Southampton University Hospitals NHS Trust
Southampton General Hospital

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<td>Location address</td>
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<td>Type of service</td>
<td>Acute services</td>
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<td>Date the review was completed</td>
<td>March 2011</td>
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<td>Overview of the service</td>
<td>Southampton University Hospitals NHS Trust provides services to 1.3 million people living in Southampton and South Hampshire, plus specialist services to more than 3 million people in central southern England and the Channel Islands. 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. Southamptone General Hospital is the Trust’s largest location, with a number of specialist services including neurosciences, cardiac</td>
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services, oncology and pathology. Emergency and critical care is provided in the hospital’s special intensive care units for adults and children, operating theatres, acute medicine unit and emergency department, as well as the dedicated eye casualty.

Southampton General also hosts outpatient clinics, diagnostic and treatment work, surgery, research, education and training, as well as providing day beds and longer stay wards for hundreds of patients. Southampton General does not provide maternity services, which are provided at one of the trust’s other locations, the neighbouring Princess Anne Hospital.
Summarizing our findings for the essential standards of quality and safety

**What we found overall**

We found that Southampton General Hospital was meeting all the essential standards of quality and safety we reviewed but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out the review, what we found and any action required.

**Why we carried out this review**

We carried out this review as part of our routine schedule of planned reviews.

**How we carried out this review**

We reviewed all the information we hold about this provider and asked the provider for further information. We carried out an unannounced visit on 20th January 2011 where we observed how people were being cared for, talked to people who use services, talked to staff, checked the provider’s records and looked at records of people who use services. We also spoke to Southampton Local Involvement Network and the local Health Overview and Scrutiny Committee.

**What people told us**

People we spoke to told us they were happy with the standard of care they received at Southampton General Hospital, and that nursing staff were lovely and responded to their needs quickly. They said that they were treated with dignity and respect, and they were involved in making decisions about treatment. They said that they received sufficient information to make decisions, and had been asked to give written or verbal consent.

Patients on surgical wards told us that they had not had to wait long for their treatment. However patients in an outpatient clinic for people with cancer said they sometimes had to wait for treatment.

People we spoke to were generally happy with the quality of the food, and some said it was excellent. Some people we spoke to said the food could be improved by more
choice, including multicultural menus. Some patients on the stroke ward said they did not always get the food they wanted.

People said that the wards were generally clean, and that staff washed their hands or used antibacterial gel before and after providing treatment.

Patients on the wards told us that there was not always enough non-medical equipment, including chairs and wheelchairs. One outpatient told us that the radiology equipment often broke down.

People said there were enough staff on duty during the day and at night. There were many positive comments about staff, including the high quality of care provided and the quick response from staff. Patients said that they trusted staff at the hospital.

Most people said they had nothing to complain about, but they would know how to make a complaint if they did, and would be happy to raise a concern directly with nurses.

What we found about the standards we reviewed and how well Southampton General Hospital was meeting them

This review assessed whether Southampton General Hospital provides care to people that meets essential standards of quality and safety, respects their dignity and ensures their rights. The review focused on the 16 regulations and associated outcomes that most directly relate to the quality and safety of care. We found that the hospital was compliant with all of the essential standards. However we have identified minor concerns in two areas and moderate concerns in three areas where improvement is needed to maintain compliance. These concerns include patients being involved in all aspects of their care, patients receiving adequate food and drink, safeguarding patients from abuse, the provision of adequate staffing to meet patients’ needs, and ensuring there is information available to enable people to make complaints.

Southampton General Hospital therefore needs to take action to make some improvements. We will monitor its plans to address the concerns raised in this report.

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The hospital has processes in place to ensure that people's privacy, dignity, rights and choices are respected, and we saw evidence of this during our visit. Appropriate information is made available to patients. The hospital monitors and learns from patient experience, and takes the views of patients into account in planning and managing services.

- Overall, we found that Southampton General Hospital was meeting this essential standard.

Outcome 2: Before people are given any examination, care, treatment or support, they should be asked if they agree to it
The hospital has processes in place to ensure that most people can give informed consent to treatment and care. However we found that staff understanding and implementation of the processes were inconsistent, and staff may not always respect a patient’s decision to refuse consent. Processes for assessing mental capacity when appropriate are not embedded across the hospital, and this has been identified as a theme contributing to a number of incidents over the last year. The trust is not monitoring decision-making for people who are not able to give consent effectively.

- Overall, we found that Southampton General Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 4: People should get safe and appropriate care that meets their needs and supports their rights

People we spoke to during our visit told us that their care needs were being met, and we observed appropriate care being provided to patients. The hospital is meeting the relevant targets for stroke and cancer care, and patients report receiving very good care in these areas. The hospital monitors patient experience effectively, and has made improvements to care where needed, including reducing the number of cancelled operations significantly in the last year.

- Overall, we found that Southampton General Hospital was meeting this essential standard.

Outcome 5: Food and drink should meet people’s individual dietary needs

The hospital is providing adequate nutrition and hydration to most patients, and people told us about some examples of good practice during our visit. However there are a number of areas where good outcomes for people are not always being achieved.

People who are on a puréed diet are not always getting the nutrition they need due to some of the food not being edible. Some people do not get a choice of food due to communication problems or not being offered a second choice of meal. High turnover of catering staff means that hostesses do not develop a good understanding of the communication and other needs of patients, which means patients may not get appropriate food at all times. The protected mealtime policy has been reintroduced but is not yet fully implemented on the wards, and assistance to patients who need help with eating is not consistently provided. Patients who are at risk of poor nutrition are identified through nutritional screening, but this is not always followed up through nutritional assessment, care planning and monitoring to ensure that the patient always receives the nutrition and hydration they need.

- Overall, we found that Southampton General Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 6: People should get safe and coordinated care when they move between different services

Southampton General Hospital is working well with partners involved in the care, treatment and support of people who use services. This is demonstrated by the
discharge service which is run by the trust in collaboration with local Primary Care Trusts, councils, and the care at home provider, and has reduced numbers of delays to discharge and length of hospital stay over the last year. Hospital staff told us about examples where good outcomes had been achieved for patients through collaborative working with other care providers.

- Overall, we found that Southampton General Hospital was meeting this essential standard.

Outcome 7: People should be protected from abuse and staff should respect their human rights

Southampton General Hospital has effective processes for identifying and responding to signs of abuse in children and vulnerable adults at the point of admission, and staff have had training and know how to respond to this. However there was low staff awareness of recognising abuse which may have occurred to vulnerable adults in hospital, and of the action to be taken. Some incidents where patients have acquired severe pressure ulcers in hospital have not been reported as safeguarding alerts. Some safeguarding alerts against the trust which were raised with Social Services were not reported to CQC as allegations of abuse. The hospital did not demonstrate that it was responding to all safeguarding incidents appropriately.

- Overall, we found that Southampton General Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 8: People should be cared for in a clean environment and protected from the risk of infection

The hospital has satisfactory arrangements in place to ensure cleanliness and infection control, and undertakes monitoring of these arrangements to ensure action is taken where improvements are needed.

- Overall, we found that Southampton General Hospital was meeting this essential standard.

Outcome 9: People should be given the medicines they need when they need them, and in a safe way

The hospital has effective processes in place to ensure medicines are handled safely. These include ensuring staff are appropriately trained, monitoring of management and use of medicines which is undertaken by pharmacists, and investigation of and learning from incidents relating to medication.

- Overall, we found that Southampton General Hospital was meeting this essential standard.

Outcome 10: People should be cared for in safe and accessible surroundings that support their health and welfare
During our visit to the hospital we found that the trust had taken action to address the areas of non-compliance which it identified at registration. Reasonable steps have been taken to ensure accessibility for people with disabilities, and there are arrangements in place to meet the requirements of other relevant legislation including COSHH. The hospital is managing risks associated with the premises effectively, including taking the advice of the Fire Service to improve fire safety.

- Overall, we found that Southampton General Hospital was meeting this essential standard.

**Outcome 11: People should be safe from harm from unsafe or unsuitable equipment**

The hospital ensures that appropriate equipment and medical devices are available and used safely. Risks associated with equipment are identified and action is taken, as demonstrated by the ongoing project to ensure provision of equipment for the treatment and care of severely obese patients, and the replacement of radiology equipment. Patients we spoke to during our visit told us that non-medical equipment is not always available when needed.

- Overall, we found that Southampton General Hospital was meeting this essential standard.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

The hospital has effective recruitment procedures in place and carries out relevant checks when staff are employed.

- Overall, we found that Southampton General Hospital was meeting this essential standard.

**Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs**

Southampton General Hospital has sufficient numbers of staff with appropriate skills in place most of the time. Patients we spoke to were happy with the number of staff available.

Some staff told us that there were not always sufficient staff on the elderly care wards, and the trust has identified a shortage of radiotherapy staff which meant they closed one of the treatment facilities at the hospital, although staff undertook overtime on the other machine. Patients with cancer are sometimes having to wait for treatment, but the trust is achieving the national target for radiotherapy treatment time. The trust has taken measures to minimise the impact of these staff shortages on patient care and is undertaking an internal review in both cases. There are plans to increase the number of staff in these areas.

- Overall, we found that Southampton General Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**
Staff at Southampton General Hospital are well-supported, and receive appropriate training, supervision and appraisals. During our visit we saw good examples of team working, and staff told us that they enjoyed their work. There was an open culture in the hospital.

- Overall, we found that Southampton General Hospital was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The hospital has systems in place to ensure quality monitoring and learning from experience, including adverse events, and we saw many examples where this had resulted in improvements to patient care. There is a strong focus on patient experience as a measure of good quality care. Risks to the health, welfare and safety of patients are managed effectively.

- Overall, we found that Southampton General Hospital was meeting this essential standard.

Outcome 17: People should have their complaints listened to and acted on properly

There is an appropriate complaints system in place. Support is provided to make a complaint, and patients feel able to raise a complaint informally or formally. Complaints are fully investigated and followed up with the complainant. There are processes in place to implement learning from complaints. However the complaints procedure on the trust website is not up to date and is inaccurate. Information about how to make a complaint is not well-publicised, and the information which is made available to patients is misleading.

- Overall, we found that Southampton General Hospital was meeting this essential standard but, to maintain this, we have suggested that some improvements are made.

Outcome 21: People’s personal records, including medical records, should be accurate and kept safe and confidential

The hospital keeps accurate patient records, and undertakes monitoring of record-keeping. When monitoring identifies that improvements are needed, these are made and followed up.

- Overall, we found that Southampton General Hospital was meeting this essential standard.

