

# University Hospital Southampton NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Requires improvement 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

Are resources used productively?

Good 

# Summary of findings

## Combined quality and resource rating

Good 

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

## Background to the trust

University Hospital Southampton NHS Foundation Trust has had foundation trust status since 1 October 2011. It is one of the country's largest university hospitals, and provides local inpatient services to a population of 1.9 million people living in Southampton and south Hampshire. It also provides specialist services to over 3.7 million people living in southern England and the Channel Islands. Services include urgent and emergency care, medicine, surgery, critical care, maternity and gynaecology, services for children and young people, end of life care, and outpatient services including diagnostic imaging. There are approximately 11,500 staff employed to deliver services.

The trust is also a major centre for teaching and research in association with the University of Southampton and partners including the Medical Research Council and Wellcome Trust.

## Overall summary

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

## What this trust does

University Hospital Southampton NHS Foundation Trust provides local inpatient services to a population of 1.9 million people living in Southampton and south Hampshire. It also provides specialist services to over 3.7 million people living in southern England and the Channel Islands. Services include urgent and emergency care, medicine, surgery, critical care, maternity and gynaecology, services for children and young people, end of life care, and outpatient services including diagnostic imaging.

The trust is also a major centre for teaching and research in association with the University of Southampton and partners including the Medical Research Council and Wellcome Trust.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

# Summary of findings

## What we inspected and why

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

The core services we inspected were the emergency department, outpatients, medicine and maternity.

We selected the services for inclusion in this inspection based on those that where intelligence information we held on these areas indicated the need for re-inspection.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall.

## What we found

Our overall findings indicated that most areas made improvements.

We rated safe, responsive as requires improvement, well led as good, effective and caring as outstanding. On this occasion we rated three of the trust's acute services as good and one as requires improvement.

We rated well-led at the trust level as good.

- Urgent and emergency care: the rating improved to good overall, with outstanding in both effective and caring domains.
- Maternity: this was the first rating of the service as no longer combined with gynaecology. The rating was good overall at both locations with requires improvement for safe domain at Princess Anne Hospital.
- Outpatients: this was the first rating of the service as no longer combined with diagnostic and imaging, the rating was requires improvement overall for both locations with requires improvement for safe, responsive and well led.
- Medicines: the rating has improved to good overall with outstanding in caring and responsive domains and requires improvement in well led.
- Well led: is rated good overall which reflects a proportionate approach to our findings.

## Overall trust

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

In rating the trust, we considered the current ratings of four other services not inspected this time.

- The staff survey results for 2017/2018 showed trust staff engagement had remained consistently high compared to the NHS average
- The trust was ranked number seven in acute trusts, and the third best university teaching hospital. It was also ranked second in good communication between senior managers and staff.
- Managers involved staff in changes to services.
- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses and to report them internally and externally.
- The trust had established an integrated medical examiner group (IMEG) to review all deaths twice daily Monday to Fridays.
- Staffing levels, skill mix and caseloads were planned and reviewed so that people received safe care and treatment.

# Summary of findings

- Staff had access to necessary equipment and medicines; and had a range of policies and procedures based on national standards to support their practice.
- Medicines were appropriately prescribed and administered to people in line with the relevant legislation and current national guidance and had improved since our last inspection.
- People's physical, mental health and social needs were holistically assessed and their care and treatment delivered in line with legislation, standards and evidence-based guidance.
- Multidisciplinary working was strong across the services. Staff worked well together and with other organisations to deliver effective care and treatment.
- The services had clear arrangements for supporting and managing staff to deliver effective care and treatment.
- Staff had annual appraisals and managers encouraged staff and supported opportunities for development.
- Staff were kind caring and treated patients with dignity and respect. Patients spoke of the positive care they received from staff.
- Staff communicated with people so they understood their care, treatment and condition; and advice was given when required. Staff involved carers and families in the patient's care, where appropriate.
- Services delivered were accessible and responsive to people with complex needs or in vulnerable circumstances.
- The trust was recognised as one of 16 exemplar Global Digital acute trusts in England. A benefit for staff and patients was through the medical patient records (My medical record) being accessible to patients and promoting supportive management of long term conditions.
- The use of electronic white boards had been introduced for improving patient safety.
- The volunteers for the trust, worked at the hospitals and were involved with a wide range of activities including hospital radio, patient support and chaplaincy and spiritual care.

However,

- In the emergency department services, we found there were delays in triage of patients that could impact on the health and wellbeing of patients.
- In medicine we found that not all paper records were stored securely to protect patients.
- In maternity we found that systems for ensuring secure access to the unit were not well established.
- In maternity and outpatients, we found infection control procedures were not fully applied.
- There were challenges with the aging estates for fire, water, electricity, and ventilation maintenance. The patient environments were showing significant signs of wear and tear.
- In outpatients there was not always the capacity to meet the needs of patients and their relatives attending.
- In outpatients the risks were significant to patients due to delays for waiting for ophthalmology appointments.
- In several services not all staff had recent updated mandatory training.
- Not all staff were satisfied with the promotion of equality and diversity in the trust's day to day work and for supporting opportunities for career progression. Board members recognised that they had work to do to improve diversity and equality across the trust and at board level.
- The board assurance framework process did not ensure it covered all that the board needed and board meeting minutes did not reflect the degree of challenge and discussion that had been held.

# Summary of findings

- Complaint response targets had not been met and there were delays responding to patients.

## Are services safe?

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

### In Maternity:

- Emergency equipment was not maintained safely, as all the necessary checks were not completed in line with the trust policy and procedures.
- The standard of cleanliness was variable particularly in areas such as the birthing pool on the labour ward.
- Although safety information was collected, it was not on display to the service users. There was limited evidence the data from the safety thermometer was used to improve the service.
- There were weaknesses in the security of the service at Princess Anne hospital which posed risks of unauthorised access to women and babies.
- The shower facilities on antenatal and post- natal wards were in poor state of repair and did not meet the needs of women. Some parts of the environment were draughty and cold as windows needed replacing.
- IT connectivity in the community was poor and staff could not easily access women's records and blood results which could impact on care.

### In Outpatient services:

- The service provided mandatory training in safety systems, processes and practices but did not always ensure everyone had completed it.
- The service did not effectively control all infection risks. Premises were not always clean which could increase the spread of infection. There was no consistent approach to infection control and prevention in the outpatient departments.
- Not all outpatient services had suitable premises. Some departments had capacity issues and could not cope with the volume of patients attending clinics.
- The service did not always maintain patient's confidentiality as patient details were left visible in some clinics.
- Systems and procedures to monitor and manage risks to patients had failed which had led to patient harm.

### In Urgent and emergency care:

- At the time of the inspection, clinical oversight of the adult waiting room was limited. With raised this with the trust who took swift action to mitigate against any possible risks.
- Compliance against mandatory training (for doctors) was below the trust target of 85% in seven of the nine mandatory modules. It was reported there were mitigating circumstances to this and we saw evidence of an improved compliance rate at the time of the inspection

### In Medical care services:

- The service did not accurately record doctors' completion of the relevant mandatory training.
- Venous thromboembolism (VTE) risk assessments were not recorded as per the trust policy.
- Incidents were not always fully investigated and learnt from including for medicine errors.
- The results of the safety monitoring were not always known to staff or shared with patients and visitors.

# Summary of findings

However

- Staff understood their safeguarding responsibilities and how to protect patients from avoidable harm. There was a good understanding amongst staff of what to report as an incident. Staff understood their responsibility to raise concerns and felt confident to report them.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to staff providing care.
- The prescribing, giving, recording and storing of medicines was managed well.
- The services 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.

In the urgent and emergency care department:

- The age of the urgent and emergency care department presented some challenges in terms of the available clinical space to treat patients. Staff managed the risks associated with this well.
- Careful provision had been given to ensuring vulnerable patients and those who presented with acute mental health needs were treated in a safe environment.
- Nursing staff monitored patients using the National Early Warning System (NEWS2) which produced an overall score to alert staff to signs of deterioration in condition. Patients were escalated in accordance with local policies.
- The service controlled risks associated with infections well. Staff protected themselves and patients from the risk of infection by adopting good hand hygiene and utilising personal protective equipment in the majority of cases. However, some equipment and areas of the emergency department were found to be dusty or unclean.

In Medical Care services:

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff had a proactive approach to risk assessments. They recognised it was their responsibility to anticipate and manage risks to people who used the service. Staff kept clear records and asked for support when necessary.
- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

## Are services effective?

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

- The services provided care and treatment based on national guidance in line with best practice and national guidance.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They followed the trust's policy and procedures when gaining consent to care.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff were proactive in supporting people to live healthier lives.

# Summary of findings

- The urgent and emergency care department was a research active centre, participating in multiple research studies in conjunction with colleagues from across different specialities.
- Where clinical audits demonstrated deviation from benchmarked peers, the urgent and emergency care department worked to identify contributing factors, instigate changes to practice and then revisit those changes to ensure positive clinical outcomes were achieved.
- The urgent and emergency care department had been dynamic in developing alternative professional development pathways including encouraging staff to undertake the advanced care practitioner course.
- The children's emergency department was staffed by qualified children's nurses 24 hours a day. The department employed four specialist paediatric emergency medicine consultants who supported the children's ED whilst also liaising closely with the children's hospital.
- The vulnerable adult safeguarding team provided comprehensive support to vulnerable patients. The team comprised of highly competent and experienced practitioners whose role it was to support patients from across a group of vulnerable people. The team worked with both internal and external stakeholders to not only prevent patients being admitted to hospital but to also ensure patients were safeguarded, signposted to appropriate support services and ensure the holistic needs of patients was met.
- All patients had their nutrition needs and hydration needs met and staff assessed and managed patients' pain effectively.
- The services made sure staff were competent for their roles. Most staff had been appraised to review staff's work performance and held supervision meetings with them, when required, to provide support and monitor the effectiveness of the service.
- The medical care service provided a seven-day service and staff supported patients to manage their own health, care and well-being and to maximise their independence following admission and as appropriate for individuals.

However:

- Not all staff had received an annual appraisal or completed mandatory training requirements.

## Are services caring?

Our rating of caring went down

We rated Southampton General Hospital overall outstanding for Caring and the other locations as Good giving the trust overall Good for Caring

We rated it as good because:

- All services involved patients and service users and those close to them in decisions about their care and treatment
- Staff cared for patients and service users with compassion.
- Staff provided emotional support to patients and service users to minimise their distress.
- In Maternity services bereaved parents were supported by specialist teams and referred to counselling services as needed
- Patients spoke positively about their care and treatment. They told us they were treated with dignity and compassion.
- Throughout the inspection we observed staff speaking in appropriate ways with patients. Staff adapted their body language to enable them to communicate more effectively with patients.



# Summary of findings

- Staff used curtains around the bed spaces to provide privacy when assessing and treating patients, and ensured patients' dignity was maintained when curtains were opened.
- We observed episodes of care in the urgent and emergency care department during which patients were truly respected and valued as individuals. Patients were empowered as partners in their care both practically and emotionally. This was especially the case for those patients who presented with mental health conditions or those patients who were recognised as vulnerable.
- Staff de-escalated anxious patients through non-physical techniques. Members of the vulnerable adult support team had been trained to use motivational interview techniques; this technique enabled staff to help patients to change or alter their behaviour by helping people to overcome ambivalence about a particular course of action.
- The trust's urgent and emergency care Friends and Family Test performance (% recommended) was better than the England average from September 2017 to August 2018.

However,

- However, due to the design of the urgent and emergency care department, patient privacy was not always maintained when they were being assessed at the triage stage. This was because the triage room contained two triage stations therefore allowing for two patients to be triaged by different nurses simultaneously. There were no dividers between the two triage bays and so patients and relatives could overhear other patient's conversations when they were being triaged.

## Are services responsive?

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

- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet the standard for any of the 12-month period from September 2017 to August 2018. The trust performance ranged from 68 to 92 minutes which was constantly worse than the standard and England average (which ranged from 56 to 64 minutes).
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From October 2017 to September 2018 the trust failed to meet the standard and performed worse than the England average for seven months during the 12-month period.
- From September 2017 to August 2018 the monthly percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was consistently worse than to the England average.
- Services did not always investigate complaints in a timely way.
- In outpatient services waiting times from referral to treatment were not in line with good practice for some specialties.
- Follow up appointments were not managed effectively in some outpatient departments.
- Some outpatient departments were cramped for the number of patients visiting the clinics.
- Patients experienced delays in some outpatient clinics. Patient waiting times in the clinic were not monitored or communicated to the patients.

However

- Services were planned and delivered to meet the needs of the local population.



# Summary of findings

- Specialist midwives worked closely with mental health and needing extra support teams to support women with additional needs.
- All the services treated concerns and complaints seriously, investigated them, learned lessons from the results and shared with staff.
- In Midwifery services there was consideration for the diverse needs of women and a translation service was available to them. This included leaflets in many different languages.
- In Outpatients staff were aware of how to provide additional support for patients with a learning disability or living with dementia.
- The urgent and emergency care department had introduced various ways to support vulnerable patients. For example:
  - Twelve dementia champions who worked to raise awareness of those living with dementia and were available to offer advice and support to staff, patients and carers during their time in the department.
  - Patients with a learning disability or needs that required assistance were identified on presentation to the department. Staff explained how they encouraged relatives or carers to be part of the treatment process and encouraged people to remain with vulnerable patients during their stay in the emergency department.
  - Also, a comprehensive and extensive fact sheet was available to sign post current military and veteran personnel requiring support from a variety of organisations including those providing mental health services.
  - Staff had drafted standard operating procedures for the management of homelessness and a patient information leaflet about staying safe on the streets.
  - All patients were screened and risk assessed to determine whether they were regular users of recreational or illicit drugs. Relevant patients were provided with information, signposted to support services. Appropriate inter-professional referrals and safeguarding interventions were made.
- From October 2017 to September 2018 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was consistently better than the England average.
- Departmental flow and the emergency access target was considered a "Trust-wide" target. We observed excellent working relationships with medical and surgical specialities who attended the department when required to review and assess patients.
- There was a specialist emergency assessment unit for older patients with a new frailty unit, where patients received rapid assessment by a team led by consultant geriatricians

## Are services well-led?

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

In Maternity services:

- Some staff felt there were limited career development opportunities available to them. The trust was working on feedback from the staff survey where some staff group were not treated as equals.

