

# University Hospital Southampton NHS FT

## CQC Inspection Summary



**Fiona Dalton, Chief Executive  
Judy Gillow, Director of Nursing**

**June 2015**

# Brief

- Trust's response to the inspection findings
- What the Trust is doing to address the issues raised

# CQC Rating – Our Results

## UHS

<b>Overall rating for the Trust</b>	<b>Requires Improvement</b>	●
Are services at this Trust safe?	Requires improvement	●
Are services at this Trust effective?	Good	●
Are services at this Trust caring?	Good	●
Are services at this Trust responsive?	Requires improvement	●
Are services at this Trust well-led?	Good	●

## CMH

<b>Overall rating for the Hospice</b>	<b>Good</b>	●
Are services at this location safe?	Good	●
Are services at this location effective?	Good	●
Are services at this location caring?	Good	●
Are services at this location responsive?	Good	●
Are services at this location well-led?	Good	●

# CQC Rating – Our Results

## SGH

<b>Overall rating for the General Hospital</b>	<b>Requires Improvement</b>	●
Urgent and emergency care	Good	●
Medical care	Good	●
Surgery	Requires improvement	●
Critical Care	Requires improvement	●
Services for children and young people	Good	●
End of Life Care	Requires improvement	●
Outpatients and Diagnostic Imaging	Requires improvement	●

## PAH

<b>Overall rating for this Hospital</b>	<b>Good</b>	●
Maternity & Gynaecology	Good	●

# CQC Inspection Summary - Outstanding Areas

Emergency Department

Learning

IMEG

GICU

Critical Care

Coloured name bands

Chaplaincy Listening

## Outstanding care and compassion

Children and Young peoples services

Ready-Steady-Go

### PERSON-CENTRED

*Working under tremendous pressure*

Considerable efforts to reassure

Locality based model

### VAST

### Lead consultant for OoH

Vacant shift automated text system

Daycase intracranial tumour surgery programme

Early immobilisation for ventilated patients

### Pants and Tops initiative

*WHO award for Excellence Allergy Clinic*

Birth afterthought service

Daycases hyperemesis care

### NICU

## Teenage pregnancy dedicated midwives

Telephone triage service with other Trusts

Bereavement support team

## **We are proud that :**

- During the Inspection we got no improvement or enforcement notices.
- The overall assessments reflected no “inadequates”.
- Few surprises – we know our development areas and we are already working on them.



*“Our mission is to be better every day. The drive to improve the health of our patients, and our hospital, underpins our values and is central to our vision of the future.”*

# **UHS Strengths – *reflected in the CQC report***

## **We said.....**

“A particular strength is the quality of our staff. They are committed, professional and give extra on a daily basis to our patients.....We are proud of our compassionate and caring culture”.

## **The CQC Report said.....**

“Staff were caring and compassionate and treated patients with dignity and respect”.

## **We said.....**

“Our staff have high aspirations for patients....helping to drive leading edge innovative care”.

## **The CQC Report said.....**

“The Trust had a highly innovative culture....There were many examples of service improvements developed by the Trust and staff”.

# UHS Weaknesses

## *We said:*

- Capacity pressures
  - \* Leading to challenges on the 4 hour emergency access target and impact on elective patients
  - \* Exacerbated by challenges with discharges both simple and complex
- Nurse staffing – high number of vacancies but detailed plan to reduce
- Radiology service (culture, staffing and processes)
- Our estate

## *Areas of further development :*

- End of Life
- Dementia
- Deprivation of Liberties

## Capacity – we said :

“Overall, our biggest challenge on patient experience arises from our lack of capacity.

We often do not have enough capacity to treat the numbers of patients who need care here, and this leads to poor patient experience, both in the emergency department, with patients waiting too long there for beds, and for elective surgical patients, whose surgery can be cancelled at the last minute and who also wait too long for their treatment.”

## Capacity – CQC report says that the Trust must ensure that....

- The access and flow of patients across the Southampton General Hospital is improved. Discharge is effectively planned and organised, and actions are taken to improve delayed transfer of care discharges.

# Capacity

## Our plans to improve :

### Short term

- Continued robust site management and focus on 'Home for Lunch'.
- Continue to reduce internal delays (e.g. Perioperative Medicine).
- Accelerate system-wide engagement on complex discharges, supporting the 26 per day target.

### Longer term

- Work with Solent NHS Trust to create additional rehabilitation capacity.
- Work with a private partner to move more elective work off site.
- Support the system wide vision for patients to make decisions at home.
- Create more 'UHS in the community' capacity with partners to mitigate any delays.

## Staffing – we said :

“We are very proud of our staff, and we try to do everything that we can to support them.

However, we don't have enough of them!

The demand for our services is growing very quickly and it's a constant challenge to grow our workforce as quickly as our services are expanding.”

## Staffing - CQC report says that the Trust must ensure that....

- Nurse staffing is consistently at planned levels, to meet the needs of patients at the time and support safe care.
- All wards have the required skill mix to ensure patients are adequately supported with competent staff.
- The specialist palliative care team reviews the level of medical consultant support.
- There are safe staffing levels in diagnostic imaging teams to prevent untoward safety incidents occurring.

# Staffing

## Current arrangements :

- Current nurse staffing at planned levels and set above minimum safe levels.
- Comprehensive framework to review planned staffing on a daily basis 24/7 (ensuring levels are safe).
- Includes assessment of staffing skills.
- Rollout of supervisory ward leaders – complete in 2015/16.
- Monthly reviews in place – shared at TEC and Trust Board.

## Our plans to improve :

- Continued focus on reducing vacancies in targeted areas
- Continue to promote as attractive place to work.
- Aiming to develop partnership with overseas nursing school / hospital
- Further development of Solent University relationship.
- Agreement in principle to address palliative care medical staffing issues
- Radiographers – continue to support cultural change.

## Estate – we said :

“We recognise that our estate is in places tired and not to the standard which we would like”.

## **Estate - CQC report says that the Trust must ensure that....**

- There are suitable environments to promote the privacy and dignity of patients in the cardiac short stay ward, G8 ward, and all critical care areas with level 1 patients.
- No risks are posed to patient safety in the event of electrical failures in critical care areas.
- All risks associated with the cramped environment in critical care areas are clearly identified, and timely action is taken to address those risks.
- Overhead hoists in critical care units are correctly positioned and in working order, so they can be used, as intended, for patient care.
- There is a definite plan to develop critical care services to meet the local and regional population's health needs; this plan is to include the provision of appropriate follow-up services.

# Estates

## Current arrangements:

- Limited capital programme but we have systems to prioritise and address the most significant risks.
- GICU – new meetings established to ensure proper communication between the clinical and estates team. Electrical non-interruptible power will be installed and hoists will be moved by September 2015.
- Detailed arrangements for Cardiac Short Stay, ICUs & G8.

## Our plans to improve:

- Longer term we need to achieve consistent surpluses so that we can invest more in the refurbishment of the estate.
- Need to discuss with commissioners the longer term solution for critical care.

# Other Specific Issues

## Included :

- Management and availability of equipment.
- Storage of medicines.
- Management of risks in General Intensive Care.
- Learning from incidents in Radiology.
- Further development of clinical processes to manage deteriorating patients.

# In Conclusion

- Commitment to improvement – recognition of strong leadership at every level.
- Three fundamental issues
  - \* capacity
  - \* staffing
  - \* estate
- Specific departmental cultural issues – radiology and GICU.
- Other specific issues that can be resolved.
- The Trust has a detailed action plan which is on target to deliver.
- A round table summit is being arranged by Monitor and CQC for September/October to undertake a review of progress.

# Thank You