Action we have asked the service to take

We found that Southampton General Hospital location of Southampton University Hospitals NHS Trust was compliant with the 16 essential standards of quality and safety.
For five of the essential standards, although compliant, we believe there is a risk that they will not maintain compliance with these outcomes. We have noted that we have minor concerns in two areas and moderate concerns in three areas that they may not be able to sustain compliance, and have set an improvement action upon the trust for these areas.

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.
What we found
for each essential standard of quality
and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety.*
**Outcome 1: Respecting and involving people who use services**

**What the outcome says**

This is what people who use services should expect.

People who use services:
- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

**What we found**

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<td><strong>What people who use the service experienced and told us</strong></td>
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<td>During our visit to Southampton General Hospital we observed patients being treated with dignity and respect. Most people we spoke to said their dignity and respect was upheld by all staff. Curtains were fully drawn around patients' beds where necessary, and there were signs regarding dignity and respect on the wards. One person said that the curtains were pulled around them &quot;in a flash when they saw I was upset&quot;.</td>
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We saw a matron addressing the patient first before talking with a nurse, although some patients told us that doctors and other staff often talk about patients in the room without addressing the patient directly. Staff spoke politely and respectfully to patients in Accident and Emergency, but there was some lack of privacy due to lack of space. We observed staff talking to patients in a respectful and friendly manner on the wards, and responding to patients' requests in a timely way. Patients said that staff were "lovely", and "help as and when asked".

One person on a ward said that her privacy was not always respected as she was continually asked for her date of birth. We discussed this with the nurse manager, who explained that this was required when giving out drugs, and said that she would...
address the issue for this patient.

Patients in Accident and Emergency told us that they were involved in making treatment decisions, and patient information was available. We saw information on stroke available on the stroke rehabilitation ward. We observed staff on other wards explaining issues including cancelled appointments and changes in treatment to patients, and offering patients choices. We saw information about hairdressing services on an older people's ward.

We spoke to a patient in the outpatient clinic for people with cancer who said that they had been fully involved in the discussion about treatment, and that the treatment plan had been changed as a result of their input. The patient said they were "part of a team with the doctor". Patients and staff said that privacy and dignity was good in the clinic, with private consulting rooms.

Other evidence

A representative of the Local Involvement Network (LINk) told us that they believe the trust pays good attention to respecting and involving people who use services. They gave the example of the trust using volunteers to undertake real-time audits of patient experience on the wards, and also mentioned significant work done to ensure the provision of same sex accommodation at Southampton General Hospital wherever possible.

The trust showed us their Patient Improvement Framework, which includes patient experience as one of four priority outcomes. Within this, communication is highlighted as one of the top five priorities. Patient experience is monitored via patient feedback, and the trust uses a number of channels to collect this. These include patient surveys undertaken by volunteers and analysed by the Picker Institute, monitoring NHS Choices, complaints, online feedback, and audits of patient experience. We looked at some examples of these, including the Essence of Care Privacy and Dignity audit which was undertaken across all care groups in July 2010. The audit overall demonstrates good performance in privacy and dignity; minor issues for improvement were identified and were taken forward by each care group.

We looked at an example of a Quarterly Patient Experience Report which brings together this feedback and is presented to the Trust Board for review. The report includes a Patient Experience Dashboard which demonstrates monthly trends and targets for a range of indicators. Indicators which are consistently red in the previous quarter (Dec 2010 report) are customer care training, quality of hospital food (good or very good), and noise at night from staff and patients; actions are identified within the report to improve these areas. No breaches of same sex accommodation guidance which were not clinically justified were reported in the previous quarter.

The trust is piloting some innovative ways of learning from patient experience, and told us about 'listening clinics' which they have held in the Medicine for Older People unit and are rolling out to other parts of the hospital. A matron who had run one of the clinics told us that relatives with concerns about the care of their mother and longer term plans for her care were able to discuss their concerns with her in the listening clinic. The matron then explained the assessment and discharge process in more detail, and met with the consultant to arrange additional support. This led to increased understanding for the patient and family, and enabled them to make informed decisions.
Patient Environment Action Teams (PEAT) undertake an annual assessment of inpatient healthcare and look at non-clinical aspects of patient care including environment, food, privacy and dignity. PEAT visits to Southampton General Hospital were undertaken in 2010, and included a member of the Local Involvement Network on the team. The team found that access to information and confidentiality were similar to expected, and modesty, dignity and respect were slightly better than expected.

We visited Accident and Emergency where staff said that it was difficult to maintain privacy and dignity of patients due to space constraints. We observed that the beds were close together and separated by curtains. The resuscitation area was separated by screens but we could still hear what people were saying. We heard a sensitive conversation between a doctor and patient which could also be heard by other patients. Senior staff told us that the space will be redeveloped to address these issues when the new children's hospital opens.

The trust provided us with their Stroke Patients' Survey (March-October 2010), which showed that the majority of patients understood most or all of the information given about their stroke, and most patients said they were always treated with respect and dignity. However almost half of patients felt they were only to some extent or not at all involved in decisions about their care and treatment.

The trust provided us with their Continuous Patient Feedback report for December 2010, which surveyed 165 patients. Almost all patients said they were always treated with dignity and respect, and most patients said they received the right amount of information about their condition or treatment. Only a small number of patients said that staff often talked in front of patients as if they weren't there.

A member of the trust's executive team told us that there is patient and public representation at a senior level of the trust's governance. The Chair of the Local Involvement Network (LINk) is on the Quality Governance Committee, and nursing staff are also represented within the LINk. There are a number of patient user groups which are involved in the trust's foundation trust application.

The 2009 inpatient survey was completed by 442 patients from across the trust's inpatient locations. The results of the survey are scored out of 10, and are compared with the results for other, similar trusts. The trust scored about the same as other trusts for all questions relevant to this outcome, including: respect and dignity (8.7 out of 10); being involved in decisions about care and treatment (7 out of 10); being given enough information about condition and treatment (7.7 out of 10); being given enough privacy when discussing their condition or treatment (7.9 out of 10) and when being examined (9.4 out of 10); and doctors not talking in front of patients as if they weren't there (8.3 out of 10).

The 2009 outpatient survey was completed by 418 patients from across the trust's outpatient locations. The results of the survey are scored out of 10 and are compared with the results for other, similar trusts. The trust scored about the same as other trusts for all questions relevant to this outcome, including: respect and dignity (9.3 out of 10); being given enough information about condition and treatment (8.9 out of 10); privacy for discussions (9.3 out of 10) and for examination (9.5 out of 10); involvement in decisions (8.9 out of 10); and staff not talking in front of patients as if they weren't there (9.1 out of 10).

The NHS Litigation Authority has assessed the trust against its risk management standards, which include standards on patient information, and communication about incidents and complaints. The trust has achieved level 2, of a possible three
levels.

Our judgement
The hospital has processes in place to ensure that people's privacy, dignity, rights and choices are respected, and we saw evidence of this during our visit. Appropriate information is made available to patients. The hospital monitors and learns from patient experience, and takes the views of patients into account in planning and managing services.
On the basis of the evidence provided and the views of people using the service, we found the service to be compliant with this outcome.
Outcome 2: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:
- Where they are able, give valid consent to the examination, care, treatment and support they receive.
- Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- Can be confident that their human rights are respected and taken into account.

What we found

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<td>What people who use the service experienced and told us</td>
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<td>During our visit to Southampton General Hospital, most patients we spoke to said they had been asked to give either verbal or written consent to treatment. Patients on the surgical wards we visited said &quot;every treatment they have asked me&quot;, and &quot;they ask before doing anything&quot;. One patient in Accident and Emergency said he had given implied consent by attending to seek treatment, and another told us they were happy with the consent process and trusted staff. Staff were observed on the wards and in Accident and Emergency explaining things to patients. One patient told us that they had been moved from one ward to another at 3am and had been taken for an x-ray at midnight. Another said that porters came and started to move their bed without saying why until they asked, and were told they were going for a scan. We spoke to a patient in the outpatient clinic for people with cancer who said that they had been fully involved in the discussion about treatment, and that the treatment plan had been changed as a result of their input. The patient said they were &quot;part of a team with the doctor&quot;.</td>
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Other evidence
A senior member of staff told us that the hospital uses the Department of Health ‘Good practice in consent implementation guide’ as the basis for its consent policy. We spoke to staff on some wards who were clear about seeking consent from patients, and about the importance of explaining what a procedure would involve. They had a good understanding of informed verbal and written consent, and the procedures for documenting this. They gave examples of asking permission to do blood pressures and said they would always be flexible if patients didn’t feel like it at the time. Some staff gave us appropriate examples of what they would do if a patient refused treatment.

Staff on the stroke rehabilitation ward told us that they explain the treatment or procedure to a patient, and observe the patient for non-verbal indications of consent if the patient has communication difficulties. There may be implied consent, for example a patient raising their arm for blood pressure monitoring. If there are concerns regarding capacity then they would discuss this with the doctor or use an assessment tool. Staff told us about an example of when they assessed a patient on another ward who may have had mental capacity issues and realised the patient had actually had a stroke.

We spoke to staff in Accident and Emergency who said there is ‘implied consent’ as people have come for treatment, but that they would always discuss interventions and ask for consent. Staff were aware of mental capacity issues and use a checklist for this. If they have doubt about a person's capacity, they would consult with a relative or the patient's GP.

We asked a matron on one of the medicine for older people wards about what would happen if a patient refused consent to treatment. She told us that staff would explain the treatment to the patient and find out the patient's reason for refusal. However the matron said that staff would then continue with the treatment although consent had been refused. This would be documented in the patient's records. This demonstrates that the hospital does not always respect a patient's decision to refuse consent. It also suggests that a person's mental capacity is not always assessed when appropriate, and staff are not always following the principles of best interest decision-making as required by the Mental Capacity Act 2005.

Staff told us that they complete online training on consent and mental capacity every year. Some staff knew when they would seek an assessment of mental capacity, and about the role of an advocate. Staff on the elderly care wards told us that around half of patients on the wards may be unable to provide verbal consent, and said that mental capacity assessments would be carried out where invasive procedures are involved, or before discharge. Social services colleagues are involved in the assessment, but the decision would often be made by the doctor. Most staff were aware of Deprivation of Liberty Safeguards, and who to contact to carry out assessments.

Senior trust staff told us that the integrated discharge bureau performs a key role in prompting mental capacity assessments if they have not already been carried out. Discharge facilitators are allocated to clinical areas, and review patient needs, including mental capacity issues. However this could mean that a mental capacity assessment is not done until after decisions about treatment and care have been made.