In Outpatients services:

- Whilst there was management of outpatients in clinical speciality care groups, there was not a complete oversight of outpatient services for the trust for governance, risk and consistency of services.
- A strategy for improving outpatients was still in the planning stages.

# Summary of findings

- The quality of data collected and its effectiveness to keep patients safe was limited.

In Urgent and emergency care:

- During the inspection we considered a lack of clinical oversight of the adult waiting room presented a risk to patients. Although senior staff were aware of the issue, no remedial action had been taken at the time of the initial inspection to address those risks. We raised this with the trust on conclusion of the inspection. The trust took swift action to address the identified risks, thus mitigating the risk to patient safety.

In Medical care services

- The service had some nursing and medical paper records that were not stored securely.

However:

- The trust had a vision to deliver excellence and value in patient care, teaching and research within a culture of compassion and integrity.
- The trust's strategy, vision and values underpinned a culture which was patient centred. Local managers across the service promoted a positive culture that supported and valued staff.
- Managers in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care.
- The services engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The services collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The services were committed to improving services promoting training, research and innovation.
- The priorities of different health professions were considered and discussions at governance meetings. Nursing and medical priorities were aligned and professional standards were upheld and promoted by the leadership team. Clinical effectiveness, safety, patient experience, quality, performance and financial sustainability were all considered equally.

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in Medicines, Urgent and emergency care and Well led. For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including three breaches of legal requirements that the trust must put right.

We found areas that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

# Summary of findings

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

## Action we have taken

We issued requirement notices to the trust. Our action related to breaches of three legal requirements in number of core services.

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

## What happens next

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

## Outstanding practice

We found that at well led the trust were outstanding for:

Across the trust

- The staff survey results for 2017/2018 which showed trust staff engagement had remained consistently high (3.95) compared to the NHS average (3.79). The trust was rated second in good communication between senior managers and staff.
- The trust had established an integrated medical examiner group (IMEG) to review all deaths. There was a clear inclusive process for twice daily medical examiner reviews Monday to Fridays for which all deaths had to be presented no later than the day following the death.
- The trust was recognised as one of 16 exemplar Global Digital acute trusts in England. An example of the benefit for staff and patients was through the medical patient records (My medical record) being accessible to patients and promoting supportive management of long term conditions. Also, the use of electronic white boards introduced for improving patient safety.
- People were also encouraged to become volunteers for the trust and there were at least 859 volunteers in October 2018, who worked at the hospitals and were involved with a wide range of activities including hospital radio, patient support and chaplaincy and spiritual care.

In Urgent and emergency care:

- The Vulnerable adults support team (VAST) won a Nursing Times award in November 2018 for a pioneering initiative to provide better support around the underlying causes of physical and mental health crises in the emergency department.
- The trust was actively engaged in research across a wide spectrum of clinical conditions. Further, the service was also participating in research associated with the psychological impact of bereaved families whose relatives had been lost due to major trauma incidents.
- Careful planning and consideration had been given to meeting the needs of the local population. Environmental changes including the development and building of the new enhanced care suite and the children's emergency department were exemplar examples.
- The arrangements for supporting vulnerable patients and other service users was exceptional. The knowledge and resources within the vulnerable adult support team ensured patients were supported in line with national best practice standards.

# Summary of findings

- Staff were supported to access post-graduate training. This ensured the skill mix and competency of staff was of a level which promoted excellent multi-professional led care. For example, appropriately trained nurses and advanced care practitioners were encouraged and empowered to lead cardiac arrest scenarios with support from consultants.
- The department had recently introduced a comprehensive care bundle which was observed to be consistently used. The care bundle prompted staff to complete rapid assessments across a range of health measures including physical observations, falls risks and skin integrity, sepsis screening, peripheral cannula insertion records and visual infusion phlebitis management. Staff also consistently used hourly safety checklists which prompted staff to consider pain management, vital signs, level of consciousness, nutrition and hydration needs and speciality referrals for those who were identified as being vulnerable for example.
- We observed rapid attendance of clinical specialities to the emergency department when pre-alert calls were received from the ambulance service. Members of the stroke team responded to all stroke calls, even if medical history suggested the patient was outside the optimal window for thrombolysis. Members of the trauma team arrived to the resuscitation area with minimal delay. Health professionals were well prepared and were aware of their roles and responsibilities for managing specific conditions.
- The trust had undertaken extensive work to ensure patients arriving by ambulance were handed over as quickly as possible in order ambulances could return to service to treat pre-hospital patients. A policy of “No-stacking” meant the department was required to use a dedicated clinical area effectively. The “Pit-stop” allowed for the timely handover of care of patients arriving by ambulance. Nurses were trained to undertake rapid assessments of patients, supported by a consultant. Patients were triaged and clinically assessed and clinical interventions such as electrocardiograms, blood tests or radiological procedures including x-rays and computerised tomography (CT) imaging could be requested within the “Pit-stop” area.
- There were several patient groups with a mixture of mental health, substance misuse and chronic medical problems that benefited from a consistent response from health professionals. To help frequent attenders to the emergency department (ED), monthly meetings called, “The high intensity service users’ group”, chaired by an ED consultant had been established. In the meeting, patients were discussed and a care plan was agreed which may alter behaviours and contribute more constructively to the patient’s needs.
- The hospital had developed a frailty team who provided rapid assessments of patients in the ED who met certain referral criteria. We observed the multi-disciplinary frailty service, which comprised physiotherapists, occupational therapists, therapy assistants and nurses. Their role was focussed around improving the urgent care pathway for older people and those living with frailty.
- We spoke with twenty-three patients and relatives, all of whom were highly complementary of the care and treatment they had received. Patients consistently reported they had been treated with dignity and respect.
- We observed episodes of care during which patients were truly respected and valued as individuals. Patients were empowered as partners in their care both practically and emotionally. This was especially the case for those patients who presented with mental health conditions or those patients who were recognised as vulnerable. Staff de-escalated anxious patients through non-physical techniques.
- We considered the leadership team to be cohesive, with heightened visibility and presence across the department and well respected by peers and colleagues. The priorities of different health professions were considered and discussions at governance meetings appeared well rounded.
- Staff strived to continually improve the services on offer within the emergency department of Southampton General Hospital. There was a clear motivation from across a range of health professions and grades to improve the quality of the service. Staff were encouraged to adopt formalised quality improvement methodologies to affect change.

In Maternity services:

# Summary of findings

- The development of the needing extra support care team had a positive impact on women with complex needs welfare and well-being. This provided them with care, support and above all continuity in their care.
- The trust had a dedicated team and an en-suite bereavement room to support women and their families who had experienced loss of their babies. This allowed them to spend time with their families and a cold cot was available in the room.

## In Medical care services:

- Staff cared for patients with compassion. Feedback from patients throughout the service confirmed that staff treated them well and with kindness. Patients and their relatives gave us examples of how staff went an extra mile to provide care and support that exceeded their expectation. For example, the trust registered 18 pets as therapy dogs for both child and adult services. These pets visited the stroke and dementia wards regularly.
- The trust had introduced ‘Eat, Drink, Move’ initiative which had improved patient outcomes.
- The trust achieved best practice tariff status in quarter 3 of 2017. A Best Practice Tariff (BPT) is a national price paid to providers that is designed to incentivise high quality and cost-effective care. The aim was to reduce unexplained variation in clinical quality and to encourage best practice. Only 42% of the NHS trust in England achieved this.
- The trust met all the four key national standards to enable it to provide a seven-day medical service.
- The proportion of patients reviewed by a consultant within 14 hours of admission at hospital improved from 76% in 2016 to 92% in 2018.
- All cardiology patients received a 365-day echo cardiogram service and seven-day consultant. This meant that all new patients and those with complex conditions received a consultant review seven day a week including weekends.
- Reduced admissions were achieved through the consultant-led ambulatory care unit (ACU) where patients were admitted via several different routes, including GPs helped identify patients in the community who required medical intervention without the need to be admitted to the hospital.
- There was a specialist emergency assessment unit for older patients with a new frailty unit, where patients received rapid assessment by a team led by consultant geriatricians.
- The care of the elderly consultants’ locality based model improved the continuity of inpatient care, and with communication with patients and families, and with other healthcare services in the community.
- The “Red to Green” meetings held on every ward ensured patients had all tests and referrals completed. This initiative improved access and flow of patients.

## Areas for improvement

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

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

We told the trust that it must act to bring services into line with three legal requirements. This action related to core services.

## In Maternity services:

# Summary of findings

- Ensure that the environment and equipment are kept clean and fit for purpose. Infection control procedures are in place and adhered to in order to control and minimise the risks of cross infection. Regulation 12 (2) (h)
- Ensure emergency equipment are maintained safely and all necessary checks are completed to safeguard patients. Regulation 15 (1) (e)
- Ensure that arrangements are in place for the safe transfer of women within the maternity unit. Regulation 15(1) (f)
- The provider must ensure premises are suitable for the service provided, including the layout and fit to deliver care and treatment must meet people's needs. Regulation 15 (1) (c)
- The provider must ensure that security of the premises is managed effectively and have the appropriate level of security needed in relation to the services being delivered. Regulation 15 (1) (b).

## **In Outpatient services:**

- Ensure the outpatient service environment is kept clean and fit for purpose. Infection control procedures are in place and adhered to. Regulation 12 (2) (h)
- Ensure systems and procedures are in place to monitor and manage patient's care and outcomes. Thus, avoiding delays in patient appointments which has resulted in patient harm. Regulation 17
- Ensure complete oversight of outpatient services across the trust sites for the management and leadership, governance, risk and consistency of services. Regulation 17
- Ensure there is a finalised strategy for outpatient services. Regulation 17
- Ensure staff personal property is stored appropriately and securely when on duty. Regulation 15
- Ensure patients are kept safe from harm such as by having working emergency call bells and observation of patients left in waiting areas. Regulation 15
- Ensure the physical capacity of the outpatient environments meet the needs of the number of patients waiting and being treated. Regulation 15

## **In Medical care services**

- Ensure records are stored securely. Regulation 17

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

### **Across the Trust**

- Work with staff for the promotion of equality and diversity in the trust's day to day work and for supporting opportunities for career progression.
- Develop the board assurance framework process.
- Continue to improve the complaint response targets had not been met and there were delays responding to patients.
- Review the condition of the estate where this did provide a good experience for patients.
- Review process for all staff to complete annual appraisals.
- Review process for medical staff to complete mandatory training
- Continue in the planning and monitoring at board level for the delays in patient care such as ophthalmology services.

## **In Maternity services:**

# Summary of findings

- The service should ensure that staff in the community have access to information to support and provide women with safe and effective care to meet their needs.
- The service should ensure medicines are stored at the correct temperatures in the day care unit.

## **In Outpatient services:**

- Ensure patient information is kept secure by not leaving patient notes unattended and computers unlocked when not in use.
- Ensure standard operating procedures are reviewed and updated as soon as possible.

## **In Urgent and emergency care:**

- Ensure clinical areas are cleaned regularly in accordance with trust policies and procedures.
- Ensure there is sufficient capacity and flow within the department and across the trust to effectively manage patients requiring step-down care.
- Ensure patient's privacy is maintained at all times by reviewing the triage arrangements within the main waiting area.

## **In Medical care services:**

- Ensure the frequency of change of curtains around the patient bed area is followed and staff made aware of this.
- Ensure the arrangements in the neurological unit meet patient's needs of privacy.
- Ensure venous thromboembolism (VTE) risk assessments are recorded as per the trust policy.
- Ensure there is a specific check list for the equipment on the major bleed trolley in endoscopy.
- Ensure incident and learning from medicine administration is shared across the medical teams.
- Ensure patient safety thermometer data is shared with patients and visitors.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of well-led at the trust has gone down. We rated well-led as good because:

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. They recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation.



# Summary of findings

- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles. With a new chief executive there was a recognised opportunity to refresh the vision and values.
- The trust strategy was directly linked to the vision and values of the trust. The trust involved clinicians, patients and groups from the local community in the development of the strategy and from this had a clear five-year plan to provide high-quality care with financial stability.
- The trust had a clear structure for overseeing performance, quality and risk, with board members represented across the divisions. This gave them greater oversight of issues facing the service and they responded when services needed more support. There had been a recent review of the risk management strategy and policy.
- The leadership team worked well with the clinical leads and encouraged divisions to share learning across the trust.
- The trust made sure that it included and communicated effectively with patients, staff, the public, and local organisations. It supported the divisions to develop their own communication and engagement strategies and encouraged staff to get involved with projects affecting the future of the trust.
- The board reviewed performance reports that included data about the services, which divisional leads could challenge.
- The trust recognised the risks created by the introduction of new IT and business systems in the services. Staff managed these risks well at ward level.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- The staff survey results for 2017/2018 showed trust staff engagement had remained consistently high (3.95) compared to the NHS average (3.79).
- The trust was ranked number seven in acute trusts, and the third best university teaching hospital.
- The trust ranked as the best in the south for recommendation as a place to work and be treated. Also ranked second in good communication between senior managers and staff.
- The trust had established an integrated medical examiner group (IMEG) to review all deaths. The policy, updated in 2018, described a clear inclusive process for twice daily medical examiner reviews Monday to Fridays for which all deaths had to be presented no later than the day following the death.
- The trust recognised, acted upon and met its legal obligations to safeguard those people at risk from abuse, neglect or exploitation.
- There was good preparation for the information governance changes across the trust including how to manage any breaches. Where there had been information governance breaches these had been dealt with according to policy keeping the patient as the focus.
- The trust made sure that it included and communicated effectively with patients, staff, the public, and local organisations. People were also encouraged to become members of the trust to share their views as well as volunteers for the trust and there were at least 859 volunteers in October 2018, who worked at the hospitals and were involved with a wide range of activities including hospital radio, patient support and chaplaincy and spiritual care.
- The trust promoted innovation for example, the trust was recognised as one of 16 exemplar Global Digital acute trusts in England. An example of the benefit for staff and patients was through the medical patient records (My medical record) being accessible to patients and promoting supportive management of long term conditions. Also, the use of electronic white boards across the trust had been introduced for improving patient safety.

