Hampshire Hospitals NHS Foundation Trust

Andover War Memorial 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.

Ratings

Urgent and emergency services	Good

Urgent and emergency services

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

Information about the service

Andover War Memorial Hospital (AWMH) is part of the Hampshire Hospitals NHS Foundation Trust (HHFT), which serves a population of approximately 600,000 across Hampshire and parts of west Berkshire.

The Minor Injuries Unit (MIU) in Andover is a nurse led service providing treatment for minor injuries and illnesses. The unit is open from 8:30am to 7.30pm, seven days a week, and is also supported by x-ray facilities between 8.30am and 5.00pm, Monday to Friday. The MIU saw 9127 patients in the eight months from April to November 2017, compared with 7978 for the same period in the previous year. This was approximately 40 patients per day.

Patients requiring emergency care were taken by ambulance to one of the other hospitals within the local area (Basingstoke, Winchester, or Salisbury) which offer fully-functioning and commissioned Emergency Departments.

The unit was last inspected in 2015, where it was rated as requires improvement overall. For the five key domains it was rated: requires improvement for safe, requires improvement for effective, good for caring, good for responsive and requires improvement for well-led.

The reason this inspection was planned was to check on whether those areas requiring improvement in 2015 had been met.

This inspection was unannounced and was restricted to the MIU. It was carried out by a Care Quality Commission pharmacist, an inspector, an inspection manager, and a specialist advisor.

During this inspection, we spoke with approximately 15 people, including patients, relatives and staff, and reviewed 15 sets of patient records including two children's records and other care documents.

We also reviewed information from a wide variety of sources, before, during and after the inspection.

Overall, our findings were positive, and demonstrated progress and improvements in areas previously rated as 'requires improvement'. We have noted these in the relevant sections of the report.

Urgent and emergency services

Summary of findings

We rated this service as Good because:

- There were robust policies and procedures to promote safety, cleanliness, training, incident reporting and complaints management.
- There was evidence of learning from clinical incidents, and this was widely disseminated at governance meetings and on the governance notice board.
- Knowledge of safeguarding principles and protocols were well-understood.
- Staffing levels and skill mix were sufficient to meet or exceed patient needs, and there was a clear sepsis response and a policy, procedure and pathway for collapsed patients.
- Staff adhered to infection prevention and control practices, safe management of medicines and the secure management of patient records.
- Staff had access to up to date guidance and protocols and patient group directions.
- Staff were supported by a dedicated clinical consultant lead for the MIU.
- We saw a high standard of care and treatment delivered by competent, efficient and helpful staff.

However:

- The MIU managers should ensure that all staff are fully compliant with statutory and mandatory training.
- There were no patient outcome measures recorded.
- There was a risk to patients in that the beds in the treatment rooms did not have a patient call bell fitted.

Are urgent and emergency services safe?

Good

By safe, we mean people are protected from abuse and avoidable harm.

We rated safe as Good because:

- There were robust policies and procedures to promote safety, cleanliness, training, incident reporting and complaints management.
- A department safety checklist was completed daily.
- The MIU was clean and tidy and there was appropriate personal protective equipment and evidence of infection prevention control.
- There was evidence of learning from clinical incidents, and this was widely disseminated at governance meetings and on the governance notice board.
- Knowledge of safeguarding principles and protocols were well-understood.
- Staffing levels and skill mix were sufficient to meet or exceed patient needs, and there was a clear sepsis response and a policy, procedure and pathway for collapsed patients.

However:

- Consideration should be given to ensuring all staff are fully compliant with statutory and mandatory training.

