficult. There was visible dust on the floor and there were no records of regular cleaning. However, this had been recognised and discussed in a theatre quality governance staff meeting in March 2019, where an action to add this corridor to the cleaning audit schedule was agreed.

Environment and equipment

The service had mostly suitable premises and equipment and looked after them well. There were adequate processes to ensure the premises were properly maintained. Day theatres were affected by extensive building work being carried out at the time of our inspection. There was a plan to build a new theatre suite to replace the existing operating theatre department and day theatres. Since our last inspection, we found maintenance

projects had been carried out to maintain the current theatre environment. Staff were positive about the changes that had been made but acknowledged day theatres needed general updating.

There were still outstanding tasks listed to be completed by the estates department. For example, in day theatres there were 29 outstanding tasks some of which had been submitted in February 2018. These maintenance tasks included the descaling of a tap, damage to a wall in a corridor and re-painting of the reception area. In the main theatre department there was a list of 20 outstanding tasks, which had not been completed by their due date.

Most equipment was checked regularly. We checked equipment in different theatres and anaesthetic rooms and found most of these had been serviced within the last 12 months. However, we found one diathermy machine (equipment used to stem bleeding from small vessels during surgery) was due for a service and maintenance check in February 2019 and this had not been completed.

Staff carried out daily checks of emergency equipment. We sampled records to confirm daily checks were carried out on emergency equipment such as anaesthetic machines, the emergency resuscitation trolley and the specific trolley used when additional and specialised equipment was required to maintain patient's airway during general anaesthesia.

Staff checked emergency equipment daily in day theatres. The emergency equipment we reviewed had been checked every day since January 2019. There was a daily checklist in the recovery suite of day theatres, which confirmed staff checked each bed space daily. However, in theatre A there was a 'housekeeping log' which staff did not always sign twice daily to confirm tasks had been completed. For example, the afternoon checks had not been carried out/signed for on five occasions between 8 March and 8 of April 2019. On the day of the inspection (9 April 2019) the morning checks had not been signed as completed.

Staff monitored the temperature in the operating theatres and most were in the acceptable range. However, the temperature in theatre three in the main operating department was recorded as 15.9 degrees Celsius, which was below of the normal range (18 to 24 degrees Celsius). This was a breach of the Workplace (Health, Safety and Welfare) Regulations (1992). This meant there was a potential increased risk of infection for patients

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post-surgery because of less blood (and oxygen) flow because of constricted blood vessels due to the low room temperature in the operating theatre. Additionally, it was a cold working environment for staff to work in. Staff told us this had been reported to the estates department four times without any actions being taken. However, it did not appear on the list of outstanding jobs (as of 31 March 2019) so we were not assured this was being managed to ensure the issue was resolved.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. We observed staff use the NHS World Health Organisation (WHO) five steps to safer surgery checklist to ensure patient safety.

During our last inspection, we found care and treatment was not always provided in a way that reduced risks to patients and staff did not consistently follow the five steps to safer surgery policy. During this inspection, we observed staff follow various stages of the NHS five steps to safer surgery. We observed staff being attentive during the 'time out' and 'sign out' stages confirming all safety checks had been made. These safety checks included confirmation of patient identity, planned procedure, marking of the operation site, allergy status, consent and post procedure issues if identified. However, we were not assured all staff were always present during the safety checks. For example, when radiographers were required during an operation it was not always clear if they were present during the 'time out' part of the safety check procedures. Some staff, such as medical physicians, did not always carry out interventional procedures regularly and it was not clear how awareness and compliance with the NHS five steps to safer surgery check list was assured. This meant we were not assured all staff were involved with all stages of the safety checks and some staff were less familiar with the process and the importance of it in the prevention of serious incidents

We observed effective processes for counting instruments and swabs to ensure all were accounted for before completion of the operation. Staff communicated well with each other and when we asked, all staff we spoke with from different grades, felt confident about raising safety concerns before, during and after operations. Staff recorded the five steps to safer surgery had been completed using the trust's electronic patient records for

theatre procedures. We observed staff carry out the five steps to safer surgery checklist in both the main operating theatres and in day theatres. We also observed a team brief prior to the afternoon surgery list in day theatres. The team brief included a brief discussion of all operations, risks and changes to the list, such as to ensure all staff were informed.