## Summary of findings

- The Vulnerable adults support team (VAST) won a professional publication award in November 2018 for a pioneering initiative to provide better support around the underlying causes of physical and mental health crises in the emergency department.

However:

- Not all staff were satisfied with the promotion of equality and diversity in the trust's day to day work and for supporting opportunities for career progression.
- The board assurance framework process did not ensure it covered all that the board needed and board meeting minutes did not reflect the degree of challenge and discussion that had been held.
- Complaint response targets had not been met and there were delays responding to patients.
- The condition of the estate did not provide a good experience for patients where departments were at capacity.
- There had been significant delays in resolving the ophthalmology waiting times and the action plans in place needed careful monitoring for improvements to be achieved.

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at [www.cqc.org.uk/provider/RHM/Reports](http://www.cqc.org.uk/provider/RHM/Reports)

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Apr 2019	Outstanding ↑ Apr 2019	Good ↓ Apr 2019	Requires improvement →← Apr 2019	Good ↓ Apr 2019	Good →← Apr 2019

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

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Southampton General Hospital	Good ↑ Apr 2019	Outstanding ↑ Apr 2019	Outstanding ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↓ Apr 2019	Requires improvement ↔ Apr 2019
Princess Anne Hospital	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
New Forest Birthing Centre	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
South Hants Hospital	Requires improvement Apr 2019	N/A	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019
<b>Overall trust</b>	Requires improvement ↔ Apr 2019	Outstanding ↑ Apr 2018	Good ↓ Apr 2019	Requires improvement ↔ Apr 2018	Good ↓ Apr 2019	Good ↓ Apr 2019

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

### Ratings for Southampton General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↔ Apr 2019	Outstanding ↑ Apr 2019	Outstanding ↑ Apr 2019	Good ↑ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019
Medical care (including older people's care)	Good ↑ Apr 2019	Good ↔ Apr 2019	Outstanding ↑ Apr 2019	Outstanding ↑ Apr 2019	Requires improvement ↔ Apr 2019	Good ↔ Apr 2019
Surgery	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Critical care	Good Jun 2017	Good Jun 2017	Outstanding Jun 2017	Good Jun 2017	Outstanding Jun 2017	Outstanding Jun 2017
Services for children and young people	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Requires improvement Apr 2015	Good Apr 2015	Good Apr 2015
End of life care	Good Jun 2017	Outstanding Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Outpatients	Requires improvement Apr 2019	N/A	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019
<b>Overall*</b>	Good ↔ Apr 2019	Outstanding ↑ Apr 2019	Outstanding ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↓ Apr 2019	Requires improvement ↓ Apr 2019

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

### Ratings for Princess Anne Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
<b>Overall*</b>	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

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

### Ratings for Royal South Hants Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Requires improvement Apr 2019	N/A	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019
<b>Overall*</b>	Requires improvement Apr 2019	N/A	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019

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

### Ratings for New Forest Birthing Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
<b>Overall*</b>	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

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

# Royal South Hants Hospital

Brintons Terrace  
Southampton  
Hampshire  
SO14 0YG  
Tel: 02380634288  
[www.uhs.nhs.uk](http://www.uhs.nhs.uk)

## Key facts and figures

The University Hospital Southampton NHS Foundation Trust provides outpatient appointments for adults for a wide range of medical, surgical and ophthalmology specialities. They provide services at the Southampton General Hospital (SGH), Royal South Hants Hospital (RSH), the Princess Anne Hospital and peripheral clinics at Queen Alexandra Hospital, Lymington New Forest Hospital and at the Countess Mountbatten House. However, the majority of adult outpatient clinics are located at the Southampton General Hospital and the Royal South Hants Hospital. Each year this trust facilitates over 900,000 outpatient appointments.

The trust provides consultant, nurse and allied healthcare professional-led outpatient clinics. Outpatient clinics are mainly coordinated by the Patient Service Centre.

Medical specialities were run out of Southampton General Hospital but some specialities held their outpatient clinics at the Royal South Hants Hospital.

During this inspection we visited the Royal South Hants Hospital and the following outpatient departments:

Trauma and Orthopaedics

Dermatology

ENT

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

## Summary of services at Royal South Hants Hospital

**Requires improvement** 

We rated them as requires improvement because:

On this inspection we rated the outpatients service as requires improvement because:

- The service did not effectively control all infection risks.
- The service had capacity issues in certain departments and could not cope with the volume of patients attending clinics.

# Summary of findings

- Systems and procedures to monitor and manage risks to patients had failed which had led to patient harm.
- It was unclear if there was a robust system for providing feedback and lessons learnt from complaints or incidents to staff working in outpatient services.
- It was unclear if the outpatient services had robust, well-established and effective leadership and governance processes.

However:

- Staff were supported through service related policies and procedures in addition to evidence based professional guidance.
- Feedback from people using outpatient services, and those close to them, was continually positive about the way staff treated them.
- Services provided by the outpatient departments mostly reflected the needs of the local population.
- Most patients were able to access the service in a timely way, with many specialties in line with or close to the national averages in waiting times.



# Outpatients

**Requires improvement**



## Key facts and figures

The University Hospital Southampton NHS Foundation Trust provides outpatient appointments for adults for a wide range of medical, surgical and ophthalmology specialities. They provide services at the Southampton General Hospital (SGH), Royal South Hants Hospital (RSH), the Princess Anne Hospital and peripheral clinics at Queen Alexandra Hospital, Lymington New Forest Hospital and at the Countess Mountbatten House. However, the majority of adult outpatient clinics are located at the Southampton General Hospital and the Royal South Hants Hospital. Each year this trust facilitates over 900,000 outpatient appointments.

Children's outpatient services and maternity outpatient services are not reported in this report. They would be reported under the children and young people core service and the maternity core service reports. However, some children were seen in regular outpatient clinics dependent on speciality including Ear, Nose and Throat (ENT) and ophthalmology. Maternity outpatient clinics are located at the Princess Anne maternity Hospital.

The trust is a regional centre for many specialities including cancer care, cystic fibrosis and allergy and immunology.

The trust provides consultant, nurse and allied healthcare professional-led outpatient clinics. Outpatient clinics are mainly coordinated by the Patient Service Centre.

The trust has four Divisions; Division A, Division B, Division C and Division D. The Divisions are further split up into medical speciality Care Groups. Outpatient departments were managed in the Care Group to which the medical speciality belonged.

The Patient Service Centre (PSC) is part of the Trust Headquarters (THQ) and sits in the Chief Operating Officer (COO) Directorate. The PSC is located at the Southampton General Hospital.

Medical specialities were run out of Southampton General Hospital but some specialities held their outpatient clinics at the Royal South Hants Hospital.

During this inspection we visited the Southampton General Hospital and the Royal South Hants Hospital.

We inspected the following outpatient departments at the Southampton General Hospital:

Ophthalmology

Chemotherapy

Oral and Maxillofacial

Pathology and Phlebotomy

Dietetics

Neurology

Cystic Fibrosis

Respiratory

Allergy and Immunology

Medical care

Cardiovascular thoracic

# Outpatients

Oncology

Physiotherapy

Occupational therapy

Victoria House

Patient Service Centre

and the following outpatient departments at the Royal South Hants department:

Trauma and Orthopaedics

Dermatology

ENT

Rheumatology and Managed Care

All outpatient services are managed and overseen by the surgical and medical specialities of the University Hospital Southampton NHS Foundation trust, therefore much of the information found in the separate SGH and RSH evidence appendixes are interlinked.

During the inspection we spoke with 22 patients and relatives, 88 members of staff including administration staff, managers, doctors, nurses, allied healthcare professionals and healthcare assistants across the two sites. We observed care being provided, looked at patient waiting areas and clinical environments, policies and procedures and information provided by the trust both before and after the inspection.

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

## Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

On this inspection we rated the outpatients service as requires improvement because:

- The service did not effectively control all infection risks.
- The service had capacity issues in certain departments and could not cope with the volume of patients attending clinics.
- Systems and procedures to monitor and manage risks to patients had failed which had led to patient harm.
- It was unclear if there was a robust system for providing feedback and lessons learnt from complaints or incidents to staff working in outpatient services.
- It was unclear if the outpatient services had robust, well-established and effective leadership and governance processes.

However:

- Staff were supported through service related policies and procedures in addition to evidence based professional guidance.

# Outpatients

- Feedback from people using outpatient services, and those close to them, was continually positive about the way staff treated them.
- Services provided by the outpatient departments mostly reflected the needs of the local population.
- Most patients were able to access the service in a timely way, with many specialties in line with or close to the national averages in waiting times.

## Is the service safe?

### Requires improvement



We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- The service provided mandatory training in safety systems, processes and practices but did not always ensure everyone had completed it.
- The service did not effectively control all infection risks. Premises were not always clean which could increase the spread of infection. There was no consistent approach to infection control and prevention in the outpatient departments.
- Not all outpatient services had suitable premises. Some departments had capacity issues and could not cope with the volume of patients attending clinics.
- The service did not always maintain patient's confidentiality as patient details were left visible in some clinics.
- Systems and procedures to monitor and manage risks to patients had failed which had led to patient harm.

However:

- Staff understood their safeguarding responsibilities and how to protect patients from avoidable harm. There was a good understanding amongst staff of what to report as an incident. Staff understood their responsibility to raise concerns and felt confident to report them.
- The service had suitable equipment and looked after it well.
- Staff knew how to recognise and respond to signs of deteriorating health or medical emergencies.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to staff providing care.
- In general, the prescribing, giving, recording and storing of medicines was managed well.
- 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.

## Is the service effective?

Currently we do not rate effective for Outpatients, however we found:

- The service provided care and treatment based on national guidance to ensure treatment and care was effective.

# Outpatients

- Staff ensured patients had enough food and drink during their visit to outpatients.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their responsibilities to ensure patients gave valid consent.
- Staff were proactive in supporting people to live healthier lives.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However:

- Systems to monitor the effectiveness of care and treatment were not embedded in the service.
- There were gaps in management and support arrangements for staff, such as appraisal, supervision and professional development. Appraisal rates for staff working in the outpatient services were below the trust target.

## Is the service caring?

**Good** 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

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

## Is the service responsive?

**Requires improvement** 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- Waiting times from referral to treatment were not in line with good practice for some specialties.
- Follow up appointments were not managed effectively in some outpatient departments.
- Patients experienced delays in some clinics.
- Patient waiting times were not monitored or communicated to the patients.
- Complaints were not always responded to in a timely manner

However:

# Outpatients

- The trust planned and provided services in a way that mostly met the needs of local people.
- The service took account of patients' individual needs. In the majority of outpatient services staff were aware of how to provide additional support for patients with a learning disability or living with dementia.
- The service treated concerns and complaints seriously, investigated them giving detailed but delayed responses to complainants, learnt lessons from the results and shared these with all staff. The trust was working to improve the time taken to response to complainants

## Is the service well-led?

### Requires improvement



We rated it as requires improvement because:

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

- Managers in the trust had the right skills and abilities to run a service providing high-quality sustainable care. However, it was unsure if senior staff had full oversight of the outpatient departments.
- Whilst there was management of outpatients in clinical speciality care groups, there was not a complete oversight of outpatient services for the trust for governance, risk and consistency of services.
- A strategy for improving outpatients was still in the planning stages.
- The quality of data collected and it effectiveness to keep patients safe was limited.

However,

- Managers across the trust promoted a positive culture that supported and valued staff.
- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- There was a strong empathise on clinical research in the trust.

## Areas for improvement

We found areas for improvement in this service.

The provider MUST:

- Ensure all areas of the outpatient service environment are kept clean and fit for purpose. Infection control procedures are in place and adhered to.
- Ensure systems and procedures are in place to monitor and manage patient's care and outcomes. Thus, avoiding delays in patient appointments which has resulted in patient harm.
- Ensure complete oversight of outpatient services across the trust sites for the management and leadership, governance, risk and consistency of services.
- Ensure there is a finalised strategy for outpatient services.

# Outpatients

- Ensure staff personal property is stored appropriately and securely when on duty.
- Ensure patients are kept safe from harm by having working emergency call bells and patients not left unattended in waiting areas.
- Ensure the physical capacity of the outpatient environments meet the needs of the number of patients waiting and being treated.

The provider SHOULD:

- Make sure patient information is kept secure by not leaving patient notes unattended and computers unlocked when not in use.
- Make sure mandatory training is completed by all staff. Make sure there is oversight of mandatory training compliance rate of the medical staff working in the outpatient services.
- Make sure there is dedicated time for staff to complete training and receive yearly appraisals.
- Make sure standard operating procedures are reviewed and updated as soon as possible.

## Regulations

Regulation 12 Health and Social Care Act 2008 (Regulated activities) Regulations 2014 Safe care and treatment

Regulation 12 (2)(h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;

How the regulation not being met:

- Unclean facilities in the outpatient departments.
- There was no consistent approach to infection control and prevention in the outpatient departments.

## Regulation 15: Premises and equipment

Regulation 15 (1)(a)(c)(d)(e) All premises and equipment used by the service provider must be, (a) clean, (c) suitable for the purpose for which they are being used, (d) properly used (e) properly maintained,

How the regulation not being met:

- Staff personal property not being held appropriately or securely.
- Broken emergency call bells and patients left unattended in waiting areas.
- Outpatient departments that could not cope with the volume of patients attending clinics.

## Regulation 17 Good Governance

Regulation 17 (2)(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity

How the regulation not being met:

- Systems and procedures not in place to monitor and manage patient's care and outcomes. This had led to lengthy delays and patient harm.
- Limited oversight by the trust for governance, risk and consistency of services.

# Princess Anne Hospital

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Tel: 02380777222  
[www.uhs.nhs.uk](http://www.uhs.nhs.uk)

## Key facts and figures

We carried out an unannounced inspection on 4,5 and 6 December 2018.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activities at the service.

Maternity Services at the Princess Anne Hospital is a tertiary provider of complex maternity and neonatal services including high risk maternal and fetal medicine and infants with complex medical and surgical needs.

Births occurred in four locations: Labour Ward, the midwifery-led low risk birthing areas in the co-located Broadlands Birth Centre, stand-alone New Forest Birth Centre, and the home setting.

The maternity service included hospital and community settings ensuring that women received care across the antenatal, labour and post-natal periods. The service comprised of the pre-natal diagnostic service such as fetal Medicine, ante-natal screening facilities and the Ultra Sound Sonography (USS) service.