Incidents

- The trust had a good record for reporting incidents and there were clear policies and procedures for staff to follow. Incident reporting was done on a dedicated computerised incident reporting system.
- In the period 1 January 2017 until 30 November 2017 a total of 19 incidents were reported for the MIU. None of these reports concerned a never event or a serious incident requiring investigation (SIRI).
- There was evidence of learning from clinical incidents. We were told that learning from incidents involved direct feedback to the member of staff and an information sheet published on the governance board in the nurse's office. Furthermore, the matron had a

folder titled `Top Tips` that all staff were required to read and note and that contained extracts from the incident investigation and any learning that had followed as a result.
- Staff were aware of their duty to comply with the Duty of Candour (DoC) regulation. However, none of the recent incidents reported were graded as moderate or severe, therefore DoC would not have been carried out so staff were not able to give a recent example

Cleanliness, infection control and hygiene

- The department was clean, tidy, and uncluttered. Regular cleaning was undertaken by contracted staff working to an agreed schedule.
- There was appropriate personal protective equipment available for staff to use such as gloves and disposable aprons, and staff used these as required.
- There were sufficient supplies of hand gels for staff, patients and visitors to use and these were checked and working.
- Clinical waste was managed safely. Sharps bins we saw were managed appropriately and labelled correctly and were not overfull.
- Children's toys were clean and suitable for the clinical environment.

Environment and equipment

- The department had a reception area, sufficient appropriate seating, a television and a small play area with toys for children. There were three assessment and treatment cubicles, one of which was for children and which was also used for patients with eye complaints. There was a plastering room which was primarily used as a triage room for initial assessment
- Two of the treatment cubicles were in the same room. When two patients were being seen, curtains were used to protect privacy and dignity.
- The reception desk was located to provide open access but, while it allowed for a degree of patient confidentiality, its' proximity to the seating area meant that private and personal details could be overheard.
- There was a nurse's station immediately behind the reception area. This was equipped with four work stations and it was where the clinical matron had her desk.
- In the nurse's station there was a monitor showing images from 12 CCTV cameras that were fitted around the MIU. None of the cameras were located in a private area or treatment area so people's dignity was unaffected. This security system was installed to address concerns raised at the last inspection about site security. In addition the reception desk was fitted with a `panic` button that communicated directly to the Hampshire Constabulary control room.
- The treatment and assessment area could only be accessed through a secure, electronically locked door.
- The external doors were locked at 7.30pm. The unit closed at 8.00pm.
- Adjacent to the MIU was a GP hub practice. The service was available from 5.00pm until 8.00pm on weekdays and from 8.00am until 12.00pm on Saturdays and Sundays
- A departmental safety checklist was completed daily. This looked at the availability, cleanliness and condition of the resuscitation trolley, medications, medication fridge, controlled drugs, diabetic equipment and IT equipment. If any item was missing, non-functioning or expired, it was escalated and replaced immediately prior to sign off.
- Disposable equipment was stored appropriately and was in date and suitable for use.
- Electronic testing took place as scheduled and carried date stickers for governance compliance.

Medicines

- Medicines stocked in the department were stored and managed safely, including medicines requiring cold storage and controlled drugs. Medicines for anaphylaxis and the emergency trolley were secure and sealed and checked regularly. A pharmacy technician provided a weekly topping-up service to the unit and the clinical matron confirmed that she had access to the pharmacist on a regular basis for advice.
- Emergency nurses and emergency care practitioners led the unit. Medicines were prescribed by either an independent prescriber, of which there were two on the unit, or issued via a Patient Group Direction (PGD). PGDs are written instructions which allow specified healthcare professionals to supply or administer a particular medicine in the absence of a patient specific prescription. The PGDs were complete and authorised and staff were assessed as competent before being allowed to give medicines via a PGD.
- This was an improvement from the last inspection where the trust was told it must ensure that MIU staff had access to current and version-controlled PGD's.

- Medicines administered to patients in the unit were recorded either on the electronic record system or on a paper record. If a patient required medicines to take home, these were issued as a labelled pre-pack. If the required medicine was not stocked on the unit, the patient was issued with a prescription for dispensing at their local pharmacy instead. Only a small number of external prescription forms were held on the unit and these were held securely and the prescription number recorded on issue. Patients provided with medicines were given advice on how to take them and different formats such as large print information or information in a different language could be provided if required. A sample of prescription forms was audited on a regular basis to ensure they had been completed with all the relevant information such as the patient date of birth and any allergies. The clinical matron followed up with staff where the information recorded was incomplete.
- Any medicines no longer required were returned to the pharmacy department.
- A communications book was in place to keep staff on the unit updated with any relevant information and changes in practice. Medicine related alerts and recalls were accessible, actioned and drawn to the attention of staff working on the unit. Medicines incidents were investigated and reported on the computerised incident reporting system.

