



**University Hospital Southampton
NHS Foundation Trust**

**March 2020
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**Update on progress with action plan following
December 2018/ Jan 2019 inspection**

Well-led: Does the leadership, management and governance of the organisation assure the delivery of high-quality patient-centred care, support learning and innovation and promote an open and fair culture

Core services:

Urgent and emergency care

Medical Care

Maternity services

Outpatient services

Overall rating : **Good**



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
Overall trust	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.

Southampton General Hospital



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
Overall*	Good ↔ Apr 2019	Outstanding ↑ Apr 2019	Outstanding ↔ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↓ Apr 2019	Requires improvement ↓ Apr 2019

Royal South Hants Hospital, Princess Anne and New Forest Birth Centre



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
Overall*	Requires improvement Apr 2019	N/A	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019

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
Overall*	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

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
Overall*	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

Overall key findings



- Care and treatment was based on national guidance and in line with best practice
- Clinical audits were completed and changes to practice made and then revisited to ensure positive clinical outcomes were achieved.
- There was a multi-disciplinary frailty service. Their role was focussed around improving the urgent care pathway for older people and those living with frailty.
- Well developed seven-day services such as for medical care.
- Planning and consideration had been given to meeting the needs of the local population.
- The trust was actively engaged in research across a wide spectrum of clinical conditions. All services involved patients 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 to minimise their distress.
- In Maternity services bereaved parents were supported by specialist teams and referred to counselling services as needed

Overall key 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.
- The leadership team was cohesive, a visible presence, respected by peers and colleagues.
- The staff survey results showed trust staff engagement had remained consistently high compared to the NHS average.
- 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 priorities of different health professions were considered and discussions at governance meetings appeared well rounded.

Overall themes for improvement



- **Infection prevention linked to estates and cleaning schedules**
- **Outpatient delays to follow up particularly in Ophthalmology**
- **Outpatient structure, strategy and governance**
- **Security, cleanliness and estate at PAH site**

What we have told the provider to do



Requirement notices for 3 regulations with breaches that Must improve:

Regulation 12 Safe care and treatment

Regulation 15 Environment and equipment

Regulation 17 Good governance

These related to maternity services, medical care and outpatients.

Must Do:



Ensure records are stored securely.

- Gap analysis completed for non -lockable cabinets & risk assessments reviewed.
- New equipment Identified and cost analysis completed
- Orders placed. First 16 trolleys to arrive in March. Remaining 47 by end of April

Ensure the outpatient service environment is kept clean and fit for purpose. Infection control procedures are in place and adhered to.

- Increased resource to environmental monitoring team to further support clinical areas and build in formal auditing.
 - Spotlights at the RSH and PAH have been completed and actions generated from these including improved signage/visitor information regarding use of hand gel.
 - NHS Property Services are being held accountable for RSH via monthly IPT visits
 - Regular IPT visits to outpatient and maternity areas.
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Must Do:



Ensure systems and procedures are in place to monitor and manage patient's care and outcomes. Thus, avoiding delays in patient appointments which have resulted in patient harm. (ophthalmology)

- Maximised capacity with virtual monitoring clinics
- Increased clinic capacity in community to allow transfer of low risk patient from acute eye services.
- In-sourcing to increase capacity at weekends.
- Appointment of 4th glaucoma consultant.
- Weekly monitoring by DMT of capacity and back log and monthly executive monitoring of capacity and back log.
- Executive to executive meeting with WHCCG to expedite community capacity in West Hampshire.
- Embedding Failsafe role into daily task of ophthalmology patient pathway coordinators.
- Expansion of eye specialist services at Lymington Hospital to increase capacity across all services.

Resulted in position at the end of February the glaucoma service will have 0 patients delayed to follow up (from over 3000)

Ensure the physical capacity of the outpatient environments meet the needs of the number of patients waiting and being treated.

All Care Groups are completing a demand and capacity exercise as part of the budget setting process for 2020-21 to ensure that appropriate capacity is in place to meet outpatient demand.

On a local and immediate action level the information team have worked with the Care Groups to model trajectories showing predicated RTT performance for the rest of the year showing where mitigation plans have already been put into place.

These trajectories also model the predicted impact of longer term changes such as new outpatient pathway, and capacity. The trajectories developed to date, which will be refined as part of our planning process for 2020-21 (which will also be subject to commissioning decisions).

In relation to the physical environment all Divisional Heads of Nursing have reviewed their respective Outpatient Areas.

Care Groups are also working on alternatives for face to face Outpatients Design and are supported by our Service Improvement Team.

The Trust has also recognised the need for a full outpatients modernisation programme with a new COO appointed in December 2019 to provide overall leadership to the outpatients improvement programme including the pending appointment of a new Programme Director for Outpatients and a Matron to focus on outpatient care.

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.

- Currently Care Groups remain with oversight of their outpatient areas in relation to staff, skills mix, facilities, safety etc. They escalate to division as and when required. Care Group Managers and Divisional Directors of Operations have oversight for performance. Central performance oversight is provided via the central operational teams which meet weekly to discuss patient level detail with operational care groups and divisions.
 - A draft outpatient strategy has been prepared and the Trust has appointed a new COO in December 2019 to lead the overall programme. The Trust is to appoint a Programme Director for outpatient transformation and a Matron to lead on outpatient services.
 - There are KPIs for the Patient Services Centres and some for Care Groups. These are circulated periodically and others are reviewed as part of the Trust's data quality reports. The Trust also ensures all patients receive an outpatient outcome so patients that require further treatment can be rebooked. Significant progress has been made in the Trust to address outpatient delays in ophthalmology.
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Ensure staff personal property is stored appropriately and securely when on duty.

- In ophthalmology staff lockers have now been moved to an area accessible to staff only.

Ensure patients are kept safe from harm such as by having working emergency call bells and observation of patients left in waiting areas.

- All out patient areas have observable waiting areas and escalation SOP's are being introduced.
- Temporary WIFI call bell now insitu at SGH (plaster room).
- Permanent call bell will be fitted as part of the estates work which have commenced.

The provider must 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.

- New matrons employed to support quality improvement and assurance
- Regular walkabouts and spot checks implemented with matrons and infection prevention team.
- Birthing pools have been audited with 100% compliance of cleaning checklists and guidance displayed.
- Programme for curtain changing clearly available.

MUST DO: Maternity



The provider must ensure emergency equipment are maintained safely and all necessary checks are completed to Safeguard patients.

- Checklists in place
- Spot checking and walkabouts established

The provider must ensure that arrangements are in place for the safe transfer of women within the maternity unit.

- Lifts now replaced and operable to facilitate override access for emergency patients

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.

- Estates now meet regularly in collaboration with Head of Security and PAH
- Confirmation that manual lock down processes are in place
- CCTV -A proposal for improved CCTV has been submitted to CEO and CFO for approval

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

- Phase 1 and 2 of shower room refurbishment completed, including shower rooms upgraded for Winter Pressures.
- Phase 3 of shower rooms tendered and commencing in March.
- Window replacement programme has commenced with phase 1 access scaffold completed and first windows being installed in March.
- Car park ventilation and de-steaming in progress.