The maternity service at Princess Anne Hospital provided unscheduled and emergency service alongside planned and responsive community acute care delivery. The Trust told us 75% of the service was delivered within a community setting. The maternity service had approximately 51,000 antenatal contacts and 21,000 postnatal contacts with women and their babies.

The Trust has 80 maternity beds.

At Princess Anne Hospital, the maternity service consisted of:

Lyndhurst Ward (22 beds primarily used as antenatal beds, but often also housing post-natal women and babies).

Burley Ward (a 20- bedded postnatal ward).

The Labour Ward which consisted of 14 birthing / delivery suites including a birthing pool

The Broadlands Birth Centre, a midwife-led unit which consisted of four birthing rooms, two of which were equipped with pools and four post-natal beds for women and babies.

The theatre suite which was adjacent to the delivery suite comprises of two obstetric operating theatres.

The midwives were organised into two teams delivering either midwifery or obstetric led care. This ensured that the workforce could respond flexibly to the demands of the service and maintain the skills of the midwifery staff working within each pathway.



# Summary of findings

Uncomplicated pregnancies were midwife-led throughout pregnancy and birth and the care of women with specific complications were managed by the midwives and the obstetric team using agreed pathways and guidelines.

The Trust told us that maternity services worked to ensure that the vision from Better Births was embedded into service development to ensure it was safe, well-led and met the needs of women.

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

During this inspection we spoke with 28 staff members across maternity services; including service leads, matrons, midwives, health support staff, nurses, domestics and administrative staff.

We spoke with 12 women and their relatives and reviewed approximately 48 records across maternity wards including care plans, risk assessments, medicines charts and other records pertaining to the service.

## Summary of this service

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

## Summary of services at Princess Anne Hospital

**Good** 

We rated them as good because:

- The hospital always had enough staff with the right qualifications, skills, experience and training to keep women safe from avoidable harm and abuse, and to provide them with the care and treatment they needed.
- Staff had clear understanding about their safeguarding responsibilities and were confident about actions they would take if they had any concern about a woman's well-being. Staff followed internal procedures for safeguarding women and children.
- Women had access to maternity services when they needed it, with access to telephone guidance 24- hours a day and prompt responses. The Trust provided maternity services seven days a week.
- The service provided care and treatment that was based on national guidance and monitored its application in practice.
- Actions were taken to improve service provision in response to feedback, incidents investigations and complaints received.
- The Trust vision and strategy was understood by staff and staff said they were supported by their managers.

However:

- Emergency equipment was not managed safely, as all the necessary checks were not completed in line with the Trust policy and procedures.
- There were weaknesses in the security of the service which may impact on women and babies.
- The current arrangement for transfer of women was not effectively managed as the lift could not be overridden in an emergency in order to access the Labour Ward and the operating theatres.

# Summary of findings

- Infection prevention processes and guidance were not always followed which posed risks of cross infection. We found some parts of the service did not meet the required standards for cleanliness particularly in the birthing room on the Labour Ward and the ante-natal and post-natal wards.
- The medicines in the induction of Labour Ward was not stored in line with guidance and this may affect their efficacy.
- The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared with staff. These were not completed in a timely way; detailed responses had resulted in delays for the complainants which the Trust was working to improve.
- Not all staff had received yearly appraisals to provide support and monitor their practice. This was below the compliance rate set by the Trust. The trust told us they had taken steps following the inspection to improve appraisal rates, such as allocating protected times on the duty roster for appraisals.

## Key facts and figures

We carried out an unannounced inspection on 4,5 and 6 December 2018.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activities at the service.

Maternity Services at the Princess Anne Hospital is a tertiary provider of complex maternity and neonatal services including high risk maternal and fetal medicine and infants with complex medical and surgical needs.

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The maternity service included hospital and community settings ensuring that women received care across the antenatal, labour and post-natal periods. The service comprised of the pre-natal diagnostic service such as fetal Medicine, ante-natal screening facilities and the Ultra Sound Sonography (USS) service.

Maternity service at Princess Anne Hospital provided unscheduled and emergency service alongside planned and responsive community acute care delivery. The Trust told us 75% of the service was delivered within a community setting. The maternity service had approximately 51,000 antenatal contacts and 21,000 postnatal contacts with women and their babies.

The trust has 80 maternity beds.

At Princess Anne Hospital, the maternity service consisted of:

Lyndhurst Ward (12 beds primarily used as antenatal beds, but often also housing postnatal women and babies).

Burley Ward (a 22- bedded postnatal ward).

The Labour Ward which consisted of 15 birthing / delivery suites including a birthing pool

The Broadlands Birth Centre, a midwife-led unit which consisted of four birthing rooms, two of which were equipped with pools and four postnatal beds for women and babies.

The antenatal clinic and early pregnancy assessment unit, a four- bedded day assessment unit and a four- bedded induction of Labour Ward.

The theatre suite which was adjacent to the delivery suite comprises of two obstetric operating theatres.

The midwives were organised into two teams delivering either midwifery or obstetric led care. This ensured that the workforce could respond flexibly to the demands of the service and maintain the skills of the midwifery staff working within each pathway.

Uncomplicated pregnancies were midwife-led throughout pregnancy and birth and the care of women with specific complications were managed by the midwives and the obstetric team using agreed pathways and guidelines.

The trust told us that maternity services worked to ensure that the vision from Better Births was embedded into service development to ensure it was safe, well-led and met the needs of women.

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

# Maternity

During this inspection we spoke with 28 staff members across maternity services; including service leads, matrons, midwives, health support staff, nurses, domestics and administrative staff.

We spoke with 12 women and their relatives and reviewed approximately 48 records across maternity wards including care plans, risk assessments, medicines charts and other records pertaining to the service.

## Summary of this service

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

- Midwives and obstetric staff had completed additional training for the management of emergency including the Practical Obstetric Multi Professional Training (PROMPT) for obstetric emergencies such as shoulder dystocia, ante-partum and post-partum haemorrhage and maternal sepsis.
- Staff had clear understanding about their safeguarding responsibilities and confident about actions they would take if they had any concern about a woman's wellbeing. Staff followed their internal procedures for safeguarding women and children.
- Staff carried out detailed assessments of women including the most vulnerable groups and ensured that safeguards were in place.
- Actions were taken to improve service provision in response to feedback, incidents investigations and complaints received.
- Antenatal risk assessments and screening for safeguarding and mental health were recorded and actions instigated as needed.
- Women had access to maternity services when they needed it, with access to 24/7 telephone guidance and prompt responses. The trust provided maternity services seven days a week.
- The trust had developed a needing extra support team who managed the care of women with complex needs and providing continuity in their care.
- The maternity was responsive to the needs of women and provided 24-hour care for women, seven days a week.
- The service provided care and treatment that was based on national guidance and monitored its application in practice.
- There were effective cross sector working with the New Forest Birthing Centre and staff said they were well supported when they needed additional help with staffing, and transfer of women and babies
- Incidents were managed well and staff were supported to report incidents. Learning from incidents were shared regularly with staff group which encouraged openness.
- Services were planned and delivered to meet the needs of the local population and reflected some aspects of the National Maternity Review.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Managers at local levels in the trust had the skills to manage the service providing quality and sustainable care.
- The trust vision and strategy was understood by staff and staff said they were supported by their managers.

# Maternity

However:

- Emergency equipment was not managed safely, as all the necessary checks were not completed in line with the trust policy and procedures.
- There were weaknesses in the security of the service which may impact on women and babies.
- The current arrangement for transfer of women was not effectively managed as the lift could not be overridden in an emergency in order to access the Labour ward and the operating theatres.
- Infection prevention processes were poor and guidance were not followed which posed risks of cross infection. We found some parts of the service did not meet the required standards for cleanliness particularly in the birthing room on the Labour Ward and the antenatal and postnatal wards.
- The medicines in the day unit was not stored in line with guidance and this may affect their efficacy.
- The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared with staff. These were not completed in a timely way; detailed responses had resulted in delays for the complainants which the trust was working to improve.
- Not all staff had received yearly appraisals to provide support and monitor their practice. This was below the compliance rate set by the trust.

## Is the service safe?

**Requires improvement**



This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated safe as requires improvement because:

- Emergency equipment was not maintained safely, as all the necessary checks were not completed in line with the trust policy and procedures. This posed risk of equipment may not be available when required in an emergency.
- The maternity service had two passenger lifts as one of them was being refurbished. Arrangements for transfers of women were of concerns as the lift may be in use by visitors and not available in an emergency. There was no facility for overriding it and there was no dedicated patient's lift.
- The standard of cleanliness was variable particularly in areas such as the birthing pool on the Labour Ward, Burley and Lyndhurst wards. Infection control procedures were not consistently followed to ensure risks of cross infection was minimised. Loose tiles in the birthing pool area on the Labour Ward may pose an infection risk from the loose dust particles.
- The staff had not received an appraisal of their work and the appraisal rate was lower than the 100% trust's target.
- The service did not use safety monitoring results well. Although safety information was collected, it was not on display to the service users. Senior staff were not all aware if safety thermometer data was collected. There was limited evidence the data from the safety thermometer was used to improve the service.
- There were weaknesses in the security of the service at Princess Anne hospital which posed risks of unauthorised access to women and babies.
- The shower facilities on antenatal and post- natal wards were in poor state of repair and did not meet the needs of women. Some parts of the environment were draughty and cold as windows needed replacing.

# Maternity

- IT connectivity in the community was poor and staff could not access women's records and blood results which could impact on care.

However:

- Women were supported to give birth at their preferred place. The Trust had introduced triage midwives which allowed for direct referral from women and GPs into the maternity service. This enabled the service to have an early contact with the women to highlight any actions or referrals needed.
- Midwives monitored women's baseline observations such as blood pressure, weight and fetal growth at each appointment. They reassessed risk factors as appropriate. The risk assessment process included an escalation procedure to refer women to an obstetric consultant team.
- Staff completed Practical Obstetric Multi Professional Training (PROMPT) for obstetric emergencies such as shoulder dystocia and haemorrhage post- delivery.
- Staff followed their internal procedures for safeguarding women and children. Staff carried out detailed assessments of women including the most vulnerable groups and ensured that safeguards were in place. Antenatal risk assessments and screening for safeguarding and mental health were recorded and actions instigated as needed.
- The trust had developed a needing extra support team (NEST) who worked within community areas and offered support to women with complex needs aimed at providing them with continuity in their care.
- Staff kept appropriate records of women and babies care and treatment. Records were clear, up to date and easily available to staff providing care in the inpatient wards
- Incidents were managed well and staff reported them appropriately. Learning from incidents was shared and action plans were developed following root cause analysis when things went wrong. Women were supported and given an apology.

## Is the service effective?

**Good** 

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

- The service provided care and treatment based on national guidance in line with best practice and national guidance, such as the National Institute of Health and Care Excellence (NICE) and Royal College of Obstetricians and Gynaecologists (RCOG) guidance.
- Babies born with tongue tie were seen in midwife-led clinics. Several midwives had been trained to treat tongue tie in babies.
- The service managed women's pain effectively and staff administered prescribed medicines in a timely manner. Women were empowered to make choices regarding pain control.
- Staff supported women and babies to meet their dietary needs. Women received breastfeeding support.
- Staff worked well as a multi-disciplinary teamed including midwives, obstetricians, sonographers and other healthcare professionals to provide effective care. This benefited women and their babies.
- The maternity was responsive to the needs of women and provided 24-hour care for women, seven days a week.

# Maternity

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They followed the trust's policy and procedures when gaining consent to care.

However:

- Staff were supported through preceptorship to ensure they were competent for their roles, and worked collaboratively. However not all staff received an appraisal as the appraisal completion rate was significantly lower than the trust's target.

## Is the service caring?

**Good** ●

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

- Staff looked after the women and babies with utmost care and compassion. Feedback from women and their families confirmed that staff treated them well and with kindness.
- Staff provided emotional support to women to minimise their distress. Bereaved parents were supported by specialist teams and referred to counselling services as needed.
- Staff involved women and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Good** ●

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

- Services were planned and delivered to meet the needs of the local population and reflected some aspects of the national maternity review which were, personalised care, continuity, safer care, ante and post-natal mental health care, multi professional working and working across boundaries.
- The service took account of the woman's individual needs. Specialist midwives worked closely with mental health and needing extra support teams to support women with additional needs.
- Women could access maternity services when they needed it, with access to 24/7 care, telephone guidance and prompt responses.
- The trust took into consideration the diverse needs of women and a translation service was available to them. This included leaflets in many different languages.

However:

- The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared with staff. However, they did not always investigate in a timely way.



# Maternity

## Is the service well-led?

**Good** 

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

- The trust had a vision to deliver excellence and value in patient care, teaching and research within a culture of compassion and integrity.
- The Trust's strategy, vision and values underpinned a culture which was women centred. Local managers across the service promoted a positive culture that supported and valued staff.
- The Trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care.
- The service engaged well with women, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service was committed to improving services promoting training, research and innovation.

However:

- The trust was aware of the need to develop the equality and diversity further in the trusts day to day work and for supporting opportunities for career progression. The trust was working on feedback from the staff survey where some staff groups were not treated as equals.

## Outstanding practice

- The development of the needing extra support care team had a positive impact on women with complex needs welfare and well-being. This provided them with care, support and above all continuity in their care.
- The trust had a dedicated team and an en-suite bereavement room to support women and their families who had experienced loss of their babies. This allowed them to spend time with their families and a cold cot was available in the room.

## Areas for improvement

We found areas for improvement in this service.

Action the provider MUST take to improve:

### Musts:

- Ensure that the environment and equipment are kept clean and fit for purpose. Infection control procedures are in place and adhered to in order to control and minimise the risks of cross infection. Regulation 12 (2) (h)
- Ensure emergency equipment are maintained safely and all necessary checks are completed to safeguard women and their babies. Regulation 15 (1) (e)

# Maternity

- Ensure that arrangements are in place for the safe transfer of women within the maternity unit. Regulation 15(1) (f)
- Ensure premises are suitable for the service provided, including the layout and fit to deliver care and treatment must meet people's needs. Regulation 15 (1) (c)
- Ensure that security of the premises is managed effectively and have the appropriate level of security needed in relation to the services being delivered. Regulation 15 (1) (b).