The trust monitored compliance with the NHS five steps to safety surgery audit. The audit included both observation of practice in operating theatres, and a review of electronic patient records used to document the checklist, these had been completed for all patients receiving an operation. Audit comprised of both an observation of practice and a review of electronic records. Results demonstrated compliance between June 2018 and February 2019 varied from 86% in September 2018 to 99.7% in February 2019.

There was a local safety standard for invasive procedures/ standard operating procedure (SOP) designed to provide guidance for staff when providing care and treatment for all patients who required a surgical procedure. This SOP included information about safe staffing of operating theatres, skill mix, handover and transfer of information, record keeping, equipment checks and patient safety checks in accordance with the NHS five steps to safer surgery. Staff were aware of the SOP and knew where to find it.

Staff used a designated patient record for all patients receiving surgery. This pathway included important information about patients, the operation that was carried out, the post operational care and information about dressings. There were highlighted sections alerting staff to information such as allergies and infection status. The pathway was designed to accompany patients through the care episode and required staff to sign when care was handed over between different departments. This helped to ensure effective communication between different staff and departments if patients were transferred to and from inpatient wards.

We looked at three sets of patient records and found pre-operative risk assessments had been completed. These risk assessments included risks of deep vein thrombosis (if applicable) allergy status and ASA grade (a measure used to ascertain risks associated with general anaesthesia).

The manager for day theatres managed risks associated with laser treatment well. There was an appointed laser

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protection supervisor working within the department who was responsible for reviewing policies, supporting staff and carrying out risk assessments as required. Protective equipment such as goggles were available for staff and the designated operating theatre had laser proof blinds and warning signs to alert other staff to laser treatment being in progress. We reviewed some risks assessments and standard operating procedures and found most of these were up to date. However, we found a risk assessment for one type of laser equipment which had last been carried out in 2015 with no date stated when a review was next due.

Nursing and support staffing

The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. There was a high nursing staff vacancy rate, which was mitigated by the use of agency to ensure staffing levels were safe and met the needs of patients.

There was a high nursing vacancy rate of 14% against all grades across the theatre department. This was equivalent to 20 whole time equivalent staff. For example, in the day case surgery there were vacancies, staff on maternity leave and on long term sick leave which led to high use of agency staff. These vacancies equated to approximately 37% across all nursing staff grades. We discussed this with the manager for day theatres who told us the establishment did not quite meet the needs of the operational pressures and had last been reviewed in 2017. However, there was a plan to carry out a review of the staffing establishment in the near future. Day theatres used regular agency staff members as far as possible. We spoke with an agency nurse who felt welcome in the team and had received induction when they first started.

The trust was actively recruiting staff and had recently recruited 100 nurses with seven lined up to join the theatre teams. The matron was reviewing the nursing establishment and skill mix and looking at changes to shift patterns.

Use of agency staff was high in both main theatres and in day theatres. Records demonstrated the hours covered by agency staff was between 694 hours (March 2019) and

1194.25 hours (November 2018) in main theatres. In day theatres, the use of agency staff had increased from 69 hours in June 2018 to 531 hours covered by agency staff in February 2019.

Staff received annual appraisals. During our last inspection in June 2018, appraisal compliance was for nursing staff in theatres 48% and theatre recovery 78% during our last inspection. There was a seasonal change to the timeline for appraisals to be completed and this was being rolled out across the trust. New paperwork had also been introduced for staff appraisals. Senior staff had attended appraiser training for the new trust process. Senior staff had continued to complete staff appraisals for theatre staff whilst the new process was being rolled out across the trust. Obstetric theatres, recovery and theatre general management were currently 100% compliant but nursing theatres were at 89%.

