

Salisbury NHS Foundation Trust

Salisbury District Hospital

Quality Report

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

Summary of findings

Letter from the Chief Inspector of Hospitals

We undertook this focused inspection to follow up the concerns identified in the warning notice served in January 2016, therefore rating of the service as a whole did not change.

We conducted a fully comprehensive inspection of Salisbury District Hospital NHS Foundation trust in December 2016 and issued a warning notice to The Duke of Cornwall Spinal Treatment Centre.

Key points from the warning notice were as follows:

- Care and treatment not being provided in a safe way for service users.
- Systems or processes not being established or being operated effectively to assess, monitor, mitigate, and improve the quality and safety of the spinal services provided.

We undertook an announced focused inspection in November 2016 to follow up on the issues.

Our key findings were as follows:

- The warning notice was fully met.
- The backlog of patients waiting for a video uro-dynamics scan or outpatient appointment had significantly reduced through an increase in consultant activity, the introduction of nurse led clinics, and the introduction of a new patient pathway and patient initiated contact appointments.
- All patients had been validated and prioritised depending on risk ensuring, as much as possible, people were able to access the right care at the right time.
- Governance and performance arrangements were rigorous, embedded, and were proactively reviewed on a regular basis.
- All leaders (at executive and directorate level) had an inspiring and shared purpose to motivate all staff. This had a positive impact on the culture of the spinal centre and had improved their wellbeing both in and out of work.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Salisbury District Hospital

Detailed findings

Services we looked at

Spinal injuries centre.

Detailed findings

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Background to Salisbury District Hospital

Salisbury District Hospital NHS Foundation Trust provides care to over 240,000 people across Wiltshire, Dorset and Hampshire. This includes general and acute services at Salisbury District Hospital with specialist services

including burns, plastics, cleft lip and palate, genetics and rehabilitation serving over three million people. In addition the Duke of Cornwall Spinal Treatment Centre serves South England's population of 11 million people.

Our inspection team

Our inspection was led by Helen Rawlings, Inspection Manager, Care Quality Commission. The inspection team comprised of two CQC inspectors.

How we carried out this inspection

The inspection was announced. We visited on 3 November 2016. We spoke with nursing and medical staff,

support staff, and the management team. We reviewed information provided by the trust requested during the inspection. We also reviewed information we hold about the trust.

Facts and data about Salisbury District Hospital

Salisbury District Hospital has 464 beds and is staffed by approximately 4054 members of staff. They provide care to around 240,000 people across Wiltshire, Dorset and Hampshire.

In 2015/16, the trust had 5,929 elective inpatient admissions and 29,288 emergency admissions. There were 180,288 outpatient attendances, along with 45,011 attendances at accident and emergency. It had revenue of £198.5m with operating expenses of £199.4m, retaining a deficit of £6.3m.

Salisbury District Hospital NHS Foundation Trust has fairly stable executive and non-executive team. The chairman has been in post for three years supported by a board of non-executive directors with a range of skills and expertise, two of whom have been in post for seven years.

The chief executive has been in post for four years having worked in the trust since 1986. The director of nursing and chief operating officer are the newest recruits to the

Detailed findings

board at one year and six months respectively, with other members of the executive team having been in post three to five years, except for the director of finance and procurement who had been in post for 29 years.

CQC Inspection History

Salisbury District Hospital NHS Foundation Trust has had four inspections since 2011. The first inspection carried out in May 2011 found Salisbury District Hospital was meeting all the essential standards of quality and safety, but to maintain this we suggested some improvements were made in reducing the incidences of pressure ulcers, appropriate use of bed rails, timely support for patients, record keeping and cleanliness of some public areas. Another inspection was carried out in February 2013 and standards were not met in staffing and the keeping of records. Concerns were raised that staff did not have sufficient qualifications, skills or expertise to meet the people's needs effectively at all times. Concerns were also raised that paper-based confidential patient information was not being protected effectively on certain wards. A

further inspection was carried out in October 2013 to review whether improvements had been made found sufficient improvement had been made by the trust in these areas.

The CQC carried out a fully comprehensive inspection in December 2015 at Salisbury District Hospital and rated the trust, as a whole, as requires improvement. Medical care, maternity and gynaecology, end of life care, and outpatients and diagnostic imaging were rated as good. However urgent and emergency services, surgery, critical care, services for children and young people, and the spinal injuries service were rated as requires improvement. A warning notice was issued in January 2016 to the spinal injuries service due to concerns around care and treatment not being provided in a safe way for service users, and systems or processes not being established or being operated effectively to assess, monitor, mitigate, and improve the quality and safety of the spinal services provided.