Records

- All patients were received at the reception desk. Patient details were entered directly onto an electronic database.
- We reviewed 15 patient records including two for children.
- The records showed that all patients had been triaged with a suitable initial analysis and offered analgesia, where appropriate.
- Risk assessments and the Modified Early Warning Score (MEWS) observation was used and recorded, again where appropriate.
- There was a specific form for paediatric admissions which included relevant safeguarding checks.
- Two of the patient records showed that the patient required admission to an ED. The records showed an ambulance attended promptly and the patient transfer was safely managed.

Safeguarding

- All of the MIU staff were trained to level 1 safeguarding for adults. A number of trained staff had a level 2 or level 3 safeguarding children qualification and there was training scheduled to take another six members of staff through the level 3 safeguarding children course.
- Staff had access to safeguarding policies on line as well as hard copies, which were available in the nurse's office.
- There was a MIU paediatric admission form which had a comprehensive safeguarding checklist including a risk factor list for child sexual exploitation.
- On the admission form was a Child Protection - Information Sharing (CP-IS) alert check tick box. The CP-IS project was introduced to allow health and social care staff to share information when a child attends an unscheduled care setting, such as an emergency department or a MIU, to better identify children at risk. This was an improvement from the last inspection where the trust was told it must ensure safeguarding checks are consistently completed and recorded.

Mandatory training

- The trust had a comprehensive mandatory training programme in place which included basic life support, infection control, moving and handling, fire safety, information governance, and safeguarding of children and adults.
- The trust target for mandatory training was 85%, and 11 of the MIU were fully compliant. The remaining four members of staff were working towards achieving full compliance with two members of staff at 82%, one at 63% and one at 54% compliance.
- All members of staff were trained to Level 1 safeguarding for adults. However, the unit was working towards all of the trained staff attaining either a Level 2 or Level 3 safeguarding for children qualification. At the time of the inspection there were six members of staff scheduled to attend level 3 safeguarding children courses in January 2018.
- All members of staff were trained to the basic life support (BLS) standard. With the exception of four trained nurses, all other trained members of staff were either immediate life support (ILS) or advanced life support (ALS) trained.

Urgent and emergency services

- The trust trains its staff in acute illness management for paediatric patients, and this incorporates training similar to the Paediatric Intermediate Life support course (PILS) The trust was due to commence additional training courses in 2018.
- Clinical and non-clinical staff joining the trust attended a comprehensive induction programme and on joining the MIU were given an 'Introduction to Andover MIU booklet'. We interviewed an emergency nurse practitioner (ENP) recently in post who told us that, when she joined, she was supernumerary for six weeks working with other colleagues before she was allowed to practice independently.

Assessing and responding to patient risk

- Patients arrived at the reception desk and were seen by the receptionist who was trained as clinical nurse assistant. The receptionist was trained to identify those patients who presented as very sick. In the case of very ill patients or a patient deemed an emergency, there would be an immediate nursing and operational response including 999 request for an ambulance to convey the patient to an emergency department if required.
- At reception, the clinical nursing assistant carried out an initial verbal assessment and logged the patient's details onto the computerised record system.
- Paediatric patients were similarly received and assessed except that there was also a safeguarding assessment.
- Patients were then asked to wait for triage. On the day we inspected patients were waiting less than 15 minutes to see the triage nurse which was in line with the MIU triage policy.
- During the triage, patients were assessed using a pain score, asked if they required analgesia and asked when they had last taken analgesic medicines.
- The triage nurse was trained to use patient group directions (PGD's) and was able to give patients co-codamol, paracetamol, glyceryl trinitrate (GTN - prescribed for chest pain associated with angina) and allergy relief.
- Patients had observations recorded, and the MIU used the modified early warning scores (MEWS) to continually update and inform of the potential risk of a patient deteriorating. The Modified Early Warning Score (MEWS) is a tool used to record observations and provide the appropriate level of response required.
- The trust had a sepsis policy and procedure and all staff were aware of it. Patients presenting with signs of sepsis were immediately signposted to ED in Basingstoke and Winchester and transport arranged as appropriate including ambulance.
- The MIU had a policy, procedure and pathway for collapsed patients. This was an improvement from the last inspection, where the trust were told they must develop a clear protocol for responding to a collapsed patient in an emergency.