Medicines

The service mostly followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.

Processes for the safe preparation of medicines in the operating theatre department had been implemented. During our last inspection in June 2018, we found anaesthetic practitioners prepared medicines used for general anaesthesia with no supervision. This was not in line with trust policy for the safe preparation of medicines used. During this inspection, we spoke with anaesthetic practitioners who all explained how this practice had changed. We saw medicines were now prepared with the consultant anaesthetist present to ensure medicines were checked and correctly labelled for each patient. There was specific guidance for the preparation of anaesthetic drugs in operating theatres. This was version one, but it was not clear when the guidance had been approved. The guidance clearly set out the roles and responsibilities for the preparation, administration and recording of medicines used in anaesthesia. Staff were aware of the guidance and the change to practice.

Staff did not always adhere to trust policy as we found medicines were not always stored safely. Medicine cupboards were not always locked and there was a risk of unauthorised people accessing medicines as some medicines cupboards were placed directly inside a door

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with a delayed automatic closure. However, since our last inspection the trust had improved the storage facilities of medicines by installing cupboards specifically designed to store medicines in an orderly way.

There were ineffective processes to ensure medicines were safely prescribed for patients admitted as an inpatient from day theatres. The trust was in the process of introducing an electronic prescribing system for medicines management for inpatients. However, at times patients attending for day surgery were admitted to hospital due to unplanned complications or late surgery. When this happened, there were ineffective processes to ensure their medicines were safely prescribed including patients' usual medicines. This was because there was not sufficient access to medical staff to enter patient details into the electronic system out of hours to enable electronic prescribing. In these cases, a paper-based medicine chart was used which was then transcribed to the electronic system the next day. This created a potential risk of insufficient patient medicines records. Staff told us this had been raised with the senior management team, but sufficient action had not been taken to resolve the issue. Following the inspection, we received additional clarification of how the prescribing of medicines was managed. The trust recognised there was a risk and that the system and processes may cause some delays in the prescription of medicines, particularly out of hours when there were fewer medical staff on inpatient wards, to complete the electronic records allowing for electronic prescriptions to be entered. As a result, there was a plan to revisit the process with a view to improve and strengthen the process.

Incidents

The service managed patient safety incidents well.

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

During the period from June 2018 to March 2019, there had been a total of 227 incidents reported by main theatres, day theatres and recovery. There had been two serious incidents since June 2018 and both were never events. They had been fully investigated with learning panels and action plans. We saw information about learning from never events was displayed on notice boards in day

theatres. Staff we spoke with were aware of never events happening in their own department and some staff had heard of never events in other parts of the operating theatres.

Staff told us learning from serious events such as never events had been drivers for improvement. Never events are serious, wholly preventable safety incidents that should not occur if the available preventative measures are implemented. Staff told us there was more emphasis on following national guidance for safer surgery to ensure all staff are aware of the correct procedures to be carried out during operations. There was an improved culture where staff felt able to speak up if they had concerns.

Are surgery services well-led?

During our last inspection in June 2018, we had the following concerns about the well-led key question:

- Leadership was ineffective. Medical and theatre staff leads had undertaken no specific training for the role, for example, risk management or leadership training.
- The governance and risk management systems in place were not operating effectively to identify, assess and reduce risks to the health, safety and welfare of patients.
- Recognition, assessment and management of risks to patient safety was unsatisfactory. Safety processes, such as compliance with the NHS five steps to safer surgery, had not been effectively implemented.
- Staff working in theatres did not always feel a safety culture was prioritised in relation to incidences of non-compliance with the NHS five steps to safer surgery. Staff knew how to raise concerns, but some told us they did not always feel comfortable to do so.
- The trust did not always actively encourage feedback. All staff we spoke with in theatres were not aware of the trust's freedom to speak up guardian role.
- The service did not always act on feedback promptly, for the purposes of continually evaluating and improving services. The trust participated in the national staff survey in 2017, which was published on 6 March 2018. In six areas the surgical care group scored substantially lower than the trust overall. The surgical group scored significantly higher for harassment and bullying by staff than the trust overall.