Spinal injuries centre

Responsive

Well-led

Overall

Information about the service

The Duke of Cornwall Spinal Treatment Centre specialises in the total management of patients paralysed following spinal cord injury or non-progressive spinal cord disease. This includes ongoing advice and support to meet the changing needs of the patient. The centre provides this service for the whole of the South of England and serves a population of 11 million people. The centre is situated at the Salisbury District Hospital site. There are two wards in the spinal treatment centre, Avon and Tamar wards, each with 21 beds (although four were closed on Avon ward at the time of inspection). The service also provides an acute outreach service for patients living with a spinal cord injury or disease. Diagnostic imaging is carried out by the clinical radiology department. However, staff from the Spinal Treatment Centre provide staffing.

Summary of findings

We found that:

- The warning notice had been met in full.
- The backlog of patients waiting for a video uro-dynamics scan or outpatient appointment had significantly reduced. This was through an increase in consultant activity, the introduction of nurse led clinics, and the introduction of a new patient pathway and patient initiated contact appointments.
- All patients had been validated and prioritised depending on risk ensuring, as much as possible, people were able to access the right care at the right time.
- Governance and performance arrangements were rigorous, embedded, and were proactively reviewed on a regular basis.
- All leaders (at executive and directorate level) had an inspiring and shared purpose to motivate all staff. This had a positive impact on the culture of the spinal centre and had improved their wellbeing both in and out of work.

Spinal injuries centre

Are spinal injuries centre services responsive to people's needs? (for example, to feedback?)

This was a warning notice follow up inspection. Therefore we were not in a position to re-rate the service. We found that:

- The backlog of outpatients and video uro-dynamics had significantly reduced since the last inspection, and was a top priority for the trust. The video uro-dynamics backlog had reduced by 76% and the outpatients backlog had reduced by 54%.
- Through a validation and risk stratification exercise the trust ensured people were able to access the right care at the right time.
- An increase in consultant activity, nurse specialist clinics, and radiographer activity had increased capacity to reduce the backlog. Also a new video uro-dynamic pathway and patient initiated contact had decreased the numbers of patients requiring a scan or an outpatient appointment.

Access and flow

- During the last inspection in December 2015 we found people were frequently and consistently unable to access services in a timely way for an initial assessment, diagnosis or treatment and people experienced unacceptable waits for video uro-dynamics and outpatient appointments. Although some people were still waiting too long, the amount of people waiting had been significantly reduced. In December 2015 we found there were 467 patients waiting for a video uro-dynamics scan and 1024 patients waiting for an outpatient appointment that needed them. During this inspection we found as of September 2016, there were a total of 114 patients waiting for a video uro-dynamics scan and 473 patients waiting for an outpatient appointment that needed them.
- In December 2015 we found there were no processes in place to accurately identify the number of patients waiting for their video uro-dynamics scan or outpatient appointment. During this inspection we found the trust had good oversight of their waiting

lists and continually monitored and managed it proactively. After the inspection, but prior to the issuing of the warning notice, a validation exercise was completed. This looked at the video uro-dynamics and outpatient waiting lists and identified which patients could be removed. This included duplicate patients, patients who had died, and patients who continually did not attend appointments resulting in a reduction of 79 outpatient patients. The methodology for this validation exercise had been introduced to other services within the hospital.

- We looked in two random sets of medical records and found the validation process and documentation had been completed appropriately. Staff were able to explain to inspectors what the outcome of the exercise was for individual patients and when they were booked in for their follow up appointment.
- In December 2015 we found there were no actions in place to accurately identify which patients were at greater risk of harm as a result of not having their scan or outpatient appointment. During this inspection we found there were systems and processes in place to manage, monitor and mitigate ongoing risks around waiting for appointments. We found all patients on the waiting list had been telephoned to discuss the history of previous appointments and what their current symptoms were. This was then validated by a consultant who determined if they needed to be seen at all, could be seen by a clinical nurse specialist or a doctor, and the timeframe in which they should be seen depending on the symptoms and the risk of harm to the patients. This information was held on a central waiting list which was available to staff involved in this process. This ensured the unit could identify patients who were at risk of harm due to delays in appointments and could prioritise the patients they saw.
- A new pathway for video uro-dynamics patients had been introduced to reduce the number of patients needing to attend for an appointment. This was developed using an multidisciplinary team approach between doctors and staff from the Spinal Injuries Unit, the urology department, and specialists from other spinal centres. There was also involvement from

Spinal injuries centre

two patients who had been inpatients at the centre. This had been introduced recently before the latest inspection, therefore its full impact had not been fully assessed.