Senior staff told us about an example of an incident where a mental capacity assessment had not been done and this was identified as a cause of the incident. Action taken as a result has included the appointment of Learning Disability Liaison
Nurses, which has improved communication with all those involved in the care of a person with learning disabilities. In another example, a mental capacity assessment was carried out, but there was disagreement between the clinician and carers about whether a surgical procedure was in the best interests of the patient. A case conference was held and there is now a plan in place for management of the patient's condition without surgery. Lessons learned from this have been shared across the clinical staff group.

A senior member of staff told us that the trust has identified that a theme in safeguarding alerts over the last three quarters is inconsistent completion of mental capacity assessments. The Safeguarding vulnerable adults report for quarter 3 says that there is a need to improve effective mental capacity assessment, and a training review is under way. This report also identifies inability to complete mental capacity assessment prior to decisions and interventions, and lack of understanding of best interest decision-making as root causes of a serious safeguarding incident which was investigated in October 2010.

A senior member of trust staff told us that work has been done with senior clinical staff regarding the Mental Capacity Act, but this may not yet be embedded at other levels. Junior staff we spoke to on the wards said they would contact senior staff or an advocate if they had concerns about capacity.

The trust said that the Significant Events Review Group has discussed consent issues, including a serious incident regarding consent to a procedure, and the training needs of senior medical staff, and action is being taken as a result. A member of staff told us that the trust has identified a gap in their monitoring and review of decision making for people who are unable to give consent, and an audit is planned to address this. A full consent audit is planned for February 2011, and this will include consent in children's care. An audit of advance consent is also planned.

A paediatric consultant told us that number of audits regarding obtaining consent for children have been carried out, including the identification of who has parental responsibility for a child. Obtaining consent for children is a consultant-led activity, and the trust performed well in the most recent audit.

Our judgement

The hospital has processes in place to ensure that most people can give informed consent to treatment and care. However we found that staff understanding and implementation of the processes were inconsistent, and staff may not always respect a patient's decision to refuse consent. Processes for assessing mental capacity when appropriate are not embedded across the hospital, and this has been identified as a theme contributing to a number of incidents over the last year. The trust is not monitoring decision-making for people who are not able to give consent effectively.

Overall, we found that Southampton General Hospital was meeting this outcome but there are areas of concern where improvements need to be made.
Outcome 4:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
- Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

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<td><strong>The provider is compliant</strong> with outcome 4: Care and welfare of people who use services</td>
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Our findings

**What people who use the service experienced and told us**

We spoke to patients during our visit to the hospital and they told us that they were satisfied that their care needs were being met. Some patients were very positive, and made comments such as "completely, I have every confidence", "brilliantly" and "spot on". One patient said they were "over the moon with their treatment". One patient on a surgical ward told us that he was very impressed with his consultant who was "amazing, easy to talk to and explained everything, and saved my life!"

Patients on surgical wards said they had not waited long for their treatment, and that they were very satisfied. Some patients said they had had to wait in hospital for tests to be done, particularly over the weekend when medical staff were not available.

We observed staff working well as a team, and saw staff communicating well with each other and with patients, and talking in a friendly way to patients. We saw that patients' buzzers were responded to immediately, and when one patient told a nurse that she was in pain, the nurse responded immediately by giving pain medication.

We visited Accident and Emergency (A+E), where patients and their relatives said they were happy with their treatment. We observed one patient whose mental health needs were quickly identified and managed sensitively by staff in A+E.

We visited an outpatient clinic for people with cancer. People told us there was good patient care and communication, but there were often long waits for treatment.
The complaints book in the waiting area showed that there had been many complaints about waiting times in the clinic, and some complaints about treatment being delayed or cancelled. One patient told us that this was because the equipment was heavily used so often broke down; this was later confirmed by a member of the trust executive team. We spoke to one patient who said that they received an appointment for assessment and treatment quickly after referral.

Other evidence
The Southampton Local Involvement Network stated in their annual report 09/10 that a member was involved in a quality visit to Southampton General Hospital, and that the team were impressed by the standards of facilities, the culture of quality which suffused care and by the level of knowledge and ownership of staff in delivering high quality care for patients.

The chair of the Health Overview and Scrutiny Committee told us that they have undertaken reviews of end of life care, and trauma services, and found the quality of care to be excellent.

We asked the trust to provide evidence of the quality of care on a surgical ward which was subject to an internal trust investigation in early 2010.

As a result of the investigation, the integrated gastro-intestinal unit model was reviewed, and medical patients were moved to other wards. A detailed action plan has been in place, with most actions now completed, and this has been reviewed by the Trust Board and learning shared across the trust. The trust requested South Central Strategic Health Authority to review the ward in September 2010. The review concluded “I am pleased to confirm that the external review panel is confident, based on all the information available, that the quality of care now being delivered by the … team is good. The governance and process systems necessary are in place to assure the quality of care into the future”. We visited the ward during our visit on 20 January 2011, and found that patients were happy with the quality of care they received.

The trust showed us their Patient Experience Dashboard which gives an overview of the trust's monitoring of the experience of patients for each month. This shows that almost all patients were satisfied with the care they received at all of the trust's locations over the period January to October 2010. This information is based on information collected directly from patients by volunteers and analysed by the Picker Institute.

In the 2009 inpatient survey, the trust scored about the same as other trusts for all questions relevant to this outcome, including how good the overall care received was (7.8 out of 10).

In the 2009 outpatient survey, the trust scored about the same as other trusts for all questions relevant to this outcome, including how good the overall care received was (8.4 out of 10) and being satisfied that the reason for the outpatient visit was accomplished (8.6 out of 10).

The NHS Litigation Authority has assessed the trust against its risk management standards, which include standards on ensuring NICE guidelines and National Confidential Enquiry findings are taken into account. The trust has achieved level 2, of a possible three levels.

During our review, we looked in more detail at a number of areas of care which are outlined below: cancer care, stroke care, cancelled operations, and mixed sex
accommodation.

**Cancer care**

The trust showed us their cancer waits dashboard for the week ending 9 January 2011. This showed that all waiting time targets were achieved in every quarter of 2010/11. This was supported by data on waiting times for cancer treatment collated by South Central Strategic Health Authority for November 2010, which showed that Southampton General Hospital met the targets for treatment in eight key areas, with one target (percentage referred from screening treated within 62 days) almost met for that month. Figures on waiting times for cancer treatment are monitored on a weekly basis by the trust.

Unexpected deaths are reviewed at a monthly meeting, and lessons are identified and acted on to ensure improvements to quality of patient care are implemented.

The trust states that their data on one year survival rate for all stages of lung cancer which has been diagnosed at Southampton General Hospital is significantly higher than the national average.

In the National Cancer Patient Experience Survey 2010, there are many comments from patients about the excellent quality of care they received at Southampton General Hospital. There are also a significant number of comments about long waiting times for cancer patients in the outpatient clinic, as mentioned above. We asked the matron about waiting times in the clinic, and she was apologetic and concerned. Evidence under other outcomes shows that the radiology equipment often breaks down due to heavy use, but it is due to be replaced soon. There is a shortage of staff in radiotherapy. However the trust is meeting the waiting time target for provision of this treatment.

The trust showed us their Patient Experience Dashboard which gives an overview of the trust's monitoring of the experience of patients for each month. This shows that the trust is consistently meeting their own target on provision of end of life care according to national best practice guidance.

**Stroke care**

The trust showed us a letter from the Chief Executive of Southampton City PCT which stated that the stroke service provided by Southampton General Hospital has achieved significant improvements in 2010, with most patients now spending 90% of their time on a stroke unit, and the majority of high risk mini-stroke patients being treated within 24 hours. A regular Stroke Strategic Meeting has been established to drive further improvements and oversee expansion of the service to include the full stroke pathway of care.

Evidence from the Stroke Patients' Survey (March-October 2010) shows that most patients think they receive excellent or very good care, and no patients rated their care as poor. A significant number also mentioned areas for improvement, including a fifth of respondents who said they needed more help with communication problems. The trust's Stroke Service Specification Review states that a needs assessment has identified that one additional full-time Speech and Language Therapist is needed, and recruitment to this post is currently under way. A quarter of patients needing help to use the toilet or bedpan only sometimes received it.

A 'Have Your Say' event is planned for February 2011 with a representative from the Stroke Association in order to gain public views on all aspects of the stroke service with results fed back directly to the stroke team; staff from the stroke unit will be directly involved in the event.
Cancelled operations
In 2009/10 the proportion of patients whose operation was cancelled was worse than expected at the trust. The trust told us that they have prioritised reducing the number of cancelled operations in 2010. Patients whose operations have been cancelled are prioritised for re-booking within 28 days. Performance has been monitored at weekly meetings of the Delivery Group, which reports to the Trust Board. The trust has achieved a significant reduction in the number of cancellations in 2010. People we spoke to on the surgical wards confirmed that they had not had to wait for treatment.

Mixed sex accommodation
Southampton Local Involvement Network told us that the trust is working hard to reduce the number of people in mixed sex accommodation. The Same Sex Accommodation Programme for wards was completed in the summer of 2010; day units throughout the Trust are currently being assessed for their compliance. The trust monitors the number of mixed sex occurrences electronically and through daily site reports. We looked at the trust's Patient Experience Dashboard which shows that there were no breaches of the same sex accommodation guidance which were not clinically justified in the second quarter of 2010.

Our judgement
People we spoke to during our visit told us that their care needs were being met, and we observed appropriate care being provided to patients. The hospital is meeting the relevant targets for stroke and cancer care, and patients report receiving very good care in these areas. The hospital monitors patient experience effectively, and has made improvements to care where needed, including reducing the number of cancelled operations significantly in the last year. On the basis of the evidence provided and the views of people using the service, we found the service to be compliant with this outcome.
Outcome 5: 
Meeting nutritional needs

What the outcome says

This is what people who use services should expect.

People who use services:
• Are supported to have adequate nutrition and hydration.

What we found

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What people who use the service experienced and told us

We spoke to patients about the food provided at Southampton General Hospital during our visit. People were generally happy with the quality of the food and some said it was excellent. One patient who was on a complex, changing diet said that “every part of it is covered”. Patients thought they could ask for drinks between meals although they had not done so. We spoke to some patients who were not so happy with the food, and who told us how it could be improved. One person had complained to nurses that the food was not multicultural, and the nurse offered to get her something else in between meals. Other patients said there was a lack of choice.