During this inspection we found:

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- The leadership had been strengthened with the appointment of a permanent theatre matron and general manager for surgery and trauma orthopaedics and clinical lead for surgery.
- There was a standard agenda for the regular governance meetings to support consistency in the overview and scrutiny of various areas of safety, risk and quality.
- There was an audit programme with action plans.
- Risks were identified on the risk register and managed effectively.
- Staff wellbeing and retention had improved. However, although the culture had improved, there was still further work required to ensure all staff felt positive about their role.
- Standard operating procedures had been reviewed to ensure they met current professional guidelines.
- Incidents were investigated and managed promptly to minimise risks to patients.
- Completion of repairs tasks reported to estates were monitored effectively to minimise risks to patients. Completion of maintenance tasks had improved although there were still some outstanding tasks.
- There was raised awareness of the freedom to speak up guardian role and staff were encouraged to use this communication route, should they wish to raise a concern.

Leadership

Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.

Since the last inspection the leadership had strengthened with the appointment of a permanent theatre matron, general manager for surgery and trauma orthopaedics and clinical lead for surgery who were skilled and knowledgeable individuals with the integrity to lead the teams. There was a clear leadership structure which helped to ensure effective communication pathways from ward (theatres) to board level and vice versa. There was a divisional manager for the surgical care group who was supported by a clinical director, the theatre manager and the theatre matron. The theatre leadership group held meetings every two weeks to review actions and outcomes in relation to value and efficiency targets such as theatre utilisation figures and actions to improve these.

The managers were an experienced and strong team with a commitment to the patients who used the service, and to their staff and each other. They were visible and available to staff, and we saw and heard about good support for all members of the team.

Staff said there was more stability with the permanent appointment of the managers. They said they were able to openly discuss issues and concerns with their managers and believed they would be listened to, and actions taken when necessary if anything needed to change or be addressed.

We received consistently positive feedback from staff who had a high regard and respect for their managers. One member of staff told us the theatre matron “was a breath of fresh air ... and very pragmatic and supportive.” Another said the last couple of years had been “very difficult but we’re now on a new journey with new and better ideas with strong leadership.”

Managers were being supported with regular one to one meetings with their line managers and support from peers across the trust.

The managers clearly understood the challenges to delivering the improvement programme and good quality care. Their responsibilities and workloads were far reaching, and inspectors were concerned about the sustainability of this level of work for the individuals concerned who were both very willing and able to guide the teams through the improvement programme. The managers said the improvement work was relentless and they had to attend many meetings. This meant there was little time to do “the day job” and spend time on the “shop floor”.

The matron’s office was located one floor above the main theatres. The matron and a number of staff were concerned this was too remote from the “shop floor” and needed to be relocated to ensure immediate accessibility and oversight. This had been escalated to the senior management team who were looking for options to re-locate the office.

There had been a change in accountability for the clinical lead nurses, who were now individually accountable for their own teams and rosters, and core management tasks

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such as attendance and appraisal. Staff had relished the opportunity of taking more responsibility and “felt allowed and trusted to do things now” and said this was working well.

An oversight group and theatre leadership group had been established to address the short comings identified during the last inspection. The executive team were involved in the groups including the deputy medical director. Feedback was also available through quality review by the clinical commissioning group and NHS Improvement at oversight meetings. Further oversight was available through patient experience and staff survey results.

In recent months staff said the executive and non-executive teams had visited theatres and several theatre staff told us they felt listened to and had seen actions to address previous problems. The director of nursing was also a regular presence in the department.