Nursing staffing

- The MIU was staffed by a clinical matron, a combination of emergency nurse practitioners (ENP), emergency care practitioners (ECP), registered nurses (B5) and clinical nurse assistants who were also trained to carry out the MIU reception duties.
- There were two shifts for ENP/ECP's which were 8.00am to 6.00pm or 10.00am to 8.00pm. Occasionally there was a rostered 12 hour shift. There was no night cover. The registered nurse and clinical nurse assistants were rostered to provide cover across the 12 hour opening period.
- Bank and agency staff were used to address any shift vacancies.
- There were sufficient nursing staff to care for patients and also to release staff for regular training.
- Additional registered nurses (B5) were being recruited to take the numbers from three to six with the intention of increasing the opening hours of the department, in line with the increased attendance at the unit, year on year.

Medical staffing

- There were no medical clinicians based in the MIU. The nearest emergency department (ED) consultants were based at Basingstoke or Winchester. However they were available by phone if expert opinion was required.
- The MIU had a nominated clinical lead, an ED consultant based at Basingstoke, who was contracted to provide two paid attendances (PA's) a week – equivalent to one day a week. The consultant provided clinical supervision and clinical advice during the sessions he was at the MIU.
- There was also a consultant clinical lead with overall responsibility for all three of the trust's emergency departments.

Urgent and emergency services

- Within the footprint of the MIU was a GP hub which was open from 5.00pm until 8.00pm on weekdays and from 8.00am until 12.00pm on Saturdays and Sundays. The MIU referred patients to the GP hub as with any other GP referral.

Major incident awareness and training

- Andover War Memorial Hospital was included in the contingency plan for the trust's response to major incidents.

Are urgent and emergency services effective?

(for example, treatment is effective)

Good

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

We rated effective as good because:

- Staff had access to specialist training and competency based assessments.
- Staff had access to up to date clinical pathways, protocols and patient group directions.
- Staff had a dedicated consultant lead and were supported through clinical supervision and training in the MIU.
- Once triaged, there were effective arrangements for ensuring patients received timely pain relief.
- Staff had direct access to patient information.
- Staff had understanding of the Mental Capacity Act 2005, and its application to their area of work.

However,

- There were no patient outcome measures recorded.

Evidence-based care and treatment

- The MIU service specification stated 'care is to be delivered according to locally developed and agreed minor injuries protocols and care pathways and is to be regularly reviewed and updated to reflect the latest guidance and best practice'.
- At the last inspection it was established that the MIU did not have clear clinical pathways and protocols, so it was not possible to determine whether patients were receiving evidence based care and treatment.
- However, at this inspection we confirmed that the MIU now had clinical pathways and protocols and patient group directions (PGDs).
- The clinical lead attended the MIU weekly to provide clinical supervision, clinical advice and training.
- We observed that care and treatment was delivered in line with National Institute of Health and Care Excellence (NICE) quality standards.

Pain relief

- There were Patient Group Directions (PGD's) in force for nurses who did not hold an independent prescriber qualification to administer pain relief.
- Patients were asked during the triage if they required, or had taken, any painkillers.
- Once in triage, patients could have pain relief administered.
- Whilst in MIU, a standardised pain assessment tool was used to assess patient's pain requirements.