We observed lunchtime on the wards, and saw catering staff employed by the contractor cooking pre-prepared meals for patients. One person had not ordered a meal, and asked for an omelette, which catering staff said they would get. We saw that people on special diets or needing assistance were given a red tray to identify this, and staff told us that this system worked well. We saw nursing staff monitoring and documenting how much a patient with a red tray had eaten as part of the care plan. We saw a patient in Accident and Emergency who said he was offered a good choice of sandwiches at lunchtime.

Patients and staff on the stroke rehabilitation ward identified some problems with the provision of food. Staff said that when puréed food is re-heated, the outside is burnt which leaves only a smaller amount of food in the middle which is edible. This means that patients are not able to eat a full meal and are unlikely to get the nutrition they need. There has not been continuity in catering staff on this ward, so
hostesses (who serve meals) do not get to know the patients. This is particularly important for patients who may have communication difficulties; sometimes the hostess writes down what they think a patient wants but does not check with ward staff. Patients said that if what they ordered is not available, they are given something else which they may not like. Ward staff have had training in supporting patients who have had a stroke with eating, and there is a picture menu available.

Other evidence
We spoke to senior members of trust staff about food and nutrition. They told us that food in the hospital has been provided by an external catering company since November 2009. The trust said this decision was taken in order to provide a more flexible service, among other reasons. The contractor provides fresh food which is plated off-site. The food is cooked in ward kitchens by hostesses who are employed by the catering company, and who also serve the food. Hostesses are not responsible for providing patients with assistance to eat. The trust told us that the menu offers a large choice, including catering for diabetic and religious needs. The catering company is responsible for ensuring that all meals contain the required nutritional content. The hospital also has a kitchen which can cater for special diets and requests, with the agreement of a nutritionist.

The trust said that the first six months of the implementation of the catering contract were challenging, and they have worked hard with the contractor to resolve issues. For example, protected mealtimes (which ensure that patients are not interrupted during meals) had to be suspended because they could not guarantee that meals would be served at the same time every day. The trust told us that protected mealtimes were reinstated in December 2010, although there are still challenges in wards which are very busy, and when doctors want to conduct a ward round during a protected mealtime. We spoke to staff on some wards who also said that the protected mealtimes were suspended since the new catering contract started. They said that they recognise that protected mealtimes are important and that staff should be available to support this. However it was not clear that protected mealtimes are currently in place on all of the wards we visited.

Matrons have weekly meetings with the catering company, and nursing staff told us that they work together with hostesses regarding choice of meals. However they also said that hostesses do not have an overall picture of patient's needs. An example of this is one patient who ordered porridge for breakfast, but was not able to have this choice as a specific food regime was in place due to the patient's difficulty with swallowing. This could have posed a risk to the patient if it had been provided.

The trust told us that they have a range of mechanisms for getting feedback about food, including the patient experience survey which asks "How do you rate the food?". The Patient Experience Dashboard shows that on average over half of patients rated the food as good or very good between January and October 2010; the trend is improving towards the end of the year. The trust's own target for this indicator is 90%. The percentage of people who needed help with eating but did not receive it fluctuates, ranging from a small minority in August to over half in November.

The Stroke Patients' Survey undertaken between March and October 2010 found that two thirds of patients were always able to get healthy food from the menu; however one third of patients said they could only get healthy food sometimes.
Three quarters of patients who need help from staff to eat meals, always received it, and a quarter received it sometimes. In the trust as a whole, in the December 2010 patient experience survey, a quarter of people said they need help to eat meals but did not receive it, which is a decrease from previous months.

The National Cancer Patient Experience Survey (2010) contains a high number of negative comments about the quality of the food at Southampton General Hospital, in particular that it is not appetising for patients who are undergoing chemotherapy or recovering from surgery and have a poor appetite.

The Health Overview and Scrutiny Committee also told us that there were problems with food at the hospital, and gave an example of one meal which was seen being microwaved five times before being given to a patient. The Local Involvement Network told us that they thought the food had improved in recent months, and that the Hospital Food Group and Nutrition Steering Group had resolved a lot of the problems.

The trust have identified priority actions for improvement to provision of food, including: the consistent timing of meals; training hostesses in taking food orders, in particular from people with communication difficulties; ensuring that a nurse has agreed that a patient has finished eating before their tray is removed, training in key phrases for hostess staff for whom English is not their first language; and reducing staff turnover in the hostess role by making staff feel like part of the team. Key groups involved in delivering these priorities are the Hospital Food and Nutrition Action Group, and the Nutrition and Hydration Steering Group, which reports through the Patient Experience Strategy Group to the Trust Executive Committee.

There is currently a research study being undertaken on the elderly care wards into the use of mealtime assistants (volunteers) to assist patients during meals. The mealtime assistants receive training in nutrition and feeding led by a dietician and Speech and Language Therapist. Research has also been undertaken into reducing length of stay for radiotherapy patients who need to be fed through a nasogastric tube. The approach trialled in this study was shown to reduce length of stay and improve outcomes for patients.

The trust told us that overall responsibility for nutrition on the ward lies with nursing staff. A key role on the ward is the Agents for Nutrition and Tissue Viability (ANTS) who are nurses who take a lead on nutrition at ward level, undertaking monthly nutrition screening audits and working with dieticians and the matron. Staff we spoke to on surgical wards were knowledgeable about nutritional screening, and the role of specific and gradually changing diets to promote recovery from surgery.

Staff told us that nutritional screening is carried out as soon as a patient arrives on the ward, and this is reassessed at least once a week, and more frequently if needed. Support from dieticians is obtained from a central team. Staff on the stroke rehabilitation ward said that they have a starter regime they can use if a dietician is not immediately available.

We looked at the Essence of Care Nurse Record Keeping Audit (December 2010), which found that nutritional screening to identify patients at risk of poor nutrition was recorded in most patient records, but the appropriate use and documentation of nutrition care plans and food charts need to improve. Patient's weight is documented within 48 hours of admission in almost all cases, but is not necessarily reassessed in accordance with their condition. The action plan states that action will be taken forward through the Hospital Food Group and Nutrition and Hydration Steering Group.
The trust’s own assessment of compliance with this outcome identifies that action is required to improve compliance with the nutritional screening and assessment policy, and to improve consistency of implementation of protected mealtimes and red tray systems. The assessment also states that a fasting policy is currently under development, which will provide guidance on management of fasting patients. A number of actions are proposed for completion by March 2011.

**Our judgement**

The hospital is providing adequate nutrition and hydration to most patients, and people told us about some examples of good practice during our visit. However there are a number of areas where good outcomes for people are not always being achieved.

People who are on a puréed diet are not always getting the nutrition they need due to some of the food not being edible. Some people do not get a choice of food due to communication problems or not being offered a second choice of meal. High turnover of catering staff means that hostesses do not develop a good understanding of the communication and other needs of patients, which means patients may not get appropriate food at all times. The protected mealtimes policy has been reintroduced but is not yet fully implemented on the wards, and assistance to patients who need help with eating is not consistently provided. Patients who are at risk of poor nutrition are identified through nutritional screening, but this is not always followed up through nutritional assessment, care planning and monitoring to ensure that the patient always receives the nutrition and hydration they need.

Overall, we found that Southampton General Hospital was meeting this outcome but there are areas of concern where improvements need to be made.
Outcome 6:
Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:
- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us
People who use the service did not tell us anything specifically about this outcome.

Other evidence
We spoke to senior members of trust staff, who told us that Southampton General Hospital has an Integrated Discharge Bureau which has been in place since July 2009. The Integrated Discharge Bureau is managed by the trust in collaboration with local PCTs, councils and the local provider of care at home. These organisations jointly employ a System Manager - Hospital Discharge. In 2010 workshops were held with all organisations to agree improved processes and to review progress with their implementation; this was supported by a training programme. As a result of this work, the number of delays to discharge and the length of stay of long-stay patients has reduced over the past year. The trust provided a record of delayed transfers of care which demonstrates that these reduced significantly in the second half of 2010 and are now meeting the hospital's target.

We looked at the Effective and timely discharge service improvement project plan, which outlines the actions which have been taken and demonstrates the sign-up of partners to the plan. This shows that Southampton General Hospital is working well with partners involved in the care, treatment and support of people who use services.

The trust told us that there is now an improved experience and pathway for patients,
with better communication between patients and other organisations, a prompt service, transfer to the most appropriate setting and a more streamlined experience. There has been a reduction in complaints relating to discharge.

Staff on the wards told us that discharge planning works well. Staff on one of the surgical wards told us that there is a Patient Flow Co-ordinator on the ward who has a key role in talking to patients, relatives, social services and other support services to ensure that everything is in place for discharge. We looked at the records of a patient who was waiting to be discharged to a nursing home, and saw that the appropriate assessments had been undertaken to prepare for discharge. This included a continuing healthcare needs assessment, a very detailed behavioural assessment, and an assessment which had been undertaken by the nursing home. These showed that adult services and the patient's family had been involved.

Staff in Accident and Emergency told us that a discharge letter would go to a patient's GP within one or two days. We looked at the records of a patient in an outpatient clinic and saw that there was a satisfactory letter for transfer to another hospital. The hospital told us that their patient handover sheet for discharge to another care setting has recently been updated and improved. We looked at an example of a discharge summary which showed detailed and clear information.

The trust told us about an example of a complex discharge which involved collaborative working with other organisations. The patient wanted to be discharged home, but the hospital had concerns about this. Social services undertook a risk assessment, but disagreement about next steps meant the patient had a longer stay on the ward. The patient was discharged home but returned to hospital within a few hours because of a fall. After constructive discussion with other agencies, the patient was ultimately discharged home again but with a more extensive package of care and support in place.

Staff in the Emergency Department told us about an example of a patient who had been admitted to Accident and Emergency (A+E) after a fall, but who was given the all clear and was ready to be discharged home that day. However the patient's relatives were concerned that they could not cope at home, so the patient was reviewed by the Older people's outreach and support team. Community services were not able to provide support that night, but the patient did not want to be admitted to the hospital and could not stay in the A+E. The hospital discussed the situation with relevant partners in a whole system conference call. As there was no immediate solution available to facilitate the patient's discharge home safely, the patient was offered a non-acute community hospital bed which they were happy to accept.

A senior staff member at the trust told us about other initiatives they have undertaken in partnership with other services to support patients while in hospital and after their discharge.

These included the Enhanced Supported Discharge Service project which was piloted in October 2010. We looked at a report which went to the Trust Executive Committee in November 2010 which gave more details. The project involves working in collaboration with an external provider of out of hospital healthcare to deliver clinical services in the community. This enables suitable patients to return to their own home more quickly with the support of community based healthcare professionals. The service reduces overall length of stay and re-admission rates and shortens waiting times. The pilot project in October saved 111 bed nights, against an initial target of 10 bed nights saved. The trust is now moving into a 3
year ‘test and learn’ project to continue and expand this work.