Action the provider SHOULD take to improve:

**Should:**

- Improve access to information for staff in the community in order to support and provide women with safe and effective care to meet their needs.
- Have systems in place for medicines to be stored at the correct temperatures in the day care unit.
- Have arrangements in place to support staff and achieve the Trust's target for yearly staff appraisals.
- Investigate complaints within the time frames as detailed in their own complaints' policy.

# New Forest Birth Centre

Ashurst Hospital, Lyndhurst Road  
Ashurst  
Southampton  
Hampshire  
SO40 7AR  
Tel: 02380747690  
[www.uhs.nhs.uk](http://www.uhs.nhs.uk)

## Key facts and figures

We carried out an unannounced inspection on 4, 5 and 6 December 2018.

This report relates to the service provided at the New Forest Birth Centre which is a standalone service in the New Forest. They worked collaboratively with Princess Anne Hospital which is the main maternity centre for University Hospital Southampton NHS Foundation Trust.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activities at the service.

The New Forest Birth Centre (NFBC) is a stand-alone unit on the edge of the new forest.

During the inspection we visited the New Forest Birth Centre. This is a midwife-led unit which consisted of two birthing rooms and seven postnatal beds. The unit looked after low risk pregnant women and had facilities to transfer women to Princess Anne Hospital which is the main maternity centre. Women requiring epidural or medical help were transferred to the Princess Anne Hospital.

The Princess Anne Hospital is a tertiary provider of complex maternity and neonatal services including high risk maternal and fetal medicine and infants with complex medical and surgical needs. The trust has 80 maternity beds.

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

## Summary of services at New Forest Birth Centre

**Good**   

We rated them as good because:

- The hospital always had enough staff with the right qualifications, skills, experience and training to keep women safe from avoidable harm and abuse, and to provide them with the care and treatment they needed.
- Staff had clear understanding about their safeguarding responsibilities and were confident about actions they would take if they had any concern about a woman's well-being. Staff followed internal procedures for safeguarding women and children.

# Summary of findings

- Women had access to maternity services when they needed it, with access to telephone guidance twenty- four hours a day and prompt responses. The trust provided maternity services seven days a week.
- The service provided care and treatment that was based on national guidance and monitored its application in practice.
- Actions were taken to improve service provision in response to feedback, incidents investigations and complaints received.
- Staff told us there was good working relationship with Princess Anne Hospital and they felt well supported in delivering care to women and babies.
- The trust vision and strategy was understood by staff and staff said they were supported by their managers.

However:

- There was only one midwife on site and staff relied on support from the main hospital which may impact on care of women.
- The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared with staff. These were not completed in a timely way; detailed responses had resulted in delays for the complainants which the trust was working to improve.
- Not all staff had received annual appraisals to provide support and monitor their practice. This was below the compliance rate set by the trust.
- All staff had not completed additional training for management of women in the birthing pool.

# Maternity

Good   

## Key facts and figures

We carried out an unannounced inspection on 4,5 and 6 December 2018.

This report relates to the service provided at the New Forest Birthing Centre which is a stand-alone service in the New Forest. They worked collaboratively with Princess Anne Hospital which is the main maternity centre for this Trust.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activities at the service.

The New Forest Birthing Centre (NFBC) is a stand- alone unit on the edge of the New Forest.

During the inspection we visited the New Forest Birthing Centre. This is a midwife-led unit which consisted of two birthing rooms and seven postnatal beds. The unit looked after low risk pregnant women and had facilities to transfer women to Princess Anne Hospital which is the main maternity centre. Women requiring epidural or medical help were transferred to the Princess Anne Hospital, Southampton.

The Princess Anne Hospital is a tertiary provider of complex maternity and neonatal services including high risk maternal and fetal medicine and infants with complex medical and surgical needs. The Trust has 80 maternity beds.

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

## Summary of this service

We rated it as good because:

This was the first inspection of the core service of maternity at the New Forest Birthing Centre as a separate service. Therefore, we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated this service as good because:

- Midwives and obstetric staff had completed additional training for the management of emergency including the Practical Obstetric Multi Professional Training (PROMPT) for obstetric emergencies such as shoulder dystocia, ante-partum and post-partum haemorrhage and maternal sepsis.
- Staff had clear understanding about their safeguarding responsibilities and were confident about actions they would take if they had any concern about a woman's well-being. Staff followed their internal procedures for safeguarding women and children.
- Staff carried out detailed assessments of women including the most vulnerable groups and ensured that safeguards were in place.
- Actions were taken to improve service provision in response to feedback, incidents investigations and complaints received.
- Ante-natal risk assessments and screening for safeguarding and mental health were recorded and actions instigated as needed.
- Women had access to maternity services when they needed it, with access to telephone guidance 24- four hours a day and prompt responses. The Trust provided maternity services seven days a week.

# Maternity

- The service had developed a needing extra support team who managed the care of women with complex needs and providing continuity in their care.
- The service provided care and treatment that was based on national guidance and monitored its application in practice.
- Incidents were managed well and staff were supported to report incidents. Learning from incidents were shared regularly with staff group which encouraged openness.
- Services were planned and delivered to meet the needs of the local population and reflected some aspects of the National Maternity Review.
- Staff told us there was a good working relationship with Princess Anne Hospital and they felt well supported in delivering care to women and babies.
- There were effective multi- agency working to meet the needs of women and children.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Managers at local levels in the Trust had the skills to manage the service providing quality and sustainable care.
- The Trust vision and strategy was understood by staff and staff said they were supported by their managers.

However:

- There was only one midwife allocated per shift and staff relied on support from the main hospital or staff in the community which may impact on care of women and babies.
- The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared with staff. These were not completed in a timely way; detailed responses had resulted in delays for the complainants which the Trust was working to improve.
- Not all staff had received annual appraisals to provide support and monitor their practice. This was below the compliance rate set by the Trust. The trust told us they had taken steps following the inspection to improve appraisal rates, such as allocating protected times on the duty roster for appraisals.
- All staff had not completed additional training for management of women in the birthing pool.

## Is the service safe?

Good  

This was the first inspection of the core service of maternity at the New Forest Birthing Centre as a separate service, therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated safe as good because:

- Emergency equipment was maintained safely, as all the necessary checks were completed in line with the Trust policy and procedures.
- All the areas we visited were clean and well maintained. Infection control procedures were followed, cleaning records were maintained and hand gels were available at reception and in clinical areas for visitors and staff.
- Women were supported to give birth at their preferred place. The Trust had introduced triage midwives which allowed for direct referral from women and GPs into the maternity service. This enabled the service to have an early contact with the women to highlight any actions or referrals needed.

# Maternity

- Midwives monitored women's baseline observations such as blood pressure, weight and foetal growth at each appointment. They reassessed risk factors as appropriate. The risk assessment process included an escalation procedure to refer women to an obstetric consultant team.
- Staff followed their internal procedures for safeguarding women and babies. Staff carried out detailed assessments of women including the most vulnerable groups and ensured that safeguards were in place. Ante-natal risk assessments and screening for safeguarding and mental health were recorded and actions instigated as needed.
- The service had developed a needing extra support team (NEST) who worked within community areas and offered support to women with complex needs aimed at providing them with continuity in their care.
- Staff kept appropriate records of women and babies care and treatment. Records were clear, up to date and easily available to staff providing care in the inpatient wards.
- Incidents were managed well and staff reported them appropriately. Learning from incidents was shared and action plans were developed following root cause analysis when things went wrong. Women were supported and given an apology.

However;

- The service did not use safety monitoring results well. Although safety information was collected, it was not on display to the service users. Senior staff were not all aware if safety thermometer data was collected. There was limited evidence the data from the safety thermometer was used to improve the service.
- There was only one midwife on site and staff relied on support from the main hospital which may impact on care of women. The Trust told us following the inspection that the other midwife has been deployed to support the community team and would be recalled if needed.
- IT connectivity in the community was poor and staff could not access women's records and blood results which could impact on care. The trust had since told us they had systems in place to support midwives in accessing records.

## Is the service effective?

**Good** ● ➡ ➡

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated effective as good because:

- The service provided care and treatment based on national guidance in line with best practice and national guidance, such as the National Institute of Health and Care Excellence (NICE) and Royal College of Obstetricians and Gynaecologists (RCOG) guidance.
- The service managed women's pain effectively and staff administered prescribed medicines in a timely manner. Women were empowered to make choices regarding pain control.
- Staff supported women and babies to meet their dietary needs. Women received breast feeding support. Meals were prepared on site and women were complimentary about the food and meal choices offered.

# Maternity

- Staff worked well as a multi-disciplinary team including midwives, obstetricians, sonographers and other healthcare professionals to provide effective care. This benefited women and their babies.
- Staff confirmed that they worked across both sites and had developed effective working relationship with the team at Princess Anne Hospital.
- The maternity service was responsive to the needs of women and provided 24-hour care for women, seven days a week.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They followed the Trust's policy and procedures when gaining consent to care.

However:

- Staff were supported through preceptorship to ensure they were competent for their roles. and worked collaboratively. However not all staff received an appraisal as the appraisal completion rate was lower than the Trust's target of 100%.
- Not all staff had completed training in management of women in the birthing pool, this was not in line with guidance.

## Is the service caring?

Good  → ←

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

- Staff cared for women and babies with compassion. Feedback from women and their family throughout the service confirmed that staff treated them well and with kindness. Women felt cared for.
- Staff recognised women needed access to and support networks in the community. They provided emotional support to women in order to minimise their distress.
- Staff involved women and those close to them in decisions about their care and treatment. Staff spent time talking to the women, or those close to them.

## Is the service responsive?

Good  → ←

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:



# Maternity

- Services were planned and delivered to meet the needs of the local population and reflected some aspects of the national maternity review which were, personalised care, continuity, safer care, mental health care ante and postnatally, multi professional working and working across boundaries.
- The service took account of the woman's individual needs. Specialist midwives worked closely with mental health and needing extra support teams to support women with additional needs.
- Women could access maternity services when they needed it, with access to 24- hours care, telephone guidance and prompt responses.
- The service took into consideration the diverse needs of women and a translation service was available to them. This included leaflets in many different languages.

However:

- The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared with staff. The Trust did not always investigate these in a timely way, detailed responses had resulted in delays for the complainants which the Trust was working to improve. The trust reported that since October 2018, there was no case outside their target.

## Is the service well-led?

**Good** ● ➡ ➡

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

- The Trust had a vision to deliver excellence and value in women care, teaching and research within a culture of compassion and integrity.
- The Trust's strategy, vision and values underpinned a culture which was women centred. Local managers across the service promoted a positive culture that supported and valued staff.
- The Trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care.
- The service engaged well with women, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service was committed to improving services promoting training, research and innovation.

However:

- Some staff felt there were limited career development opportunities available to them. The Trust was working on feedback from the staff survey where some staff groups did not feel they were treated as equals.

# Maternity

## Outstanding practice

- The development of the needing extra support care team had a positive impact on women with complex needs welfare and well-being. This provided them with care, support and above all continuity in their care.
- The service had a dedicated team and an en-suite bereavement room to support women and their families who had experienced loss of their babies. This allowed them to spend time with their families and a cold cot was available in the room.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Action the provider SHOULD take to improve:

- Develop their IT system enabling staff in the community to have access to information to support and provide women with safe and effective care to meet their needs.
- Review midwife staffing to ensure women and babies receive timely support when needed.
- Support all staff to complete yearly appraisal in line with the Trust policy.
- Support staff to complete maternity specific training such as management of women in the birthing pool.
- Continue to improve how complaints are investigated within in the time frames detailed in their own complaints policy.
- Allow patient safety thermometer data to be shared with women and visitors.

# Southampton General Hospital

Tremona Road  
Southampton  
Hampshire  
SO16 6YD  
Tel: 02380777222  
[www.suht.nhs.uk](http://www.suht.nhs.uk)

## Key facts and figures

University Hospital Southampton NHS Foundation Trust has had foundation trust status since 1 October 2011. It is one of the country's largest university hospitals, and provides local inpatient services to a population of 1.9 million people living in Southampton and South Hampshire. It also provides specialist services to over 3.7 million people living in southern England and the Channel Islands. There are approximately 11,500 staff employed to deliver services. The trust is also a major centre for teaching and research in association with the University of Southampton and partners including the Medical Research Council and Wellcome Trust.

Services at Southampton General Hospital include urgent and emergency care, medical care, surgery, critical care, gynaecology, services for children and young people, end of life care, and outpatient services including diagnostic imaging.

## Summary of services at Southampton General Hospital

**Requires improvement**  

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

In rating the trust, we considered the current ratings of four other services not inspected this time.

- In the emergency department services, we found there were delays in triage of patients that could impact on the health and well-being of patients.
- In medicine we found that not all paper records were stored securely to protect patients.
- In outpatients, we found infection control procedures were not fully applied.
- There were challenges with the aging estates for fire, water, electricity, and ventilation maintenance. The patient environments were showing significant signs of wear and tear.
- In outpatients there was not always the capacity to meet the needs of patients and their relatives attending.
- In outpatients the risks were significant to patients due to delays for waiting for ophthalmology appointments.
- In several services not all staff had recent updated mandatory training.
- Complaint responses were very detailed and had contributed to delays responding to patients.

# Summary of findings

However,

- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses and to report them internally and externally.
- The trust had established an integrated medical examiner group (IMEG) to review all deaths twice daily Monday to Fridays.
- Staffing levels, skill mix and caseloads were planned and reviewed so that people received safe care and treatment.
- Staff had access to necessary equipment and medicines; and had a range of policies and procedures based on national standards to support their practice.
- Medicines were appropriately prescribed and administered to people in line with the relevant legislation and current national guidance and had improved since our last inspection.
- People's physical, mental health and social needs were holistically assessed and their care and treatment delivered in line with legislation, standards and evidence-based guidance.
- Multidisciplinary working was strong across the services. Staff worked well together and with other organisations to deliver effective care and treatment.
- The services had clear arrangements for supporting and managing staff to deliver effective care and treatment.
- Staff had annual appraisals and managers encouraged staff and supported opportunities for development.
- Staff were kind, caring and treated patients with dignity and respect. Patients spoke of the positive care they received from staff.
- Staff communicated with people so they understood their care, treatment and condition; and advice was given when required. Staff involved carers and families in the patient's care, where appropriate.
- Services delivered were accessible and responsive to people with complex needs or in vulnerable circumstances.
- The trust was recognised as one of 16 exemplar Global Digital acute trusts in England. A benefit for staff and patients was through the medical patient records (My medical record) being accessible to patients and promoting supportive management of long term conditions.
- The use of electronic white boards had been introduced for improving patient safety.
- The volunteers for the trust, worked at the hospitals and were involved with a wide range of activities including hospital radio, patient support and chaplaincy and spiritual care.