Vision and strategy

The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

Following our inspection in June 2018, a theatre oversight group was set up to lead a theatre improvement programme which focused on six key areas:

1. Culture and behaviours
2. Estates
3. Leadership and staffing
4. Patient Experience and Outcomes
5. Safe and reliable Care
6. Value and efficiency

The theatre oversight group met regularly. There was a clear oversight of progress with actions monitored regularly at monthly meetings. We reviewed the minutes of the meetings and saw actions were monitored and recorded. A detailed analysis had been undertaken in November 2018 to assess progress and to identify gaps. The theatre oversight group reported progress the quality, safety and performance committee every month and to the board's bi-monthly meeting and this was last discussed in a board meeting we attended on 27 March 2019.

Culture

Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. However, although the culture had improved there was still further work to do.

Between May and September 2018, there were listening exercises involving over 100 staff working in theatres, and trust executives to enable staff to voice their views on how better to promote a safety culture and to raise any concerns. The findings from the listening exercises were fed back to staff in September at a ‘Good Day in Theatres’ event attended by 120 staff. Feedback was used to inform the action plan.

During the last inspection, staff did not always feel comfortable to raise concerns and the behaviour in theatres had fallen below expected standards. During this inspection, there had been a noticeable cultural shift with improvements reported in how junior staff were treated. One member of staff said, “everybody’s opinion was useful and helpful and was now listened to.”

Incidents relating to behavioural problems had improved significantly. Staff were better at having conversations with each other and resolving problems and conflicts quickly.

There were still challenges relating to the high volume of work and the increased work pressure for all staff groups across the service. This negatively affected the morale amongst staff. The senior leadership team were aware of the challenges and were looking at different ways of working to address the pressures. Some staff did not feel they were listened to when improvement initiatives were introduced which meant that proposed solutions did not always work.

Staff were previously disillusioned about working in theatres, but the improvements had resulted in a positive impact on their morale with theatre teams now keen to be involved in the improvement programme and taking on more responsibility. Most staff felt they were involved in decisions about how to improve flow through theatres, but some staff felt they were not always asked before decisions about change was made. This meant some proposed improved ways of working did not always translate well into practice for those staff carrying out the task.

Theatre staff had previously expressed concerns about training and development opportunities. Additional time to

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attend teaching and training days had been provided resulting in staff feeling appreciated and valued. One member of staff said, “it sends a message that we’re worth it.”

Governance

The trust used a systematic approach to continually improve the quality of its services. A revised theatre governance structure had been implemented and was operating effectively. There were regular theatre quality governance staff meetings with terms of reference and a standard structured agenda.

A theatre oversight group meeting had also been established and met weekly initially and then fortnightly from 18 February 2019. The group was responsible for agreeing the action plan and overseeing the development, implementation and monitoring of the theatre improvement plan.

There was a consistent agenda where issues discussed included: leadership and staffing, clinical governance, patient experience and outcomes, safe and reliable care, infection prevention and control, value and efficiency and the theatres action plan.

There were three weekly morning meetings which were used to flag up and inform all staff of changes to procedures. For example, staff told us these meetings had been used to enhance staff awareness of checking of equipment. The new theatre matron had also re-introduced monthly audit days where there was no scheduled operations allowing time for staff training and audits to be carried out.

The general manager met with all theatre staff each Friday and looked at key metrics such as late starts and overruns, and the actions needed. All data and key metrics were discussed alongside events and actions from the week. Attendance varied but there was good representation from all staff groups.

There were processes to ensure the theatre premises were properly maintained and equipment was looked after and operating effectively. Actions had been taken to review the list of outstanding tasks relating to estates and the theatre environment, and regular monthly meetings had been reinstated between the theatre management team and the estates department to ensure any maintenance issues were discussed and prioritised. At the time of our

inspection there were 29 outstanding tasks in day theatres with a further 21 reported issues concerned with emergency lighting. This was an improvement from our last inspection and there were no outstanding tasks listed which were reported in 2017.