- In December 2015 the capacity of video uro-dynamics and outpatients did not meet the demand of the service. We found during this inspection there had been increased capacity to meet the demand of the service. The introduction of more consultant clinics and nurse led outpatient clinics had increased the capacity from 72 clinics per four week period in December 2015 to 228 clinics per four week period in May 2016. An increase in radiographer led video uro-dynamics appointments, urology led video uro-dynamics appointments and Saturday clinics has resulted in increasing the capacity from 20 clinics per four week period in December 2015 to 84 clinics per four week period June 2016. The trust had produced trajectories for both video uro-dynamics and outpatients which showed patients in the backlog would all be seen by January 2017. The video uro-dynamics service was performing in line with their targets whereas the outpatients' service was not performing to their targets. It was identified this was due to annual leave over the summer period and was expected to be recovered by January 2017.
- During the last inspection we found consultants were under pressure to increase clinic capacity but still maintain appropriate levels of cover on the wards. We found job plans had been changed to give all consultants a two week rotation on the ward followed by a four week rotation to complete clinic work. A patient survey was conducted after the introduction of this rota which showed patients felt they got more time with a doctor than they did before, but felt there was a lack of consistency with different doctors. A change to the rota was being considered at the time of the inspection.
- Work was also being done to improve the sustainability of the demand in the outpatients unit. Patient initiated follow up had been introduced for a specific cohort of patients. This allows patients to initiate an outpatient appointment based on their own needs rather than on a regular (such as yearly or every six months) basis.

Are spinal injuries centre services well-led?

This was a warning notice follow up inspection. Therefore we were not in a position to re-rate the service. We found that:

- Governance and performance management arrangements were proactively reviewed and reflected expected standards. The management of the backlog in spinal services was much improved from the last inspection in December 2015 and found rigorous quality management processes were embedded.
- Leaders had an inspiring and shared purpose and motivated staff to succeed. Comprehensive and successful leadership strategies were in place to develop the culture. Managers (at executive and directorate level) had oversight of the outpatients and video uro-dynamics backlogs and regularly had constructive engagement with staff, patients, and other organisations.
- There was a strong collaboration and support across all functions and a common focus on improving quality of care and peoples experiences. This had a positive impact of staff satisfaction and people we spoke with spoke highly of the culture.

Governance, risk management and quality measurement

- During the last inspection in December 2015 we found significant issues which threatened the delivery of safe and effective care (such as the backlog of patients waiting for video uro-dynamics and outpatients) were being identified through the use of a risk register. However adequate action to manage them was not always taken. During this inspection we saw appropriate action had been taken through the use of comprehensive assurance systems and service performance measures which were being regularly reported on and monitored. We saw evidence that appropriate action was being taken to improve performance. An improvement action plan had been introduced for the video uro-dynamic and outpatients' backlog. We saw a majority of actions on both lists were completed and those that were not completed had appropriate completion dates.

Spinal injuries centre

- Progress on the action plans was discussed and reviewed weekly between the directorate management team and the executive team; monthly at spinal management meeting; and monthly at the performance meeting. Minutes from these meetings showed progress with the action plan had been consistent and challenges had been discussed.

Leadership of service

- After the warning notice was issued in January 2015 there was a change in the management of the spinal unit. The musculoskeletal directorate management team (made up of the directorate manager and directorate senior nurse) took responsibility for the running of the spinal service and the management of the video uro-dynamics and outpatient backlogs. They moved offices into the spinal service to ensure they were visible and approachable.
- Directorate managers said they were well supported by the executive team and got additional support when needed. One manager said they had “never felt so supported by management”. Staff in the spinal service were supported by the directorate management and executive management. One member of staff commented on the positive impact the executive team coming to see them regularly had on their confidence in the system and empowered them to speak up and raise concerns or issues.

- Leaders we spoke with, both at executive and directorate level, had a strong understanding of the challenges the spinal unit faced and had the capacity, capability and experience to lead effectively. It was recognised by leaders before the inspection in December 2015 the spinal unit had been managed “comfortably as if it were an island” managing safety and quality separately from the rest of the trust. At this inspection we found it had been integrated into the rest of the trust. Examples of this included the use of standardised quality audit management and accountability and bed management.

Culture within the service

- Senior staff we spoke with (at executive and directorate level) were proud of the work that had been done in the spinal service since the last inspection. One of the managers said to inspectors that they felt the backlog and waiting lists were now being managed well in the unit and they had “enjoyed the challenge”. Staff working in the spinal unit said the culture had changed in a very positive way since the spinal service became a priority. One member of staff said “they are so much happier now. My friends and family say I am a different person”. Another member of staff said “it had driven them to be better” and a third said “everyone needs a pat on the back” for all the hard work done by the unit.

Outstanding practice and areas for improvement

Outstanding practice

- The governance arrangements in the spinal unit with a multi-disciplinary team approach to problem solving and providing assurance and accountability.
- The sense of collaboration and support across the unit impacting on the culture for the staff and their wellbeing.