We saw several areas of outstanding practice:

In Urgent and emergency care for example:

- The trust was actively engaged in research across a wide spectrum of clinical conditions. Further, the service was also participating in research associated with the psychological impact of bereaved families whose relatives had been lost due to major trauma incidents.
- Careful planning and consideration had been given to meeting the needs of the local population. Environmental changes including the development and building of the new enhanced care suite and the children's emergency department were exemplar examples.
- The arrangements for supporting vulnerable patients and other service users was exceptional. The knowledge and resources within the vulnerable adult support team ensured patients were supported in line with national best practice standards.

# Summary of findings

- Staff were supported to access post-graduate training. This ensured the skill mix and competency of staff was of a level which promoted excellent multi-professional led care.
- The department had recently introduced a comprehensive care bundle which was observed to be consistently used. The care bundle prompted staff to complete rapid assessments across a range of health measures including physical observations, falls risks and skin integrity, sepsis screening, peripheral cannula insertion records and visual infusion phlebitis management. Staff also consistently used hourly safety checklists which prompted staff to consider pain management, vital signs, level of consciousness, nutrition and hydration needs and speciality referrals for those who were identified as being vulnerable for example.
- We observed rapid attendance of clinical specialities to the emergency department when pre-alert calls were received from the ambulance service. Health professionals were well prepared and were aware of their roles and responsibilities for managing specific conditions.
- The trust had undertaken extensive work to ensure patients arriving by ambulance were handed over as quickly as possible in order ambulances could return to service to treat pre-hospital patients. Nurses were trained to undertake rapid assessments of patients, supported by a consultant.
- There were several patient groups with a mixture of mental health, substance misuse and chronic medical problems that benefited from a consistent response from health professionals. To help frequent attenders to the emergency department (ED), monthly meetings called, “The high intensity service users’ group”, chaired by an ED consultant had been established. In the meeting, patients were discussed and a care plan was agreed which may alter behaviours and contribute more constructively to the patient’s needs.
- The hospital had developed a frailty team who provided rapid assessments of patients in the ED who met certain referral criteria.
- We observed episodes of care during which patients were truly respected and valued as individuals. Patients were empowered as partners in their care both practically and emotionally.
- We considered the leadership team to be cohesive, with heightened visibility and presence across the department and well respected by peers and colleagues.

## In Medical care services:

- The trust introduced registered 18 pets as therapy dogs for both child and adult services. These pets visited the stroke and dementia wards regularly.
- The trust had introduced ‘Eat, Drink, Move” initiative which had improved patient outcomes.
- The trust achieved best practice tariff status in quarter 3 of 2017. A Best Practice Tariff (BPT) is a national price paid to providers that is designed to incentivise high quality and cost-effective care. The aim was to reduce unexplained variation in clinical quality and to encourage best practice. Only 42% of the NHS trust in England achieved this.
- The trust met all the four key national standards to enable it to provide a seven-day medical service.
- The proportion of patients reviewed by a consultant within 14 hours of admission at hospital improved from 76% in 2016 to 92% in 2018.
- All cardiology patients received a 365-day echo cardiogram service and seven-day consultant. This meant that all new patients and those with complex conditions received a consultant review seven day a week including weekends.
- Reduced admissions were achieved through the consultant-led ambulatory care unit (ACU) where patients were admitted via several different routes, including GPs helped identify patients in the community who required medical intervention without the need to be admitted to the hospital.

# Summary of findings

- There was a specialist emergency assessment unit for older patients with a new frailty unit, where patients received rapid assessment by a team led by consultant geriatricians.
- The care of the elderly consultants' locality based model improved the continuity of inpatient care, and with communication with patients and families, and with other healthcare services in the community.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust MUST:

In outpatient services:

- Ensure the outpatient service environment is kept clean and fit for purpose. Infection control procedures are in place and adhered to.
- Ensure systems and procedures are in place to monitor and manage patient's care and outcomes. Thus, avoiding delays in patient appointments which has resulted in patient harm.
- Ensure complete oversight of outpatient services across the trust sites for the management and leadership, governance, risk and consistency of services.
- Ensure there is a finalised strategy for outpatient services.
- Ensure staff personal property is stored appropriately and securely when on duty.
- Ensure patients are kept safe from harm such as by having working emergency call bells and observation of patients left in waiting areas.
- Ensure the physical capacity of the outpatient environments meet the needs of the number of patients waiting and being treated.

In Medical care services:

- Ensure records are stored securely.

# Urgent and emergency services

Good  

## Key facts and figures

The trust provides urgent and emergency services to adults and children in and around the Southampton area. The hospital is a designated trauma centre.

The service is managed as one part of the hospital's wider division B which also includes ophthalmology services and medicine.

All emergency services are located within a single department the hospital. The emergency pathway includes a minor injury unit, a major's area with 20 bays including one side room and a cubicle with six seats to manage "Fit-to-sit" patients; a five bed "Pit-stop" area allowing nurses and advanced care practitioners to rapidly assess and commence treatment on patients, and a six three-bedded resuscitation area.

There are separate waiting facilities for children and young people. The department had recently opened a new purpose-built children's emergency department with plans to re-locate the existing paediatric assessment unit to the children's emergency department later in 2019.

The department operates two single-sex clinical decision units and a transitional care unit. X-ray facilities are co-located within the department.

From July 2017 to June 2018 there were 149,478 attendances at the trust's urgent and emergency care services.

As part of the inspection we spoke with 19 patients, two parents of children receiving care, and thirty-five members of staff including, nurses, doctors, consultants, managers and support staff. We also reviewed 15 patient care records and observed clinical handovers, bed meetings and daily safety huddles.

We inspected the service between 22 and 24 January 2019. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We last inspected urgent and emergency services in December 2015. As a result of that inspection, we rated urgent and emergency services as requires improvement.

## Summary of this service

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

- Treatment was delivered in accordance with National Institute for Health and Care Excellence (NICE) and Royal College of Emergency Medicine (RCEM) guidelines.
- The department was a research active centre, participating in multiple research studies in conjunction with colleagues from across different specialities.
- Where clinical audits demonstrated deviation from benchmarked peers, the department worked to identify contributing factors, instigate changes to practice and then revisit those changes to ensure positive clinical outcomes were achieved.
- The department recognised an unplanned re-attendance rate which was marginally higher than the national average; it was considered this was likely attributable to data quality issues and the way the trust reported their data.

# Urgent and emergency services

- The department had been dynamic in developing alternative professional development pathways including encouraging staff to undertake the advanced care practitioner course. Nursing staff and advanced care professionals were trained to undertake advanced procedures including the management of patients who presented with acute coronary syndromes. We observed nursing staff managing specific clinical cases with good support provided by consultants.
- The children's emergency department was staffed by qualified children's nurses 24 hours a day. The department employed four specialist paediatric emergency medicine consultants who supported the children's ED whilst also liaising closely with the children's hospital.
- Twelve health care assistants had received training in dementia and were recognised as dementia champions. Staff working across the emergency department had good knowledge of the procedures and policies to support people in crisis.
- Doctors and nurses of all grades were given protected work time to participate in training.
- The vulnerable adult safeguarding team provided comprehensive support to vulnerable patients. The team comprised of highly competent and experienced practitioners whose role it was to support patients from across a group of vulnerable people. The team worked with both internal and external stakeholders to not only prevent patients being admitted to hospital but to also ensure patients were safeguarded, signposted to appropriate support services and ensure the holistic needs of patients was met.
- The department was an exemplar at demonstrating multi-disciplinary working with both internal colleagues and also across the wider Southampton health system.

There were multiple clinical pathways in place which enhanced the patient experience in the department. Clinical pathways aim to promote organised and efficient patient care based on evidence-based medicine and aim to optimise outcomes.

- Staff had the right skills and knowledge to provide safe care and treatment for patients.
- Clinical education was used to support staff and patients.
- All patients had their nutrition needs and hydration needs met and staff assessed and managed patients' pain effectively.
- Staff had access to best practice reference guides and trust policies in relation to assessing capacity.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- The service supported patients by promoting healthier lifestyles.
- We saw staff being compassionate to patients and their relatives. Patients and relatives spoke highly of the kindness and compassion shown to them by staff.
- We saw staff communicated with and included people so that they understood their care and treatment.
- Staff were non-judgemental and ensured patients were placed at the centre of care planning.
- The trust's urgent and emergency care Friends and Family Test performance (% recommended) was better than the England average from September 2017 to August 2018.
- The service had managers at all levels with the right skills and abilities to run the service, providing high-quality sustainable care.



# Urgent and emergency services

- The service had a vision for what it wanted to achieve and we saw evidence of actions to achieve it.
- Managers promoted a positive culture that supported and valued staff, free from bullying, harassment or discrimination, creating a sense of common purpose based on shared values.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Learning from complaints were shared across the emergency department through daily regular team meetings. Complaints were reviewed through the emergency department governance meetings. There was evidence of changes to practice and the way the service was provided in response to complaints.
- Leadership at departmental level was considered by staff to be supportive and effective.
- Departmental staff were aware of the departments values and the values of the trust.
- There were assurance systems implemented to ensure the identification and management of risks was undertaken and appropriate action taken.

However:

- Not all staff had completed their statutory and mandatory training.

## Is the service safe?

**Good**   

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

- The department had a good patient safety record.
- All staff had a good understanding of safeguarding procedures and they had good links with the local safeguarding team. Staff were aware of their roles and responsibilities regarding safeguarding both adults and children.
- The age of the department presented some challenges in terms of the available clinical space to treat patients. Staff managed the risks associated with this well.
- Careful provision had been given to ensuring vulnerable patients and those who presented with acute mental health needs were treated in a safe environment.
- Medicines storage and administration was safely handled. Controlled drugs were stored and found to be in order. The medicines preparation areas were hygienically maintained.
- Nursing staff monitored patients using the National Early Warning System (NEWS2) which produced an overall score to alert staff to signs of deterioration in condition. Patients were escalated in accordance with local policies.
- The service effectively assessed the risk to patients and acted where appropriate.
- Staff told us how they learnt from their local incidents to improve services by learning from when things go well and when they go wrong. Morbidity and mortality meetings occurred to help establish additional learning opportunities.
- Equipment was checked to ensure it was ready for use and fit for purpose.
- The service controlled risks associated with infections well. Staff protected themselves and patients from the risk of infection by adopting good hand hygiene and utilising personal protective equipment in the majority of cases. However, some equipment and areas of the emergency department were found to be dusty or unclean.

# Urgent and emergency services

- There had been no reported cases of methicillin-resistant *Staphylococcus aureus* infections attributable to the ED.

However:

- Compliance against mandatory training (for doctors) was below the trust target of 85% in seven of the nine mandatory modules. It was reported there were mitigating circumstances to this and we saw evidence of an improved compliance rate at the time of the inspection.
- At the time of the inspection, clinical oversight of the adult waiting room was limited. With raised this with the trust who took swift action to mitigate against any possible risks.

## Is the service effective?

**Outstanding**  

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

- Treatment was delivered in accordance with National Institute for Health and Care Excellence (NICE) and Royal College of Emergency Medicine (RCEM) guidelines.
- The department was a research active centre, participating in multiple research studies in conjunction with colleagues from across different specialities.
- Where clinical audits demonstrated deviation from benchmarked peers, the department worked to identify contributing factors, instigate changes to practice and then revisit those changes to ensure positive clinical outcomes were achieved.
- The department recognised an unplanned re-attendance rate which was marginally higher than the national average; it was considered this was likely attributable to data quality issues and the way the trust reported their data.
- The department had been dynamic in developing alternative professional development pathways including encouraging staff to undertake the advanced care practitioner course. Nursing staff and advanced care professionals were trained to undertake advanced procedures including the management of patients who presented with acute coronary syndromes. We observed nursing staff managing specific clinical cases with good support provided by consultants.
- The children's emergency department was staffed by qualified children's nurses 24 hours a day. The department employed four specialist paediatric emergency medicine consultants who supported the children's ED whilst also liaising closely with the children's hospital.
- Twelve health care assistants had received training in dementia and were recognised as dementia champions. Staff working across the emergency department had good knowledge of the procedures and policies to support people in crisis.
- Doctors and nurses of all grades were given protected work time to participate in training.
- The vulnerable adult safeguarding team provided comprehensive support to vulnerable patients. The team comprised of highly competent and experienced practitioners whose role it was to support patients from across a group of vulnerable people. The team worked with both internal and external stakeholders to not only prevent patients being admitted to hospital but to also ensure patients were safeguarded, signposted to appropriate support services and ensure the holistic needs of patients was met.
- The department was an exemplar at demonstrating multi-disciplinary working with both internal colleagues and also across the wider Southampton health system.

# Urgent and emergency services

- There were multiple clinical pathways in place which enhanced the patient experience in the department. Clinical pathways aim to promote organised and efficient patient care based on evidence-based medicine and aim to optimise outcomes.
- Staff had the right skills and knowledge to provide safe care and treatment for patients. Clinical education was used to support staff and patients.
- All patients had their nutrition needs and hydration needs met and staff assessed and managed patients' pain effectively.
- Staff had access to best practice reference guides and trust policies in relation to assessing capacity.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- The service supported patients by promoting healthier lifestyles.
- Results of national and local audits looking at outcomes for patients showed that generally outcomes were similar to national averages with some areas for improvement. Where improvement was required the service had recognised this and put into place clearly defined actions to address the underlying issues.