Theatre environmental walkabouts had taken place regularly and were attended by members of the theatre management team, the matron, the estates team, the contracted cleaning company and a representative from the trust’s infection control team. There were also several improvements to the staff environment including the replacement of staff showers and improved staff room facilities.

The estates and environment risks were managed through risk management processes and were documented through the departmental and corporate risk register.

A governance lead had been appointed to oversee the audit schedule. This schedule listed a range of monthly audits, bi-monthly and annual audits carried out in the operating theatre department and day theatres. A programme had been designed which included a range of topics including consent, NHS five steps to safer surgery, hand hygiene, scrub technique and saving lives. The recently revised electronic patient safety checklist was being observed and audited by different staff in the department to ensure it was being used accurately and effectively.

There was an infection control audit in each theatre and packs were distributed each month for completion.

The focus on quality and audit within theatres had been strengthened by identifying capacity through the practice education team to lead the audit schedule. There were concerns about the sustainability of participation in the volume of audits and some staff said there needed to be “more quality and less quantity.”

The trust was linking with a local NHS trust. The two organisations had begun to work together on the implementation of the findings of a clinical services review, and the creation of a major planned and a major emergency hospital site for east Dorset.

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Governance and training systems and processes had also been developed. This included governance and training and education meetings, which ran alternatively each month, and were mandatory for all staff who would normally work in theatres on the scheduled dates.

The responsiveness of the incident management processes had improved by having greater visibility of incidents within the electronic reporting system to support tracking and monitoring of incidents. Designated staff had been trained in incident management, and a weekly incident review meeting supported the drawing out of any themes or trends within the incidents reported.

Theatre safety briefings occurred three times a week on Mondays, Wednesdays and Fridays at 8am in the recovery area of the department to ensure incidents and the lessons learnt from their review were shared directly with the team. Staff confirmed this to be the case. Information from the theatre safety briefing was cascaded weekly to all staff through a single side newsletter.

Recruitment and retention of staff was now being tracked through a theatre establishment review group and a monitoring report had been developed. An establishment review had also been completed. New recruits for theatres had been secured through recent international recruitment.

Human factors training had been delivered over six half-day sessions to the executive group and the theatre leadership team. This had been supplemented by a wider trust programme of roll out of human factor training including a 'train the trainers' programme of eight sessions, which included a trainer designated specifically for theatres. The trainers were a mixed group of staff who were working on how training would be structured and measured going forward. However, some staff stated they were unsure how to proceed with further roll out of training to staff and they were not sure of an action plan or when this would happen.

Training records demonstrated 68% of theatre staff had attended a half day human factor training session in January 2018. Staff attendance was across all grades including medical staff, nursing staff, operating department practitioners, theatre support workers and some administrative staff. For those who were unable to attend there was an option to watch a recording of the training delivered.

Quality improvement (QI) training was planned for staff with theatre teams being included to receive this training. In addition, 12 staff were being identified across the different staff groups to form a cohort of QI champions.

A competency framework of generic, specialist and leadership competencies for theatre support workers, registered nurses and operating department practitioners had been developed and launched with staff.

Recruitment and retention had improved with opportunities to advance through progressive educational options for staff from band two to band eight i.e. apprenticeships and a diploma programme. Staff were staying as a result. Newly appointed staff felt they had good induction training into the hospital and into their role within the theatre environment.

Managing risks, issues and performance

The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.

The governance systems and processes had been reviewed to enable staff working in theatres to identify, assess and reduce the risks to the health, safety and welfare of patients.

Managers had attended risk management training and a new tool was introduced to further improve processes. There was a collaborative approach to risk, issues were reviewed and mitigating actions agreed at weekly meetings

We reviewed the risk register for surgery. Risk levels, actions and progress was clearly recorded. There were nine open risks on the register and three risks related directly to theatres. This included; the consistent delivery of cell salvage (the process of giving blood lost back to the patient following surgery), skill mix in theatres, and the maintenance of reusable minimal invasive laparoscopic surgery instruments. The use of recovery in day theatres by inpatients was also added as a risk. Its use at times of high operational pressure could compromise patients' experience of their care in hospital and reduce capacity to carry out planned operations for day surgery patients.