The trust told us that they have established an 18-bedded ward at Southampton General Hospital which provides an intensive therapy-focused approach with the aim of supporting patients’ rehabilitation and discharge home. The main patient groups admitted to the ward are medicine, medicine for older people, and orthopaedics. A senior member of ward staff told us that there are many examples of how patients who have received this intensive therapy input have demonstrated very good outcomes. One such example is of a patient who became acutely unwell with pneumonia while on the ward. The patient remained on the ward and received frequent chest physiotherapy which enabled discharge home directly from the ward. With the intensity of the therapy input the patient’s medical instability was turned around in 24 hours.

Another example is of a patient who had a fractured vertebra following a car accident. An earlier attempt at discharge had been problematic and they were transferred to the ward. The patient has had intensive therapy and is now walking, can sit up out of bed for periods of time and their confidence has improved. With the appropriate supporting infrastructure the patient will be able to be discharged home.

In the 2009 inpatient survey, the trust scored about the same as other trusts for all questions relating to leaving hospital (6.7 out of 10), including involvement in decisions about their discharge (6.7 out of 10); not being delayed on the day they were discharged (7 out of 10); and letters between hospital doctors and GPs being written in a way they could understand (8.9 out of 10).

**Our judgement**

Southampton General Hospital is working well with partners involved in the care, treatment and support of people who use services. This is demonstrated by the discharge service which is run by the trust in collaboration with local Primary Care Trusts, councils, and the care at home provider, and has reduced numbers of delays to discharge and length of hospital stay over the last year. Hospital staff told us about examples where good outcomes had been achieved for patients through collaborative working with other care providers.

On the basis of the evidence provided and the views of people using the service, we found the service to be compliant with this outcome.
Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are moderate concerns with outcome 7: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who use the service did not tell us anything specifically about this outcome.

Other evidence

A member of the trust executive team told us that the trust has reviewed its child protection practice in light of the high profile national inquiries and reviews in recent years, and detailed action plans have been undertaken to deliver the recommendations. The trust provided us with examples of action plans which confirmed this. The trust states that it is one of only 5% of trusts which are compliant with the recommendations of the Laming report into the death of Victoria Climbié.

We looked at the trust's CQC Baby P Safeguarding Children Review action plan (Dec 2010 update). This showed that the trust works closely with community partners through the Local Safeguarding Children Boards, and there is senior trust representation on the boards. An external child protection specialist conducted a review of child protection in local services which were benchmarked against other providers in 2010; the trust performed well in this review. The trust undertakes regular internal reviews to ensure that child protection resources meet the increasing demand. As a result of a recent review of its child protection staffing, the trust appointed an additional half-time child protection specialist nurse to the child protection team. The trust undertakes child protection and safeguarding training which is mandatory for all staff, and provides access to multi-agency and forensic
courses where required. The number of child protection/safeguarding referrals has increased since this training became mandatory. The trust has also taken a lead in running regional multi-agency study days for senior medical and nursing staff, police and social workers.

During our visit we spoke to staff who said that they had received training in safeguarding. Training is delivered through the wider e-learning programme; on one ward, two thirds of staff had completed safeguarding training. The trust told us that some teams, such as the complaints team, have received additional training. Staff we spoke to understood that safeguarding refers to protecting vulnerable adults and children, and could list the different types of abuse. Staff were aware of their responsibilities, and knew what they would report and to whom. There is a safeguarding vulnerable adults alert process in place. Staff in Accident and Emergency and on the wards gave us examples where signs of abuse had been identified in adults and children on admission to hospital, and patients had been referred to Social Services appropriately. Staff did not mention examples of abuse which had occurred in hospital.

We asked staff what they would do if there was an allegation that a vulnerable adult had been abused by hospital staff. This could include neglect or a severe pressure ulcer which developed in hospital. Most staff showed no awareness that abuse by hospital staff could happen, or that these incidents should be reported as safeguarding alerts. We spoke to a matron who said the issue would be reported and investigated.

We spoke to senior members of trust staff about safeguarding adults. They told us that their Safeguarding Adults Policy has recently been reviewed and updated to include guidance about raising a safeguarding alert against the trust, and Deprivation of Liberty Safeguards. This policy has not yet been signed off at Trust Board level.

All safeguarding alerts are reported to the Vulnerable Adults Group which reports to the Quality Governance Group. The trust stated that a theme identified over the last three quarters is inconsistent completion of mental capacity assessments. We looked at the Safeguarding Vulnerable Adults report for Quarter 3 2010/11, which lists nine safeguarding alerts which were raised against the trust, of which three were unsubstantiated and three are still being investigated. Two of the substantiated alerts relate to patient choice about resuscitation, and the trust is undertaking a wider investigation into this issue with input from the Strategic Health Authority lead. The third substantiated alert related to mental capacity assessment and identified lack of understanding of best interest decision-making for a person with learning disabilities. The trust now hosts two Learning Disability Liaison Nurses (one full-time post) who work for the community learning disability team, and is taking a number of other actions to address this.

Staff told us about their process for alerting the Social Services team about safeguarding concerns, which is paper-based. The trust also records all alerts on their own database and produces a safeguarding report which identifies trends, and learning from this is shared with clinical staff groups.

The trust is an active partner in the local multi-agency safeguarding group, and implements shared policies, procedures and recommendations. An example was given of processes for reporting abuse in the Emergency Department, which were improved with input from the group. Staff in Accident and Emergency were aware of the process. Some staff within the hospital have participated in multi-agency
training. The trust works closely with Social Services, and this is a good example of partnership working. There are a number of key roles within the trust which provide links to other agencies working in safeguarding, including the Learning Disability Liaison Nurses and the Older People's Outreach Team.

Senior members of trust staff told us that they have worked with Social Services to develop their procedures for managing allegations of abuse against the trust. The trust said that these are reported as safeguarding alerts to Social Services, as well as being reported as serious incidents if relevant. Social Services would be involved in planning the investigation.

The trust is required to report allegations of abuse against the trust to the Care Quality Commission (CQC) without delay (this is done through the National Patient Safety Agency). Trust staff were not clear that this should be done as soon as a safeguarding alert is raised, although the investigation may subsequently find the allegation to be unsubstantiated. Safeguarding alerts which have been raised against the trust and are listed in the Quarter 3 Safeguarding Vulnerable Adults report were not notified to CQC as allegations of abuse.

It was not possible to map the notifications of abuse and severe harm which had been received by CQC to the safeguarding alerts in the trust's Quarter 3 Safeguarding Vulnerable Adults Report. The trust notified CQC of severe pressure ulcers which were acquired in hospital on 28/09/10, 25/11/10, 30/11/10, and 08/12/10. These notifications were categorised as incidents resulting in severe harm, rather than abuse. There was a delay of between 14 and 30 days between the incident occurring and CQC being notified. The information provided in the notification did not state that a safeguarding alert had been raised. None of these incidents are listed as safeguarding alerts raised against the trust in the Quarter 3 Safeguarding Vulnerable Adults Report, which also indicates that safeguarding alerts were not raised.

The hospital has a clear process for assessing whether a safeguarding alert should be raised for a pressure ulcer which has been acquired in hospital, and senior staff showed us a flowchart which is available for staff on the wards to use. However staff who we spoke to on the wards did not mention this. Four incidents mentioned above where patients had acquired severe pressure ulcers in hospital were reported to CQC as serious incidents between October and December 2010, but there is no evidence in the incident reports or the Safeguarding Vulnerable Adults Report that safeguarding alerts were raised.

Senior members of trust staff told us that the trust works closely with Hampshire Partnership NHS Foundation Trust on mental health issues and takes guidance from them where required. The trust uses the Hampshire Partnership NHS Foundation Trust's rapid tranquillisation policy, although the trust said that additional work is needed to define it for the acute care setting. There is clear working guidance regarding the transfer of patients who are detained under the Mental Health Act, and the trust has a Psychiatric Liaison Service.

**Our judgement**

Southampton General Hospital has effective processes for identifying and responding to signs of abuse in children and vulnerable adults at the point of admission, and staff have had training and know how to respond to this. However there was low staff awareness of recognising abuse which may have occurred to vulnerable adults in hospital, and of the action to be taken. Incidents
where patients have acquired severe pressure ulcers in hospital have not been reported as safeguarding alerts. Some safeguarding alerts against the trust which were raised with Social Services were not reported to CQC as allegations of abuse. The hospital did not demonstrate that it was responding to all safeguarding incidents appropriately.

Overall, we found that Southampton General Hospital was meeting this outcome but there are areas of concern where improvements need to be made.
Outcome 8:
Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with outcome 8: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

During our visit we spoke to patients about standards of cleanliness and hygiene in the hospital. They told us that the ward was generally clean, and that cleaners came in every day. Staff said that there is one dedicated cleaner on the ward, and one member of staff said she was impressed with the standard of cleanliness. We observed that the wards and shower rooms looked clean, and arrangements had been made for cleaning whilst the contract cleaners were on strike. One person said that they spilt some water, and noticed when they wiped it up that the floor was dirty.

Patients said that staff usually washed their hands or used antibacterial gel before and after providing treatment. We saw staff in Accident and Emergency washing their hands, and one patient said that the bed had been cleaned before he got on it. We observed a member of staff on a ward going between three beds moving things about, including a patient's glass which they had their finger in, and they then assisted another patient with their sandwiches; they did not wash their hands at any point. We saw another nurse moving between beds without using antibacterial gel.

Other evidence

Southampton General Hospital has significantly reduced the number of cases of MRSA and C. difficile in 2010, and the trust's Clinical Quality Dashboard shows that levels in the second half of 2010 were very low. This is confirmed by data from the Health Protection Agency which says that infection rates overall were similar to or better than expected for a hospital of this size.
The trust experienced a high number of norovirus and flu cases in December 2010 and January 2011, when there were also high levels in the community. At one point ten wards were closed to new admissions. The trust showed us evidence of the action that was taken, including minutes of the Infection Hospital Incident Management meetings which took place daily. The trust also showed us evidence of their communication with staff during this period. The trust took swift and appropriate action to manage the outbreak through closing wards, enhanced cleaning, restricting visitors and non-essential staff, restricted movement of staff, and cancellation of non-urgent treatment. We spoke to staff on the wards who knew what to do if they thought a patient had an infection.

At the time of our visit the situation had improved, although two wards remained closed and we observed a further ward being closed to admissions while we were there. We visited one ward which was not affected, but which was only accessible through two of the wards which were closed.