Nutrition and hydration

- Patients had ready access to drinking water during their stay in the MIU. There was no provision for food.

Patient outcomes

- There were no patient outcome measures or audits available.

Competent staff

- All of the MIU staff were basic life support trained (BLS). The MIU trained staff were working towards achieving either immediate life support (ILS) or advanced life support (ALS) qualifications as a 'gold standard' for the team. At the time of the inspection four staff were waiting to be trained.
- All MIU staff were up-to-date on their statutory and mandatory training with the exception of four trained staff.
- MIU staff had rotated to a main emergency department either at Basingstoke or Winchester to maintain their acute clinical skills. This was a requirement post 2015 inspection.

- Clinical nursing assistants were trained to do ECG's and basic dressings but were having less opportunity to practice these skills. This was felt to be due to the appointment of the Band 5 nurses who were now carrying out the majority of these tasks.
- The clinical lead, an emergency department consultant, provided regular clinical supervision for the nursing staff.
- All staff had undertaken annual appraisal.

Multidisciplinary working

- If the MIU staff were not able to treat a patient and the patient was suitable for GP treatment, then nurses would refer patients with medical needs to their GP or to the out of hours service.
- Nurses had phone access to the emergency department consultants at Basingstoke and Winchester for advice.
- While there was a GP hub service next to the MIU, this was not available to MIU patients unless they were referred and accepted. We saw this was done in an effective and timely manner for an elderly patient who had a fall injury. A GP from the hub attended the MIU without delay and examined the patient.

Seven-day services

- The MIU was open to the public 11 hours a day, seven days a week.
- The x-ray service was available Monday to Friday 9.00am to 5.00pm, but referrals after 4.30 pm need to be discussed prior to sending to radiology. There was no radiology service at the weekend, or out of hours.
- Staff told us, anecdotally, that the local community were aware there was no weekend radiology service which led to greater numbers of patients presenting to MIU on a Monday morning.
- If the MIU consultant was not available on site, then ED consultant advice was available on call from either Basingstoke or Winchester ED 24 hours a day.
- There was no pharmacy department at Andover War Memorial Hospital. A pharmacy technician provided a weekly topping up service to the unit and the clinical matron confirmed that she had access to a pharmacist on a regular basis for advice

Access to information

- Patient records were easily accessed from the trust's computerised patient record system.
- The records covered all elements of a patients care from admission to discharge.
- The records included specific detail for paediatric patients to cover safeguarding and risk of sexual exploitation.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training was part of the trust's mandatory staff training requirement and all staff were up to date with their training.
- We noted consent was requested and obtained prior to any care or treatment.

Are urgent and emergency services caring?

Good

By caring, we mean that the service involves and treats people with compassion, kindness, dignity and respect.

We rated caring as Good because:

- We saw a high standard of care and treatment delivered by competent, efficient and helpful staff.
- We noted the kindness and professional approach taken towards an elderly man who had fallen from his mobility scooter.
- Staff were polite and helpful and people were greeted on arrival at the reception desk warmly.

However:

- Staff should consider checking to ensure people who did not have English as a first language had sufficient understanding of the language to fully understand the procedure and treatment plan.

Compassionate care

- We saw a high standard of care and treatment delivered by competent, efficient and helpful staff.
- Staff used curtains in the treatment rooms to preserve patient dignity and privacy.
- None of the patients we spoke to were worried or concerned about their condition or treatment plan.

Urgent and emergency services

- During the inspection an elderly man attended who had fallen. He had arrived at the MIU but was on his own. The staff responded to him with care and concern and made sure that he was given the right treatment. This included referring him at the time to a GP from the neighbouring GP hub. The doctor attended promptly and cared for the patient.
- Between 1 January 2017 and the date of the inspection 962 persons were eligible to submit a survey response using the Friends and Family test. 183 responses were received by the trust, a response rate of 19%. Of those, 139 (91%) indicated they were extremely likely or likely to recommend the service.