Alternative outpatient treatment capacity for some surgical procedures such as ear, nose and throat surgery, oral and maxillofacial surgery and gynaecology had been developed, which enabled the freeing up of theatres.

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Availability of emergency accesses to designated theatre (referred to as 'CEPOD') had increased since the last inspection and a coordinator to support this work had been appointed. There was a designated operating theatre freed up to provide access for emergency surgery known as a CEPOD list. This meant an operating theatre was fully staffed with no scheduled operations for two full days per week and at weekends.

The service had introduced new scheduling tools and standardised reporting, which helped to improve communication between admissions, theatres, operational leads and clinicians.

The trust monitored theatre utilisation data to ensure theatre capacity was utilised to reduce waiting times for patients. The service monitored key metrics to evaluate the effective utilisation, which were displayed 'live' in the operating theatre department and day theatres. These metrics included case opportunity, late starts, early finishes, late finishes and case cancellation rate. We reviewed data from March 2019, which demonstrated overall improvement in the utilisation of theatres. The 'case opportunity' had decreased from 12.6% in October 2018 to 10.6% in March 2019. This meant the hospital was using capacity better to treat patients as the service had gained 17.8 hours of patient operating time which helped to reduce patient waiting times. Staff told us there were still some issues with late starting procedures but overall the rate of early finishes and a reduction in overrunning operating lists had improved.

We discussed the utilisation of theatre B in day theatres on the day of our inspection and asked for clarification of the data as this could be misleading. The utilisation data showed a utilisation figure on 104.7% for the morning list, which could be perceived as the staff in the operating theatre achieving more than the schedule list during the four hour operating slot. We asked for clarification as we were concerned data wasn't accurately showing what was happening in the operating theatres. The trust provided further information after the inspection, which demonstrated in fact the intended four hour list was overrun by 58 mins as the list started 16 minutes late and three of the four planned operations went on for longer than the planned/scheduled operating time. We were therefore not assured the utilisation figure gave a true

picture of how efficient the operating theatres were running. However, we acknowledge this was not the only data the trust used to demonstrate the improved overall utilisation.

Managing information

The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

There were new tools and processes focusing on reporting and analytics, theatre scheduling and on the day improvements. An elective scheduling tool had been released and was in use by the admissions team. The tool provided a prospective view (six weeks ahead) of booking the status of individual lists and identified lists that were both under and over booked and required intervention. Improvements to the management information had been introduced to support operational management.

There was a new elective scheduling process, with roles and responsibilities agreed, including escalation protocols. Actions were also ongoing to embed behaviour changes and support processes.

On the day processes had been developed and published including the development of metrics/ measures and targets relating to theatre utilisation, late starts, overruns and early finishes.

Engagement

The trust engaged with staff to plan and manage appropriate services.

Awareness had improved about the freedom to speak up guardian (FTSUG) role and staff were encouraged to use the facility, if they wished to raise a concern. Posters had been placed in theatres and on the back of staff toilet doors to advertise the FTSUG role. However, when we spoke to staff not all were aware of the role and how to contact the FTSUG. They said they would speak to their line manager if they had any concerns.

There was engagement with staff through one-to-one conversations, open staff events and executive walk rounds, where staff had an opportunity to voice their concerns. Staff had also taken part in a temperature check

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survey to assess their views on the progress being made to implement improvements in theatres. However, the response rate had been low in terms of the numbers contributing.

The executive team were looking at more formal methods for staff to feedback to the board. This included a people engagement programme of work, which would be launched with a plan to have 20 engagement champions to support the project. Some staff had been asked to feed into the design phase of the environmental work and all staff valued the new environmental changes and said, “it feels like we matter.”