On the day of our visit to the hospital, the contract cleaners were on the second day of a strike; approximately half of the cleaners were not working. Staff told us that contingency arrangements were in place, which included prioritisation of cleaning schedules to focus on patient care areas, and using housekeeping staff. We observed that cleaning was being undertaken on the wards, and the wards we visited were clean.

We spoke to staff about measures they took to prevent the spread of infection. Staff said that they were told by the trust not to travel to and from work in their work clothes; however most staff we spoke to said that they did travel in work clothes because there were no changing facilities, other than in Accident and Emergency. One person said she changed in the toilets. All staff we spoke to about this agreed that they should be able to change into and out of work clothes at the hospital. The trust later told us that the Trust Appearance Policy allows staff to travel to and from work in uniform but requires appropriate laundering; staff we spoke to did not appear to be aware of this. Staff told us that at times the level of deep cleaning provided by cleaning staff was not adequate, and nursing staff would sometimes clean a room so it could be re-opened. Senior trust staff told us that they requested additional cleaners from the contract cleaning company in order to ensure affected wards could be deep cleaned and re-opened.

The trust told us about the procedures in place at the hospital to monitor and audit infection prevention and control measures, and we saw evidence that supported what the trust told us. Monitoring procedures include hand hygiene audits and environmental audits which are linked to a ward accreditation programme so that wards can lose their accreditation if they do not meet the audit targets. Standards of cleaning are reviewed against the relevant National Cleaning Specifications and action taken on any hot spots identified. The trust said that environmental audits are undertaken with involvement of contract and clinical staff, and results are discussed weekly, including at meetings with the contractor. We saw a documented example of a matron’s walkabout on the ward which looked in detail at infection prevention and control measures and identified actions.

The trust showed us their Environmental Dashboard, which gives an overview of monitoring of the environment by the trust for each month. This contains data from environmental audits, matron’s walkabouts, Patient Environment and Action Team inspections, and cleaning scores for all wards. This showed that most issues which had been identified on the wards, particularly through environmental audit, had
The trust provided us with a copy of an audit of cleanliness and decontamination of medical equipment, which was undertaken in October 2010. This showed that compliance was very high in almost all areas of the hospital; non-compliance which was identified was followed up through care groups. The trust told us that staff had identified improvements needed to decontamination in the Medical Equipment Library, and that the decontamination lead had worked together with staff to make the necessary improvements successfully. We looked at a copy of the action plan which demonstrated that all actions had been completed.

The trust told us that there are constraints on the number of isolation rooms available at Southampton General Hospital. However the trust monitors the situation daily and staff use a range of approaches to ensure that isolation facilities can always be identified when needed. This would include undertaking risk assessments, moving patients who can be moved, and isolating groups of patients together. The trust said that patients who have diarrhoea and vomiting are isolated within four hours. Patients who have had C. difficile are followed up to ensure they were isolated appropriately; an example of a review and action plan was provided by the trust. We also looked at the Infection Prevention Team's Process for monitoring and review of isolation compliance. Compliance with isolation requirements is followed up by the Delivery Group. The trust told us that the Infection Prevention Team does awareness-raising weeks with staff, and that isolation has been scheduled in as the focus for one week.

The trust told us that infection prevention is included in induction training for all staff, and that it is also in mandatory training. This is followed up in staff appraisals. CQC undertook an inspection of infection prevention and control at Southampton General Hospital on 5 January 2010, and found no concerns with 14 measures. The inspection identified areas for improvement in one measure, ensuring that the environment provided for healthcare is suitable, clean and well-maintained. The trust had made this improvement by March 2010.

The trust’s Patient Environment Action Team, which included a member of the Local Involvement Network, carried out an assessment of Southampton General Hospital in March 2010. The scores for cleanliness and hand hygiene were similar to or better than expected.

The results of the 2009 inpatient survey were about the same as other trusts for all questions relevant to this outcome, including: cleanliness of rooms and wards (8.4 out of 10) and cleanliness of toilets and bathrooms (8 out of 10).

The results of the 2009 outpatient survey were about the same as other trusts for all questions relevant to this outcome, including: cleanliness of outpatient department (8.7 out of 10) and cleanliness of toilets (8.4 out of 10).

The NHS Litigation Authority has assessed the trust against its risk management standards, which include standards on hand hygiene training and managing infection prevention and control risk. The trust has achieved level 2, of a possible three levels.

Our judgement
The hospital has satisfactory arrangements in place to ensure cleanliness and infection control, and undertakes monitoring of these arrangements to ensure action is taken where improvements are needed.
On the basis of the evidence provided and the views of people using the service, we found the service to be compliant with this outcome.
Outcome 9: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:
- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with outcome 9: Management of medicines

Our findings

What people who use the service experienced and told us
People who use the service did not tell us anything specifically about this outcome.

Other evidence
The trust told us that Southampton General Hospital has two pharmacies, one of which is a specialist Cancer Care Pharmacy. There is 24 hour availability of medicines. The trust has a Medicines Policy which covers all medication issues including procurement, supply, dispensing, monitoring, and outlines the roles of all staff involved.

We spoke to a senior pharmacist who said that key ways in which the hospital ensures that medicines are being managed correctly are: members of pharmacy staff available on the wards; medicines reconciliation and monitoring of this; and pharmacists monitoring prescribing errors and identifying ambiguities. Pharmacists check drug charts and look for appropriate prescribing and records of administration. Three medication indicators are regularly monitored for the purposes of improving medication safety, and reported through divisional clinical governance groups.

The pharmacist told us about the Medication Safety Group which meets every two months and is chaired by the Principal Pharmacist Medication Safety. The group has an overview of all medication safety issues, including safety alerts, training and
competency, and reviews trends identified from medication incidents. Further analysis is being undertaken for 'wrong route errors' which have significant potential for harm.

Training is provided for all new nurses, including intravenous and pain medication. There are safe prescribing courses for new doctors, with an exam which must be completed at the end. Training is monitored through the divisional governance structures.

Medication doses which have been missed and are not explained are followed up by pharmacists. We looked at an audit of missed doses which was undertaken in July 2010. The actions identified focus on prioritising critical medicines, and have been followed up by the Medication Safety Group. An annual audit of missed doses is being developed.

The trust provided an example of a serious medication incident which had been investigated and follow up action taken. The incident related to preparation of chemotherapy medication in the Cancer Care Pharmacy which resulted in the wrong dose being given to a patient. It is possible that the patient may have experienced increased side effects as a result. The patient and family were immediately informed and action was taken to adjust the remaining doses. The consultant and pharmacy met with the family several times, and a full investigation was undertaken which was also shared with the family. The investigation which was undertaken was detailed and identified a number of lessons learned, some of which were identified by the family. This has led to improved procedures in the pharmacy. The learning was shared appropriately with the pharmacy and cancer care teams, and action taken reported to the Care Group Clinical Governance. This investigation demonstrates that the hospital is able to learn effectively from adverse medication events and reduce the risk of them happening again.

The results of the 2009 inpatient survey were about the same as other trusts for all questions relevant to this outcome, including: having the purpose of medicines explained to them (8.5 out of 10); being given clear information about medicines (7.4 out of 10); being told how to take medication when they went home (8.4 out of 10); and being told about side effects to watch out for when they went home (4.4 out of 10).

The results of the 2009 outpatient survey were about the same as other trusts for all questions relevant to this outcome, including: instructions for how to take medication (8.6 out of 10); having the purpose of medication explained (8.8 out of 10); and side effects to watch out for (5.9 out of 10).

The NHS Litigation Authority has assessed the trust against its risk management standards, which include standards on maintenance of reusable medical devices and medicines management. The trust has achieved level 2, of a possible three levels.

**Our judgement**

The hospital has effective processes in place to ensure medicines are handled safely. These include ensuring staff are appropriately trained, monitoring of management and use of medicines which is undertaken by pharmacists, and investigation of and learning from incidents relating to medication.

On the basis of the evidence provided we found the service to be compliant with this outcome.
Outcome 10: Safety and suitability of premises

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:
- Are in safe, accessible surroundings that promote their wellbeing.

What we found

**Our judgement**

The provider is compliant with outcome 10: Safety and suitability of premises

**Our findings**

**What people who use the service experienced and told us**
People who use the service did not tell us anything specifically about this outcome.

**Other evidence**

The trust told us that it was not compliant with this outcome at Southampton General Hospital when it was registered by the Care Quality Commission on 1 April 2010. At that time the trust identified issues including meeting the requirements of the Disability Discrimination Act 1995 and the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Since then they have undertaken a number of actions to improve their compliance with the outcome.

We spoke to senior members of trust staff, including a member of the Trust Executive Committee and Trust Board, about this outcome during our visit, and asked them about the hospital’s compliance. The trust told us that the concerns about compliance had been debated openly at board level, and that their focus is on the quality impact and improvement to patient experience which their investment in premises can deliver. The trust said that in recent years there had been significant investment in improving the premises, although this has reduced in the current financial year due to financial pressures.

We asked senior staff about the action they had taken to become compliant. They told us that they undertook audits of accessibility for disabled people in 2010 which identified areas for improvement. People with disabilities were involved in this process. As a result of the audits improvements were made to 12 accessible toilets, and an accessible toilet has been added to the scheme for redevelopment of the
catering service. Other measures taken to improve accessibility include replacing waste bins in accessible toilets with ones which are smaller and more easily operated by people who have a disability. We observed that there were a number of accessible toilets in the areas of the hospital we visited, and that there were lifts for access to all floors. On our visit to a number of wards, we observed that all toilet doors were wide enough for wheelchair access, although we saw one toilet which was down a thin corridor. In some toilets the sick bowls were out of reach on a high shelf.

The trust said that there are constraints caused by the Southampton General Hospital building, but they have invested money in upgrading the facilities where possible. All buildings have an accessible lift except for the trust offices. However they have re-organised office space in order to meet the needs of members of staff who have a disability, with input from occupational health.

The trust told us that they have a COSHH policy, and an audit of compliance with this policy was undertaken in summer 2010. The audit found that the majority of requirements were met, and identified some areas for improvement. The trust has undertaken communication relating to the COSHH policy and is encouraging reporting of incidents relating to hazardous substances through a simplified incident form. The trust told us that they have a 'no blame' culture for incident reporting, and have done work to ensure that there are tailored reporting forms for staff working in different contexts. The trust is also working to reduce the use of hazardous substances; for example an investigation into practices for cleaning the backboards for sanitary appliances found that soap and water was as effective as the COSHH controlled solvent which was previously used.