Understanding and involvement of patients and those close to them

- Patients and relatives we spoke with confirmed they had been triaged in a timely manner. They all confirmed they had been told that the wait time for treatment could be two to three hours. None of the patients or relatives complained about the length of the wait.
- One of the patients was a young child who needed treatment for a small cut. Her mother was satisfied with the care and proposed plan of treatment.
- Another patient was a European national. The patient spoke good English but had not been asked whether she wanted any language assistance or whether she fully understood the discussion with the nurse.
- We spoke to one patient and her father. He told us that his family's general experience of the MIU "was great" and they always received "prompt, good service".

Emotional support

- We noted that patients were received at the reception desk with care, sympathy and patience.
- During visits to the treatment rooms patients were looked after efficiently and had their questions answered.

Are urgent and emergency services responsive to people's needs?

(for example, to feedback?)

Good

By responsive, we mean that services meet people's needs.

We rated responsive as Good because:

- The unit was open at times convenient to the local community.
- There were sufficient trained and skilled staff to meet the demand and the opening hours.
- The unit had achieved or exceeded the target for no breaches of the four hour standard.

Service planning and delivery to meet the needs of local people

- Andover MIU provided a local facility for patients to attend with minor illness or injury.
- There was local parking and the unit was located on local bus routes.
- The MIU was currently open from 8.30am to 7.30pm seven days a week. Additional staff were being recruited in order to extend the opening hours. The initial plan was to open until 9.30 pm every day but this was subject to a demand analysis.

Meeting people's individual needs

- The MIU did not hold a stock of equipment for bariatric patients. However, should they need such equipment, they could obtain it from the main Andover hospital.
- The MIU had a children's treatment room provided with toys and decorated with age appropriate murals.
- There were a range of advice and general information leaflets available for patients at reception and after treatment. We saw a patient being given information leaflet for her condition
- The trust provides a range of translation and interpreting services which the MIU could access.

Access and flow info needed

- Having been admitted at the reception desk the local agreed time to triage was within 15 minutes.

Urgent and emergency services

- After triage the access target for seeing and treating patients was within a total of four hours.
- In the three month period August to October 2017 the unit had 3189 attendances with only 23 breaches, although the majority of those were in October. Nevertheless, the MIU stayed well above the trust target of 95%.
- We noted that patients with minor injuries were waiting approximately three hours for treatment post-triage. We raised this with the trust as we felt that an opportunity existed to improve service to patients by reducing the waiting time post-triage especially as, at the time of the inspection, the unit was fully rostered and the patient demand was steady with only minor injuries, such as sprains and cuts, being presented.
- There was a notice on the reception desk indicating the likely waiting time, for example a waiting time of two hours or a waiting time of three hours. On the second day of the inspection, a couple saw the notice which was announcing a three hour wait and said they were not prepared to wait. The inspector who overheard them encouraged them to report to reception and they would receive quick advice. They did not want to wait and left. The number and acuity of the patients that day did not appear to require a three hour wait being posted.

Learning from complaints and concerns

- The MIU received one complaint in the period 1 January 2017 to 30 November 2017.
- In the same period the MIU received four 'thank you' letters.
- Complaints were responded to and investigated according to trust policy.
- Although there were very few complaints, there was evidence of a strategy of comprehensive learning from complaints and incidents, and this was distributed in the `Top Tips' folder.

Are urgent and emergency services well-led?

Good

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

We rated well-led as Good because:

- There was a clear management structure.
- While staff were getting used to the new structure and working arrangements nevertheless they were reported that they were happy at work.
- There were clear governance arrangements, as well as team and management meeting structures in place.
- The trust had addressed the leadership issues that had been identified as requiring improvement at the previous inspection.

Vision and strategy for this service

- The service specification for the MIU was to contribute to reducing waiting times in the emergency departments by providing the local community with easy access to a high quality service for patients who have suffered a minor injury.
- Staff could describe the vision and how this impacted upon the department.
- There was clear guidance for staff about achieving the 15 minute triage target and for achieving the four hour treatment and discharge target.