A staff appreciation scheme called ‘#Above and Beyond’ had been launched in theatres ahead of the development of a trust-wide scheme. There had been a lot of nominations and recognition within team. However, staff in day theatres did not feel as engaged and staff felt this initiative was mostly for main theatres department as no nominees from day theatres had been recognised.

Managers said more staff wanted to be part of the change and wanted to be involved. Most staff confirmed they felt more involved in future plans going forward. One member of staff said, “I feel more listened to ... the board want to make things better.” Another said they were “proud to be here for the first time in a while. We’ve been ground down but don’t feel that so much of late.” One member of staff said they “hadn’t realised how bad things had got,” and although they could see improvements it would take “some time to recover.” Staff were keen to promote the department and said people were “generally happier” and were “prepared to stay.” Staff from all clinical disciplines said it was a friendly place to work and they were a “close knit band”. Theatre teams had been highlighted in staff bulletins for the contribution they were making to improvements to the service.

Learning and continuous improvement

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

Improvement actions had been implemented to address the concerns raised at the last inspection.

There were now systems and processes to enable the service to operate effectively and know how it was doing against policies and guidelines and responding to areas where quality and safety was being compromised. Some of the outcomes delivered included a review of the audit programme for theatres and a review of policies and procedures. The NHS world health organisation safer surgery checklist had also been reviewed and compliance improved.

There were procedures for monitoring room temperatures in theatres consistently although results were not always resolved.

Departmental medicines stocklists had been updated and medicines management audited in all theatre suites.

There was an updated standard operating procedures (SOP) for medicine management and a SOP for the drawing up of drugs by operating department practitioners (ODPs). The use and supply of prefilled syringes for defined theatre specialities had been approved.

In the area of infection prevention and control, the trust had an established infection prevention link group. In addition, a specific theatre infection prevention link group had been set to focus on the particular requirements of theatres.

In addition to the improvement actions a parallel a piece of work was running to improve the value and efficiency of theatres, with the following outcomes: improving conditions for staff by introducing standard operating procedures and supporting sessions to run to time; improving patient outcomes and experience by reducing delays for procedures and optimising efficiency of theatres to make the best use of clinical resource and to support sustainability of services.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital **MUST** take to improve

- The trust must ensure all staff adhere to infection prevention and control measures in the operating theatre department and day theatres.
- The trust must investigate and rectify the low temperature in operating theatre three to ensure compliance with the Workplace (Health, Safety and Welfare) Regulations (1992).

Action the hospital **SHOULD** take to improve

- The trust should review process to ensure all staff involved with a surgical procedure is present and aware of the importance of following NHS guidance and trust processes for five steps to safer surgery.

- The trust should review staffing establishments regularly and amend this to meet demand.
- The trust should review processes for regularly reviewing risk assessments (laser treatment).
- The trust should review the safe storage of all medicines in the operating department.
- The trust should consider for the timely completion of outstanding maintenance jobs.
- The trust should continue to work with and engage staff in improving services.

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Surgical procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Staff did not always adhere to infection prevention and control measures. We observed some members of theatre staff were not bare below the elbows and staff did not always use gel for hand hygiene when entering the operating theatre department. We observed a consultant and a 'rep' entered an operating theatre without wearing theatre attire such as scrubs, mask and hat and a member of staff used a telephone without removing their gloves.</p> <p>Regulation 12 (2) (h)</p>

Regulated activity	Regulation
Surgical procedures	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The temperature in theatre three in the main operating department was recorded as 15.9 degrees Celsius, which was below of the normal range (18 to 24 degrees Celsius). This was a breach of the Workplace (Health, Safety and Welfare) Regulations (1992). This meant there was a potential increased risk of infection for patients post-surgery because of less blood (and oxygen) flow because of constricted blood vessels due to the low room temperature in the operating theatre. Additionally, it was a cold working environment for staff to work in.</p> <p>Regulation 15 (1) (c)</p>