The trust told us that they have worked closely with the Fire Service to address fire safety issues which were identified in 2009. Fire risk assessments have been carried out for all buildings. A survey of fire compartment walls has been carried out and a specialist contractor has been recruited to address deficiencies which were identified. New signage is in use and there is a system for obtaining permission to carry out work above ceiling level. The trust has reviewed fire training with the Fire Service and Fire Group Leaders are being trained by a specialist consultant to deliver training in their areas. The trust told us that they undertook two successful fire evacuation drills in December 2010, and that a six bed bay was successfully evacuated when a nurse call unit caught fire. The Fire Service had been visiting monthly to review progress but are now visiting every three months. The Department of Health’s Annual Statement of Fire Safety states that the hospital is compliant.

We visited Accident and Emergency where we observed appropriate fire safety and health and safety notices. Some areas of Accident and Emergency were cramped, and there was some lack of privacy with only curtains between bed spaces. We observed a sensitive medical discussion which could be clearly heard by other patients. Senior staff acknowledged that space is an issue in Accident and Emergency (A+E), and told us that arrangements to minimise the impact of space constraints are in place while a new children's hospital is being built which will include a separate children's A+E. When this is opened, the Southampton General Hospital A+E will be reconfigured to address the space issues.

The trust’s Patient Environment Action Team, which included a member of the Local Involvement Network, carried out an assessment of Southampton General Hospital in March 2010. The scores for environment, maintenance, décor, lighting,
furnishings, floors, tidiness, car parking, signage, facilities for people with disabilities, sleeping accommodation, toilets and bathrooms, and privacy were similar to or better than expected.

The NHS Litigation Authority has assessed the trust against its risk management standards, which includes standards on secure environment, and moving and handling. The trust has achieved level 2, of a possible three levels.

**Our judgement**

During our visit to the hospital we found that the trust had taken action to address the areas of non-compliance which it identified at registration. Reasonable steps have been taken to ensure accessibility for people with disabilities, and there are arrangements in place to meet the requirements of other relevant legislation including COSHH. The hospital is managing risks associated with the premises effectively, including taking the advice of the Fire Service to improve fire safety. On the basis of the evidence provided we found the service to be compliant with this outcome.
Outcome 11: Safety, availability and suitability of equipment

What the outcome says

This is what people should expect.

People who use services and people who work in or visit the premises:
- Are not at risk of harm from unsafe or unsuitable equipment (medical and non-medical equipment, furnishings or fittings).
- Benefit from equipment that is comfortable and meets their needs.

What we found

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<td>What people who use the service experienced and told us</td>
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<tr>
<td>During our visit to Southampton General Hospital, people told us that there is usually enough equipment available. We saw that people had special beds as needed. There was not enough room to store equipment and some was stored in the corridors or in bed areas. One person said that they needed a self-propelling wheelchair which often went missing, and that they had no room for a chair so they had to sit on the bed. One patient said they would share a chair with another patient, so spending half a day each with the chair. One patient who we spoke to at an outpatient clinic for people with cancer said that the radiology equipment was used very intensively so often broke down.</td>
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<tr>
<td>Other evidence</td>
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<td>Staff on the wards said that they are generally able to access the supplies and equipment they need. Any equipment which is not on the ward can be ordered from the equipment library during the day and will be delivered within half an hour. Staff told us that these systems worked well. Staff on one ward said that they had two hoists for 28 patients, which was sometimes not enough. Staff said they had been trialling new equipment, such as bug free lockers and commodes. Staff in Accident and Emergency told us that there was enough equipment, although it would be better if there was more. They said that spare equipment was not that...</td>
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accessible and it was sometimes difficult to use it due to space issues.

The trust showed us examples of reports of matron's walkabout inspections of wards. These included a review of equipment such as mattresses, trolleys, beds and pillows, commodes, stock and storage, resuscitation trolley, single use and reusable items, and estates and furniture. The report scores the ward against a range of criteria; comments were made about broken equipment, and boxes on the floor were flagged as an issue.

The trust told us that they have a Medical Devices Group which meets every two months, and we looked at minutes of these meetings. Compliance with this outcome is reviewed by divisions and fed in to this group. The Medical Devices Group is a sub-committee of the Clinical Governance Committee. We looked at the minutes of the Medical Devices Group, and saw that risk, serious incidents, and training were discussed. An example of a risk identified by this group and highlighted on the trust risk register was the transfer of medical equipment data to a new database last year; this is now completed.

The Medical Equipment Management Service manages the database of all medical equipment (which records the history, maintenance and use of the equipment), and reviews all adverse incidents relating to medical equipment. The root cause is identified and themes (e.g. lack of equipment, operator error/training) are monitored. Where equipment costing over £5000 is required, each division submits bids to the Medical Equipment Panel in order of priority and a decision is made on the basis of a number of factors, including risk. We looked at the bid letter which went to divisions explaining this process. There are rolling programmes for replacement of some equipment such as anaesthetic machines and theatre tables. We asked senior staff about the radiology equipment breaking down; they agreed that this was in constant use which did lead to break downs. The trust is planning to introduce a rolling replacement programme and maintenance contract, and the contract for this is currently out to tender. This was confirmed by actions listed in the trust risk register.

Another risk identified by the Medical Devices Group was medical equipment for bariatric (severely obese) patients. The trust provided us with further evidence on this example, including minutes of meetings and a report which went to the Trust Executive Committee in October 2010. This demonstrated that equipment for severely obese patients had been identified as a shortfall in the provision of equipment as this patient group is increasing in number. A bariatric working group was established including multi-disciplinary representation. The group produced a feasibility study of provision of facilities for bariatric patients and this was discussed at the Trust Executive Committee meeting in October 2010.

The trust told us that last year they had replaced the mobile syringe driver equipment which promotes the independence of patients, in particular those who are being treated for cancer. We saw minutes of the Medical Devices Group which demonstrated that this had been discussed, and that training in the use of the new equipment had been provided to staff before the equipment was provided. This demonstrates the implementation of the trust's Medical Devices Training Policy.

Training on the use of medical devices is included within induction programmes, for example the critical care induction programme for medical staff includes the use of medical devices. Medical device competence training is included as statutory and mandatory training and compliance assessed quarterly.

The trust told us that the Intensive Care Unit had undertaken a survey of levels of
use and training in using equipment on the unit. We saw a presentation about the
survey which showed that it used pictures of the equipment so that staff could
identify it correctly. A tailored programme of education has been developed based
on the results, and the survey is going to rolled out more widely.

The trust told us it has undertaken an audit of the availability of resuscitation
equipment, including whether the equipment is tamper-proof. Southampton
Resuscitation Council is taking the lead on this. We looked at the audit which
confirmed this. Equipment which is not tamper-proof is located in a supervised
area.

The trust provided us with a copy of an internal audit report on medical devices,
dated December 2009. The audit reviewed and evaluated the systems and controls
in place for the purchasing and selection of, training in the use of and the
maintenance of medical devices and whether these were in line with guidance
issued by the Medicines Healthcare Products Regulatory Authority. The audit also
reviewed the role and responsibilities of the Medical Equipment Panel, in relation to
the purchasing and selection, control and maintenance of medical equipment. The
audit found that the design and operational effectiveness of the system were good.

The NHS Litigation Authority has assessed the trust against its risk management
standards, which includes standards on medical devices training and maintenance
of medical devices and equipment. The trust has achieved level 2, of a possible
three levels.

**Our judgement**

The hospital ensures that appropriate equipment and medical devices are available
and used safely. Risks associated with equipment are identified and action is taken,
as demonstrated by the ongoing project to ensure provision of equipment for the
treatment and care of severely obese patients, and the replacement of radiology
equipment. Patients we spoke to during our visit told us that non-medical
equipment is not always available when needed.

On the basis of the evidence provided and the views of people using the service, we
found the service to be compliant with this outcome.
Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us
People who use the service did not tell us anything specifically about this outcome.

Other evidence

The trust told us that they undertake pre-employment checks for all staff. We saw completed examples of detailed checklists which demonstrate that all the required information has been supplied, including examples for contract and agency staff. Professional qualifications and registration were confirmed where relevant.

The trust provided us with examples of audits of employment checks which are undertaken monthly. PriceWaterhouseCoopers undertook an internal audit of clinical and nursing staff employment confirmations in October 2010. The audit reviewed pre-employment checks, professional registration checks, local procedures, training for Human Resources staff, validation of right to work in the UK, Criminal Records Bureau checks and supervision if required. The audit found that pre-employment checks were performed effectively and there were some robust controls in place; some improvements were suggested, none of which were considered to be critical.

The NHS Litigation Authority has assessed the trust against its risk management standards, which includes standards on professional clinical registration and employment checks. The trust has achieved level 2, of a possible three levels.

Our judgement
The hospital has effective recruitment procedures in place and carries out relevant checks when staff are employed.

On the basis of the evidence provided we found the service to be compliant with this outcome.
Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
- Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

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<td>There are minor concerns with outcome 13: Staffing</td>
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<td>What people who use the service experienced and told us</td>
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<td>During our visit to the hospital, patients told us that there were enough staff on duty during the day and at night. People made comments such as &quot;they are always there when you need them&quot; and &quot;they come quickly when you ring the buzzer&quot;. One patient said he got a speedy response when he collapsed in the bathroom and pulled the emergency cord. When talking about staff, patients made comments such as &quot;nothing but confidence&quot;, &quot;they're brilliant&quot; and &quot;can't fault them&quot;. We spoke to patients in Accident and Emergency who said that there were enough staff available. One patient said they had received &quot;immediate attention&quot;. We observed a good response from staff to patient needs, including a team assembled before the arrival of an urgent admission.</td>
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<th>Other evidence</th>
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<td>During our visit, we spoke to staff on some wards who said there were always enough staff on duty. They said that there were procedures in place to cover sickness and there was a manager designated to cover this. They said that agency staff were sometimes used, but that if two agency staff were needed on one ward they would swap an agency staff member with a fully-staffed ward so there was an equal skill mix on the wards. One staff member said they always ensure safe numbers of staff. Comments from staff included &quot;everyone mucks in&quot; and &quot;the wards help each other out&quot;.</td>
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Staff in Accident and Emergency also told us that there were sufficient staff, although there can be pressure during busy periods and it would be better with more staff. This included greater pressure at weekends when GPs are closed, and staff said it gets busier as the day goes on. The hospital was on black alert over the Christmas period which was difficult as there was a delay in moving patients to the wards. A senior nurse said that they monitor the situation closely and are flexible in their response - for example they can call on staff from other areas of the hospital, on call staff and bank staff. We spoke to a doctor who said that the number of doctors had increased to 14 which provided good cover, and there will soon be an extra doctor in the evening. Other staff confirmed this and said that there were enough staff on duty at night. We observed sufficient staff to respond well to patients' needs during our visit, including a resuscitation team assembled in good time for an urgent admission.