## Is the service caring?

**Outstanding**  

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

- Patients spoke positively about their care and treatment. They told us they were treated with dignity and compassion.
- Throughout the inspection we observed staff speaking in appropriate ways with patients. Staff adapted their body language to enable them to communicate more effectively with patients.
- Staff used curtains around the bed spaces to provide privacy when assessing and treating patients, and ensured patients' dignity was maintained when curtains were opened. Patients were covered up at all times when they were in the department and when patients were transferred from the ED.
- Staff were observed introducing themselves by their first names; this was a consistent and embedded practice across the department.
- Reception staff were observed providing reassurance to patients when they presented to the reception desk. Reception staff prompted other patients and relatives to step back from the reception window when other patients were being booked in; this ensured the privacy of patients.
- We observed episodes of care during which patients were truly respected and valued as individuals. Patients were empowered as partners in their care both practically and emotionally. This was especially the case for those patients who presented with mental health conditions or those patients who were recognised as vulnerable.
- Staff de-escalated anxious patients through non-physical techniques. Members of the vulnerable adult support team had been trained to use motivational interview techniques; this technique enabled staff to help patients to change or alter their behaviour by helping people to overcome ambivalence about a particular course of action.
- The trust's urgent and emergency care Friends and Family Test performance (% recommended) was better than the England average from September 2017 to August 2018.

# Urgent and emergency services

- Patients told us they fully understood their treatment and were aware of their aftercare plan and planned date of discharge.
- Patients and relatives told us the staff had been very sensitive and alleviated any anxieties or distress they may have had.

## Is the service responsive?

**Good** ● ↑

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

- Managers investigated complaints locally where possible with face-to-face mediation meetings offered to complainants. Staff discussed complaint outcomes with peers and staff could demonstrate learning from complaints.
- Patients with a learning disability or needs that required assistance were identified on presentation to the department. Staff explained how they encouraged relatives or carers to be part of the treatment process and encouraged people to remain with vulnerable patients during their stay in the emergency department.
- There was a clear recognition for the need to review the size and scale of the emergency department to ensure it met the future needs of the population.
- A new purpose-built children's emergency department (CED) had opened shortly prior to the inspection. The new CED had been designed with input from children and young people. Whilst not fully operational, there were clearly defined plans to fully open the CED in quarter three of 2019. In doing so, the existing children's assessment unit would become co-located with the CED. Additionally, the new CED had been designed to ensure treatments could be provided in a timely way. The addition of a dedicated children's x-ray room and clinical treatment room had all been carefully planned and factored in to the new department.
- The trust made a significant financial investment to establish and build an appropriate environment for the management and care of patients who presented with mental health needs. The enhanced care suite (ECS) had opened in September 2018. The ECS was a purpose built, two bedded clinical area which was used to treat patients with a range of conditions. Careful consideration had been given to ensure the ECS met service specifications.
- In response to an ageing population, the ED introduced twelve dementia champions who worked to raise awareness of those living with dementia and were available to offer advice and support to staff, patients and carers during their time in the department.
- A comprehensive and extensive fact sheet was available in ED to sign post current military and veteran personnel requiring support from a variety of organisations including those providing mental health services.
- Staff had drafted standard operating procedures for the management of homelessness in ED and a patient information leaflet about staying safe on the streets. Training had also been provided to all ED staff.
- All patients attending the ED were screened and risk assessed to determine whether they were regular users of recreational or illicit drugs. Relevant patients were provided with information, signposted to support services. Appropriate inter-professional referrals and safeguarding interventions were made.
- A well-decorated and well-sited viewing room was available for friends and relatives to spend time with deceased patients. The room was equipped with soft lighting, air conditioning and sufficient seating to accommodate several visitors. The room was located within the emergency department but away from the busy clinical areas so people were not distracted by noise.

# Urgent and emergency services

- From October 2017 to September 2018 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was consistently better than the England average.
- Departmental flow and the emergency access target was considered a "Trust-wide" target. We observed excellent working relationships with medical and surgical specialities who attended the department when required to review and assess patients.
- We saw examples of learning from complaints being shared with staff to help improve the service for others. Outcomes were shared so that other staff could learn from the experiences of patients and their loved ones. We saw action plans developed to ensure actions were properly recorded.

However,

- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet the standard for any of the 12 month period from September 2017 to August 2018. The trust performance ranged from 68 to 92 minutes which was constantly worse than the standard and England average (which ranged from 56 to 64 minutes).
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From October 2017 to September 2018 the trust failed to meet the standard and performed worse than the England average for seven months during the 12 month period.
- From September 2017 to August 2018 the monthly percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was consistently worse than to the England average. The trust informed us that 10% of these patients were streamed to be seen by co-located GP services.
- The service was not consistently responding to complaints within the timescales set out in the trust policy.
- The design of the department meant patient privacy was not always maintained when they were being assessed at the triage stage. This was because the triage room contained two triage stations therefore allowing for two patients to be triaged by different nurses simultaneously. There were no dividers between the two triage bays and so patients and relatives could overhear other patient's conversations when they were being triaged.

## Is the service well-led?

**Good** ● ➡ ➡

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

- Staff reported the leadership team operated an open-door policy. Leaders were described as being very approachable and responsive to staff concerns. Leaders listened to and acknowledged the concerns of front-line staff. Our discussions with the leadership team suggested they were sighted on and were addressing the challenges of providing emergency care in a challenging estate.
- The priorities of different health professions were considered and discussions at governance meetings appeared well rounded. Nursing and medical priorities were aligned and professional standards were upheld and promoted by the leadership team. Clinical effectiveness, safety, patient experience, quality, performance and financial sustainability were all considered equally.
- Although the department did not have a formalised vision or strategy, in part because of the recent changes to the clinical leadership of the department, all staff we spoke with provided a consistent message that safety, quality and patient experience were paramount.

# Urgent and emergency services

- There was a comprehensive emergency care action plan which was being actioned at the time of the inspection. The action plan considered a range of different workstreams including improvement of departmental and operational flow through the emergency pathway, reduce clinical variation, work to align the existing workforce to ensure it meets operational demands and to work with partners to reduce pressure during evenings and at night time.
- The leadership team were sighted on the challenges of the department. Routine audit programmes, consideration of incidents and complaints and patient feedback were all considered to determine how the department was performing. In-depth analysis of a range of information was considered and scrutinised on a monthly basis.
- The service used information about performance effectively to improve services and waiting times.
- Emerging priorities, area updates, policies and documents for review and approval, focus of the month, validation of incidents, new significant incidents, new claims, new significant complaints, favourable event reports and a review of the departmental risk register all featured at monthly governance meetings. Minutes of these meetings demonstrated a high level of discussion and analysis of all information available to the team to determine the overall clinical effectiveness and safety of the department.
- There were assurance systems implemented to ensure the identification and management of risks was undertaken and appropriate action taken.
- The service positively encouraged the participation and engagement of both staff and patients in planning and delivering services across the emergency care pathway. The voices of patients and staff were captured, considered, and used to make improvements to services.

However.

- During the inspection we considered a lack of clinical oversight of the adult waiting room presented a risk to patients. Although senior staff were aware of the issue, no remedial action had been taken at the time of the initial inspection to address those risks. We raised this with the trust on conclusion of the inspection. The trust took swift action to address the identified risks, thus mitigating the risk to patient safety.

## Outstanding practice

- The trust was actively engaged in research across a wide spectrum of clinical conditions. Further, the service was also participating in research associated with the psychological impact of bereaved families whose relatives had been lost due to major trauma incidents.
- Careful planning and consideration had been given to meeting the needs of the local population. Environmental changes including the development and building of the new enhanced care suite and the children's emergency department were exemplar examples.
- The arrangements for supporting vulnerable patients and other service users was exceptional. The knowledge and resources within the vulnerable adult support team ensured patients were supported in line with national best practice standards.
- Staff were supported to access post-graduate training. This ensured the skill mix and competency of staff was of a level which promoted excellent multi-professional led care. For example, appropriately trained nurses and advanced care practitioners were encouraged and empowered to lead cardiac arrest scenarios with support from consultants.
- The department had recently introduced a comprehensive care bundle which was observed to be consistently used. The care bundle prompted staff to complete rapid assessments across a range of health measures including physical



# Urgent and emergency services

observations, falls risks and skin integrity, sepsis screening, peripheral cannula insertion records and visual infusion phlebitis management. Staff also consistently used hourly safety checklists which prompted staff to consider pain management, vital signs, level of consciousness, nutrition and hydration needs and speciality referrals for those who were identified as being vulnerable for example.

- We observed rapid attendance of clinical specialities to the emergency department when pre-alert calls were received from the ambulance service. Members of the stroke team responded to all stroke calls, even if medical history suggested the patient was outside the optimal window for thrombolysis. Members of the trauma team arrived to the resuscitation area with minimal delay. Health professionals were well prepared and were aware of their roles and responsibilities for managing specific conditions.
- The trust had undertaken extensive work to ensure patients arriving by ambulance were handed over as quickly as possible in order ambulances could return to service to treat pre-hospital patients. A policy of “No-stacking” meant the department was required to use a dedicated clinical area effectively. The “Pit-stop” allowed for the timely handover of care of patients arriving by ambulance. Nurses were trained to undertake rapid assessments of patients, supported by a consultant. Patients were triaged and clinically assessed and clinical interventions such as electrocardiograms, blood tests or radiological procedures including x-rays and computerised tomography (CT) imaging could be requested within the “Pit-stop” area.
- There were several patient groups with a mixture of mental health, substance misuse and chronic medical problems that benefited from a consistent response from health professionals. To help frequent attenders to the ED, monthly meetings called, “The high intensity service users’ group”, chaired by an ED consultant had been established. In the meeting, patients were discussed and a care plan was agreed which may alter behaviours and contribute more constructively to the patient’s needs.
- The hospital had developed a frailty team who provided rapid assessments of patients in the ED who met certain referral criteria. We observed the multi-disciplinary frailty service, which comprised physiotherapists, occupational therapists, therapy assistants and nurses. Their role was focussed around improving the urgent care pathway for older people and those living with frailty.
- We spoke with twenty-three patients and relatives, all of whom were highly complementary of the care and treatment they had received. Patients consistently reported they had been treated with dignity and respect.
- We observed episodes of care during which patients were truly respected and valued as individuals. Patients were empowered as partners in their care both practically and emotionally. This was especially the case for those patients who presented with mental health conditions or those patients who were recognised as vulnerable. Staff de-escalated anxious patients through non-physical techniques.
- We considered the leadership team to be cohesive, with heightened visibility and presence across the department and well respected by peers and colleagues. The priorities of different health professions were considered and discussions at governance meetings appeared well rounded.
- Staff strived to continually improve the services on offer within the emergency department of Southampton General Hospital. There was a clear motivation from across a range of health professions and grades to improve the quality of the service. Staff were encouraged to adopt formalised quality improvement methodologies to affect change.

## Areas for improvement

The provider should:

Ensure all staff complete their mandatory training in line with trust and statutory requirements.

Ensure clinical areas are cleaned regularly in accordance with trust policies and procedures.

# Urgent and emergency services

Ensure there is sufficient capacity and flow within the department and across the trust to effectively manage patients requiring step-down care.

Ensure patient's privacy is maintained at all times by reviewing the triage arrangements within the main waiting area.

Ensure complaints are managed in accordance with the trust policy.



# Medical care (including older people's care)

Good   

## Key facts and figures

We carried out an unannounced inspection on 4,5 and 6 December 2018.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activities at the service.

The medical care core service at Southampton General Hospital provides care and treatment in 24 inpatient areas as described below:

- Endoscopy unit
- Acute medical unit (54 beds)
- Five elderly wards
- Three respiratory wards including a high dependency ward
- Two gastroenterology wards/ general medicine wards
- General medical ward
- Transition ward
- Three cardiology wards including a Coronary Care Unit (CCU) and high dependency CCU
- Two stroke wards including a hyperacute stroke and neurological day case ward
- Four oncology wards
- Two isolation wards

The trust had 55,295 medical admissions from July 2017 to June 2018. Emergency admissions accounted for 24,001 (43.4 %), 3,190 (5.8%) were elective, and the remaining 28,104 (50.8%) were day case.

Admissions for the top three medical specialties were:

- General medicine
- Clinical haematology
- Cardiology

Provision of clinical services at the Southampton General Hospital were structured within four divisions, namely A, B, C and D. Most medical services and older people's care were a part of division B. Oncology was provided within division A and stroke services within division D. There was a 47-bedded acute medical unit (AMU), a five bedded GP AMU, and an ambulatory care unit (ACU). All these services were provided at Southampton General Hospital.

The following was a general overview: stroke unit (F8 ward), elderly care and dementia wards (G5, G6, G7, G8 and G9 wards), general and speciality medicine wards (D5, D6, D7 and D8 wards), isolation wards (C5 and D10 wards), coronary care unit (CCU) and the cardiac short stay ward.

# Medical care (including older people's care)

During this inspection, we visited all the wards, the acute medical unit (AMU), a five bedded GP AMU, the ambulatory care unit (ACU) and the endoscopy suite. We spoke with 45 members of staff including service leads, doctors, nursing staff, healthcare assistants, housekeeping staff, porter's and administrative staff. We also spoke with 14 patients and three sets of relatives.

We looked at 41 sets of medical records and reviewed a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, risk assessments and audit results. Before our inspection, we reviewed performance information from, and about, the trust.

We last inspected medical care services in December 2015. As a result of that inspection, we rated medical care services as good.

## Summary of this service

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

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- People who used the medical care services were kept safe from avoidable harm because there were suitable arrangements to enable staff to identify and respond to risks.
- There were sufficient numbers of staff, and they had been provided with safety training. Staff were further supported through service related policies and procedures in addition to evidence based professional guidance.
- Feedback from people using medical care services, and those close to them, was positive about the way staff treated them. Patients and their relatives gave us examples of how staff went an extra mile to provide care and support that exceeded their expectation. For example, the trust registered 18 pets as therapy dogs for both child and adult services. These pets visited the stroke and dementia wards regularly.
- Patients told us staff demonstrated genuine affection, care and concern for them. Patients and family members gave us examples of how staff ensured patients' emotional and social needs were as important as their physical needs.
- Services provided by the medical care reflected the needs of the local population.
- The service used technology innovatively to ensure people had timely access to treatment, support and care.

However:

- Not all nursing and medical paper records for patients were stored securely.
- Incidents and learning from medicine administration errors were not shared across the medical teams.

## Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff. Nursing staff completed most of the training.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

# Medical care (including older people's care)

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff had a proactive approach to risk assessments. They recognised it was their responsibility to anticipate and manage risks to people who used the service. Staff kept clear records and asked for support when necessary.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing 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.
- The service used safety monitoring results well and took appropriate action as result of the findings. Staff collected safety information and managers used this to improve the service.

However:

- The service did not accurately record doctors' completion of the relevant mandatory training.
- Venous thromboembolism (VTE) risk assessments were not recorded as per the trust policy, however the trust was already taking action on this matter.
- Incidents were not always fully investigated and learnt from including for medicine errors.
- The results of the safety monitoring were not always known to staff or shared with patients and visitors.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of this effectiveness. New evidenced-based techniques and technologies were used to support the delivery of high-quality care. Managers assessed staff compliance with guidance and identified areas for improvement.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made dietary adjustments for patients for religious, cultural, personal choice or medical reasons when required.
- The service managed patients' pain effectively and provided or offered pain relief regularly.
- Staff were actively engaged in activities to monitor and improve quality and outcomes. The service proactively pursued opportunities in benchmarking and peer reviews and information was used to improve patient care.

# Medical care (including older people's care)

- The service made sure staff were competent for their roles. Most staff had been appraised to review staff's work performance and held supervision meetings with them, when required, to provide support and monitor the effectiveness of the service.
- Staff worked collaboratively together as a team to benefit patients. They found innovative ways to deliver more joined-up care to people who used the service. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The medical service provided a seven-day service.
- Staff supported patients to manage their own health, care and well-being and to maximise their independence following admission and as appropriate for individuals.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However:

The trust did not meet the target for appraisals.

## Is the service caring?

**Outstanding**  

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

- Staff cared for patients with compassion. Feedback from patients throughout the service confirmed that staff treated them well and with kindness.
- Patients and their relatives gave us examples of how staff went an extra mile to provide care and support that exceeded their expectation. For example, the trust registered 18 pets as therapy dogs for both child and adult services. These pets visited the stroke and dementia wards regularly.
- Patients told us staff demonstrated genuine affection, care and concern for them. Patients and family members gave us examples of how staff ensured patients' emotional and social needs were seen as being as important as their physical needs.
- Staff recognised people needed access to and support networks in the community. They provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff spent time talking to people, or those close to them.

## Is the service responsive?

**Outstanding**  

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

- The trust planned and provided services in a way that met the needs of local people.
- The service took a proactive approach to understanding the needs and preferences of different groups of people. Care was delivered in a way that met those needs.

# Medical care (including older people's care)

- Patients could access the service when they needed. The service used technology innovatively to ensure people had timely access to treatment, support and care.
- There was a specialist emergency assessment unit for older patients with a new frailty unit, where patients received rapid assessment by a team led by consultant geriatricians.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- Detailed responses to complaints had resulted in delays for the complainants which the trust was working to improve.

## Is the service well-led?

**Requires improvement**  

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

- The service had some nursing and medical paper records for patients that were not stored securely.

However:

- The service had managers at nearly all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision and strategy for what it wanted to achieve. The supporting objectives and plans were stretching, challenging and innovative. There were workable plans to turn the vision and the strategy into an action plan developed with involvement from staff and patients.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used proactive approaches to review and reflect best practice. They continually improved the quality of the services and safeguarded high standards of care by creating an environment in which excellence in clinical care flourished.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used most information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service fully embedded a systematic approach to improvement and made patient experience pivotal for staff to learn and enhance the performance of the organisation. Staff created new sustainable models of care and shared their work nationally.

# Medical care (including older people's care)

## Outstanding practice

- The trust introduced registered 18 pets as therapy dogs for both child and adult services. These pets visited the stroke and dementia wards regularly.
- The trust had introduced 'Eat, Drink, Move' initiative which had improved patient outcomes.
- The trust achieved best practice tariff status in quarter 3 of 2017. A Best Practice Tariff (BPT) is a national price paid to providers that is designed to incentivise high quality and cost-effective care. The aim was to reduce unexplained variation in clinical quality and to encourage best practice. Only 42% of the NHS trust in England achieved this.
- The trust met all the four key national standards to enable it to provide a seven-day medical service.
- The proportion of patients reviewed by a consultant within 14 hours of admission at hospital improved from 76% in 2016 to 92% in 2018.
- All cardiology patients received a 365-day echo cardiogram service and seven-day consultant. This meant that all new patients and those with complex conditions received a consultant review seven day a week including weekends.
- Reduced admissions were achieved through the consultant-led ambulatory care unit (ACU) where patients were admitted via several different routes, including GPs helped identify patients in the community who required medical intervention without the need to be admitted to the hospital.
- There was a specialist emergency assessment unit for older patients with a new frailty unit, where patients received rapid assessment by a team led by consultant geriatricians.
- The care of the elderly consultants' locality based model improved the continuity of inpatient care, and with communication with patients and families, and with other healthcare services in the community.
- The "Red to Green" meetings held on every ward ensured patients had all tests and referrals completed. This initiative improved access and flow of patients.

## Areas for improvement

We found areas for improvement in this service.

The provider MUST:

- Ensure records are stored securely

Regulation 17 Good Governance

Regulation 17 (2)(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

How the regulation not being met:

- Nursing and medical records were not always stored securely.

The provider SHOULD:

- Make sure there is accurate recording of the completion of the relevant mandatory courses by all doctors.
- Make the frequency of change of curtains around the patient bed area is followed and staff made aware of this.
- Make sure the arrangements in the neurological unit meet patient's needs of privacy.

# Medical care (including older people's care)

- Continue to ensure improvement with the recording of venous thromboembolism (VTE) risk assessments as per the trust policy.
- Ensure there is a specific check list for the equipment on the major bleed trolley in endoscopy.
- Ensure incident and learning from medicine administration is shared across the medical teams.
- Ensure all clinical staff receive regular appraisal.
- Ensure patient safety thermometer data is shared with patients and visitors.
- Continue to improve meeting timeframe for complaints as per the trust policy.

# Outpatients

**Requires improvement**



## Key facts and figures

The University Hospital Southampton NHS Foundation Trust provides outpatient appointments for adults for a wide range of medical, surgical and ophthalmology specialities. They provide services at the Southampton General Hospital (SGH), Royal South Hants Hospital (RSH), the Princess Anne Hospital and peripheral clinics at Queen Alexandra Hospital, Lymington New Forest Hospital and at the Countess Mountbatten House. However, the majority of adult outpatient clinics are located at the Southampton General Hospital and the Royal South Hants Hospital. Each year this trust facilitates over 900,000 outpatient appointments.

Children's outpatient services and maternity outpatient services are not reported in this report. They would be reported under the children and young people core service and the maternity core service reports. However, some children were seen in regular outpatient clinics dependent on speciality including Ear, Nose and Throat (ENT) and ophthalmology. Maternity outpatient clinics are located at the Princess Anne maternity Hospital.

The trust is a regional centre for many specialities including cancer care, cystic fibrosis and allergy and immunology.

The trust provides consultant, nurse and allied healthcare professional-led outpatient clinics. Outpatient clinics are mainly coordinated by the Patient Service Centre.

The trust has four Divisions; Division A, Division B, Division C and Division D. The Divisions are further split up into medical speciality Care Groups. Outpatient departments were managed in the Care Group to which the medical speciality belonged. The Patient Service Centre sits in Division C under the Support Services Care Group and was located at the Southampton General Hospital.

Medical specialities were run out of Southampton General Hospital but some specialities held their outpatient clinics at the Royal South Hants Hospital.

During this inspection we visited the Southampton General Hospital and the Royal South Hants Hospital. The Royal South Hants Hospital inspection is reported separately.

We inspected the following outpatient departments at the Southampton General Hospital:

Ophthalmology

Chemotherapy

Oral and Maxillofacial

Pathology and Phlebotomy

Dietetics

Neurology

Cystic Fibrosis

Respiratory

Allergy and Immunology

Medical care

Cardiovascular thoracic



# Outpatients

Oncology

Physiotherapy

Occupational therapy

Victoria House

Patient Service Centre

During the inspection we spoke with 22 patients and relatives, 88 members of staff including administration staff, managers, doctors, nurses, allied healthcare professionals and healthcare assistants across the two sites. We observed care being provided, looked at patient waiting areas and clinical environments, policies and procedures and information provided by the trust both before and after the inspection.

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

## Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- The service did not effectively control all infection risks.
- The service had capacity issues in certain departments and could not cope with the volume of patients attending clinics.
- Systems and procedures to monitor and manage risks to patients had failed which had led to patient harm.
- It was unclear if there was a robust system for providing feedback and lessons learnt from complaints or incidents to staff working in outpatient services.
- It was unclear if the outpatient services had robust, well-established and effective leadership and governance processes.

However:

- Staff were supported through service related policies and procedures in addition to evidence based professional guidance.
- Feedback from people using outpatient services, and those close to them, was continually positive about the way staff treated them.
- Services provided by the outpatient departments mostly reflected the needs of the local population.
- Most patients were able to access the service in a timely way, with many specialties in line with or close to the national averages in waiting times.

## Is the service safe?

**Requires improvement**



# Outpatients

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- The service provided mandatory training in safety systems, processes and practices but did not always ensure everyone had completed it.
- The service did not effectively control all infection risks. Premises were not always clean which could increase the spread of infection. There was no consistent approach to infection control and prevention in the outpatient departments.
- Not all outpatient services had suitable premises. Some departments had capacity issues and could not cope with the volume of patients attending clinics.
- The service did not always maintain patient's confidentiality as patient details were left visible in some clinics.
- Systems and procedures to monitor and manage risks to patients had failed which had led to patient harm.

However:

- Staff understood their safeguarding responsibilities and how to protect patients from avoidable harm. There was a good understanding amongst staff of what to report as an incident. Staff understood their responsibility to raise concerns and felt confident to report them.
- The service had suitable equipment and looked after it well.
- Staff knew how to recognise and respond to signs of deteriorating health or medical emergencies.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to staff providing care.
- In general, the prescribing, giving, recording and storing of medicines was managed well.
- 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.

## Is the service effective?

Currently we do not rate effective for Outpatients, however we found:

- The service provided care and treatment based on national guidance to ensure treatment and care was effective.
- Staff ensured patients had enough food and drink during their visit to outpatients.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood their responsibilities to ensure patients gave valid consent.
- Staff were proactive in supporting people to live healthier lives.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However:

# Outpatients

- Systems to monitor the effectiveness of care and treatment were not embedded in the service.
- There were gaps in management and support arrangements for staff, such as appraisal, supervision and professional development. Appraisal rates for staff working in the outpatient services were below the trust target.

## Is the service caring?

**Good** 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

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

## Is the service responsive?

**Requires improvement** 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- Waiting times from referral to treatment were not in line with good practice for some specialties.
- Follow up appointments were not managed effectively in some outpatient departments.
- Some departments were cramped for the number of patients visiting the clinics.
- Patients experienced delays in some clinics.
- Patient waiting times were not monitored or communicated to the patients.

However:

- The trust planned and provided services in a way that mostly met the needs of local people.
- The service took account of patients' individual needs. In the majority of outpatient services staff were aware of how to provide additional support for patients with a learning disability or living with dementia.
- The service treated concerns and complaints seriously, investigated them giving detailed but delayed responses to complainants, learnt lessons from the results and shared these with all staff. The trust was working to improve the time taken to response to complainants.

# Outpatients

## Is the service well-led?

### Requires improvement

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- Managers in the trust had the right skills and abilities to run a service providing high-quality sustainable care. However, it was unsure if senior staff had full oversight of the outpatient departments.
- Whilst there was management of outpatients in clinical speciality care groups, there was not a complete oversight of outpatient services for the trust for governance, risk and consistency of services.
- A strategy for improving outpatients was still in the planning stages.
- The quality of data collected and its effectiveness to keep patients safe was limited.

However,

- Managers across the trust promoted a positive culture that supported and valued staff.
- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- There was a strong emphasis on clinical research in the trust.

## Areas for improvement

We found areas for improvement in this service.

The provider MUST:

- Ensure all areas of the outpatient service environment are kept clean and fit for purpose. Infection control procedures are in place and adhered to.
- Ensure systems and procedures are in place to monitor and manage patient's care and outcomes. Thus, avoiding delays in patient appointments which has resulted in patient harm.
- Ensure complete oversight of outpatient services across the trust sites for the management and leadership, governance, risk and consistency of services.
- Ensure there is a finalised strategy for outpatient services.
- Ensure staff personal property is stored appropriately and securely when on duty.
- Ensure patients are kept safe from harm such as by having working emergency call bells and observation of patients left in waiting areas.
- Ensure the physical capacity of the outpatient environments meet the needs of the number of patients waiting and being treated.

# Outpatients

*The provider SHOULD:*

- Make sure patient information is kept secure by not leaving patient notes unattended and computers unlocked when not in use.
- Make sure mandatory training is completed by all staff. Make sure there is oversight of mandatory training compliance rate of the medical staff working in the outpatient services.
- Make sure there is dedicated time for staff to complete training and receive yearly appraisals.
- Make sure standard operating procedures are reviewed and updated as soon as possible.

## Regulations

Regulation 12 Health and Social Care Act 2008 (Regulated activities) Regulations 2014 Safe care and treatment

Regulation 12 (2)(h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;

How the regulation not being met:

- Unclean facilities in the outpatient departments.
- There was no consistent approach to infection control and prevention in the outpatient departments.

Regulation 15: Premises and equipment.

Regulation 15 (1)(a)(c)(d)(e) All premises and equipment used by the service provider must be, (a) clean, (c) suitable for the purpose for which they are being used, (d) properly used (e) properly maintained,

How the regulation not being met:

- Staff personal property not being held appropriately or securely.
- Broken emergency call bells and patients left unattended in waiting areas.
- Outpatient departments that could not cope with the volume of patients attending clinics.

Regulation 17 Good Governance

Regulation 17 (2)(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity

How the regulation not being met:

- Systems and procedures not in place to monitor and manage patient's care and outcomes. This had led to lengthy delays and patient harm.
- Limited oversight by the trust for governance, risk and consistency of services.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](https://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

# Our inspection team

Amanda Williams, Head of Hospital Inspection, led the inspection. The team included inspection managers, inspectors, assistant inspectors and a range nursing and medical specialists and including an executive reviewer.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.