Governance, risk management and quality measurement

- At the last inspection staff stated they were not aware of which consultant had oversight of the unit and could not all demonstrate that robust clinical governance arrangements were in place.
- At this inspection it was confirmed that there was a nominated clinical lead for the MIU. All the staff knew who the clinical lead was, and told us of clinical supervision and clinical training they had done with him.

- At the last inspection it was noted that there were low levels of security at the MIU. We noted the trust had now fitted CCTV cameras, a panic button with direct access to Hampshire Constabulary control room, and secure doors into the MIU treatment areas.
- In the main treatment area, there were two areas with trolleys which can be curtained off. Neither of the bed spaces had a patient's call bell fitted. In the event a patient was left on a trolley while the nurse left the room there was no obvious way a patient could raise an alarm. We raised this with the trust.
- There were monthly governance meetings, and a governance notice board. In addition there was `top tips' folder that staff were required to read and note on a daily basis.
- We were shown details of an audit into animal and human bite injury which was carried out in 2016. The audit gave clear clinical evidence and guidelines for patients presenting with such injuries.

Leadership of service

- The MIU was led by a Band 8A clinical matron. The matron's work was split 80/20 with 80% of time being spent on patient care and 20% being devoted to leading change and improving care. At the time of the inspection, the matron had been in post for about 18 months.
- The clinical lead was an ED consultant based at Basingstoke hospital. The consultant had a day a week allocated to the MIU in his job plan.
- Overarching the clinical lead and the clinical matron was the clinical lead for the trust's emergency departments and an operational service manager for Andover MIU and Winchester ED.

Culture within the service

- At the time of the last inspection report in 2015, practically all of the staff had been serving in the unit for many years. The unit was emergency nurse practitioner (ENP) led and consisted of nine Band 7 ENP's supported by clinical nurse assistants at Bands 2 and 3.
- That inspection identified that staff had concerns about the leadership of the service and noted that the trust was reviewing the nursing leadership. At the time staff expressed concern that they felt 'separate from the rest of the trust.'
- Since the last inspection, the trust had appointed a clinical matron. With the exception of one ECP and two of the receptionists, all of the other staff in the MIU were recent appointments. The new structure consisted of a mix of ENP/ECP Band 6/7's, Band 5 nurses and the Band 2/3 clinical nurse assistants.
- At the time of this inspection, staff felt they were much more part of the trust and had more interaction with managers, including senior managers from trust headquarters.
- Some staff did comment that the new structure had led to some tensions between grades within a very small department. Accordingly, some members of staff did not always feel like full members of the team. However, staff did say that the culture was one where staff could address any concerns with the matron.

Public engagement

- The MIU was reliant on the Friends and Family test to monitor patient satisfaction.
- On 20 August 2016 Andover War Memorial Hospital (AWMH) hosted an Open Day which included the MIU.
- The trust has circulated regular press releases on the hospital and there had been a total of 12 articles in the local press with a further 21 articles featuring on the 'Andover and Villages' website. These included articles on new treatments available at the Trust, PLACE results and acceptance onto the national IT scheme.

Staff engagement

- This was a small team who share one office. There were daily opportunities for staff to engage with each other and share concerns or information, and for the clinical matron to gather the views of staff.
- The staff meet regularly with their clinical lead who was based at Basingstoke.
- Trained staff do rotations in one of the 24/7 emergency departments.
- The clinical matron had a weekly management meeting at the MIU with the operational service manager for Andover MIU & Winchester ED.
- Staff meetings chaired by the clinical matron were held on a bi-monthly basis and were minuted.

Innovation, improvement and sustainability

- There was a monthly governance meeting where learning from incidents was shared, as well as minutes from trust governance meetings.

Urgent and emergency services

- The clinical lead was available weekly to provide training and supervision and to lead case-based discussions.
- The matron was developing clinical supervision practice with her staff and looking at ways to improve it.
- There had been a recent bid submitted for an additional radiographer to provide more resilience and to improve the radiography service on site service.