Staff on the stroke rehabilitation ward told us that they had been given extra funding for staff. They are currently managing changes to staff roles and rotas to meet the needs and vision of the stroke service.

We spoke to staff on the elderly care wards who told us that there were not enough staff available. Staff said that an audit of the needs of patients is carried out every quarter and it shows that that patients have a high level of dependency. Staff told us that there is also a high level of care needed due to dementia. At night there are only two nurses and two healthcare assistants on duty which is not sufficient if, for example, two staff are using the hoist to move a patient. Staff on the ward told us that there are ongoing discussions with managers about staff increases, and that they believe the wards are below the national average for staffing levels. They are aware that matrons are escalating this issue. Staff also told us that there is consistency in staffing levels and that wards help each other out where needed.

They said that the mix of skills on the ward is better than it used to be, but they miss having ward-based housekeeping staff.

We asked members of the trust executive team about staffing levels on the elderly care wards. They provided a briefing which summarised the current staffing levels and action which was being taken. The trust told us that they review staffing for the elderly care wards annually, and three times a year they review the level of need of patients. In 2010/11 the trust increased staffing numbers on four of the five medicine for older people wards as a result of this review. This was confirmed by the Ward staffing review and investment plan 2010/11 which was presented to the Trust Executive Committee in April 2010.

However the trust said that the needs of patients are now increasing, and they are currently reviewing staffing levels again. As a result of this review, they are planning to increase staffing numbers further and review the ratio of qualified to unqualified staff. The trust said that they are taking a number of actions to ensure high quality patient care during the period until the increase. These include clear ward routine and roles and responsibilities, roll out of the productive ward programme to ensure maximum time for direct care, specialist risk assessment, daily review of staffing numbers, review of all adverse event reports, management of support to feeding, discharge support, and workforce monitoring and management.

The trust told us that staffing for the hospital is reviewed annually as part of a systematic ward staffing review programme, and this is the basis for budget setting and annual staffing plans to ensure sufficient staff and the correct skill mix. These reviews use a combination of measures, including an assessment tool, professional
judgement and benchmarking information. The trust stated that it is in the second year of a three year staffing investment programme to increase staffing levels in ward areas. We looked at the Review of ward staffing and investment plan for 2010/11 (April 2010). This demonstrates workforce planning based on systematic review and assessment of staffing needs. The Review shows the additional investment in ward staffing agreed for 2010/11, including a focus on the elderly care wards as a priority. The trust states that a patient representative was a member of the Ward Staffing Steering Group throughout the duration of the reviews.

We looked at the trust risk register, which lists all high level risks for the trust; this states that there is currently a shortage of radiotherapy staff in the hospital. One of the radiotherapy treatment facilities has been closed since August 2010 to ensure that there are safe staffing levels on the other machines. This has reduced the capacity of the hospital to deliver treatment. However, the data supplied by the trust and South Central Strategic Health Authority shows that the trust is consistently meeting the target of 31 days for subsequent treatment with radiotherapy. Action has been taken by the trust to recruit radiographers and use trainees and limited paid overtime, and an external review of the service is underway.

We asked the trust about reductions in numbers of other categories of staff. They told us that there had been redundancies for 50 management staff to deliver their cost improvement programme. However, they stated that this process had been managed to ensure that posts which affect delivery directly were not impacted. 78 clinical posts have also gone, but most of these were in areas of decreased demand.

The 2009 NHS staff survey found that staff working extra hours was much worse than expected; the trust has undertaken a focused project on reducing overtime to address this as part of its staff survey action plan. The trust said that they are now using fewer agency staff and that staff are working fewer hours of overtime. A risk assessment was undertaken as a basis for deploying the specialist skills of matrons and specialist nurses most efficiently; these arrangements are currently being reviewed but staff reaction has been mixed. The trust said it is also rolling out an e-rostering system which has improved resource allocation and decreases staff reductions at ward level.

In November 2010 we requested detailed information from Southampton General Hospital regarding staffing levels on the Acute Medical Unit. This unit has high staffing levels, which reflects the high care needs of patients who are admitted to the unit when acutely unwell. The trust stated that staffing levels are also high when benchmarked against similar units in other hospitals. The trust demonstrated to us the process they had used to review the level of need on the unit and to agree the levels of qualified and unqualified staff, which exceed the minimum which would be required for the unit. Staffing levels are monitored daily and the trust showed us that staffing levels had been maintained at a consistently high level since November 2009.

In early 2010 the trust undertook an internal investigation into a number of concerns regarding its integrated gastrointestinal unit, which is no longer in operation. A number of issues were identified, some of which related to staffing levels and roles and responsibilities. The trust investigation was detailed and was followed up with a robust action plan which has almost been completed. South Central Strategic Health Authority reviewed the ward in September 2010 and concluded that “the external review panel is confident, based on all the information available, that the
quality of care now being delivered by the Ward … team is good”. We visited the ward on 20\textsuperscript{th} January 2011 and staff told us that there were sufficient staff on duty during the day and night. We spoke to patients who were complimentary about staff and about the care they received.

The results of the 2009 inpatient survey were about the same as other trusts for patients feeling that there were enough nurses on duty to care for them (7.2 out of 10).

**Our judgement**

Southampton General Hospital has sufficient numbers of staff with appropriate skills in place most of the time. Patients we spoke to were happy with the number of staff available.

Some staff told us that there were not always sufficient staff on the elderly care wards, and the trust has identified a shortage of radiotherapy staff which meant they closed one of the treatment facilities at the hospital, although staff undertook overtime on the other machine. Patients with cancer are sometimes having to wait for treatment, but the trust is achieving the national target for radiotherapy treatment time. The trust has taken measures to minimise the impact of these staff shortages on patient care and is undertaking an internal review in both cases. There are plans to increase the number of staff in these areas.

Overall, we found that Southampton General Hospital was meeting this outcome but there are areas of concern where improvements need to be made.
Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:
- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

People who use the service did not tell us anything specifically about this outcome.

Other evidence

The staff we spoke to during our visit said they were well supported in their jobs. They said their managers were approachable; two staff said "there is an open door policy" and "you can ring the matron at home". Another commented that "ward managers, matrons and doctors are all approachable". Staff on one ward said there is no-one they would not feel able to approach for help and advice. This view was supported by members of the Trust Executive Committee, who said they promoted an open culture among staff.

Most staff said they have annual appraisals and that action plans are set, although some staff said their appraisals were not up to date. Staff told us that regular training is provided. Staff said that the trust takes a proactive approach to care and innovation, and that new ways of working are often implemented. Colleagues from the education team often come onto the wards to talk to staff about their training needs.

Staff were observed to be happy in their work and were seen requesting help from each other and working well together. One member of staff said "I love working here".

In Accident and Emergency staff at all levels stressed the good team working, the non-hierarchical team, and consultative decision-making. They said they supported...
each other. There is a longstanding cleaner who is an important part of the team. We spoke to a consultant who said she was very proud of her colleagues in the department. This was reinforced by others and there was a clear sense of good teamwork, information sharing and support. Staff also told us that they had annual appraisals, that they received support from peers and line managers, and that extra support was readily available on request.

One member of staff in Accident and Emergency told us that there had been a lot of pressure on staff over the Christmas period. However staff had received a letter from the Chief Executive which praised their work in a difficult situation, and they had appreciated this.

We spoke to staff on the stroke rehabilitation ward who were passionate about their work. They said they enjoyed coming to work because the service was evolving and there was always something new to learn. The staff were a cohesive and open team who worked well together. One member of staff said "It's a busy, challenging environment but I do feel supported".

At one point during our visit to the hospital, we observed two staff who looked like hospital porters shouting at each other in their own language in the corridor and a hostess joining in. Staff on one ward said they felt that language was sometimes used to divide staff.

The 2009 NHS staff survey identified some findings which were worse than expected, including: staff working extra hours; work pressure felt by staff; staff feeling pressure to attend work when feeling unwell; staff understanding their role; staff having equality and diversity training in the last 12 months. Findings that were better than expected include: staff feeling valued by colleagues; working in a structured team environment; staff receiving job-relevant training; staff having well-structured appraisals; support from managers. Other findings were similar to expected. The results of the 2009 staff survey were significantly improved from the 2008 staff survey, which demonstrates the work the trust has done in this area.

Since the 2009 survey results were published (March 2010), the trust have undertaken an action plan to address the issues identified. We reviewed an updated copy of the action plan. Staff are now working significantly fewer overtime hours. Communication has improved and annual leave is now actively managed. The trust told us that most staff received a structured appraisal in the last year. Equality and diversity training is included in mandatory training for staff, and the trust told us it had undertaken focused work to increase numbers of staff who had done the training. The trust showed us the Performance Scorecard for mandatory training, which showed that over half of staff had completed equality and diversity training by the end of September 2010 and they expect at least three quarters of staff to have completed it by March 2011. Three quarters of staff had completed training in basic children's life support and over half had completed training in child protection, which were both areas for improvement identified in the Healthcare Commission's Children's hospital services follow-up review in 2009.

Staff we spoke to on the wards told us that mandatory training was mainly undertaken via e-learning, and said that two thirds of staff on the ward had completed it. They gave us examples of mandatory training they had undertaken. Staff said training is targeted to the needs of different staff groups. They told us about healthcare assistant study days which focus on care training and have included dementia and communication. Junior staff told us they liked e-learning as it enabled them to do the training when it was appropriate and convenient for them.
They told us that they had a number of study days available to do training. The NHS Litigation Authority has assessed the trust against its risk management standards, which includes standards on corporate induction; supervision of medical staff in training; training needs analysis; medical devices training; hand hygiene training; moving and handling training; supporting staff after an incident; bullying and harassment; prevention of violence and aggression; and stress. The trust has achieved level 2, of a possible three levels.

Our judgement
Staff at Southampton General Hospital are well-supported, and receive appropriate training, supervision and appraisals. During our visit we saw good examples of team working, and staff told us that they enjoyed their work. There was an open culture in the hospital. On the basis of the evidence provided we found the service to be compliant with this outcome.
Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
People who use the service did not tell us anything specifically about this outcome.

Other evidence
The trust told us about the mechanisms they have in place to assess and monitor the quality of service provision and gave us examples of how this had led to good outcomes for patients. There was a clear emphasis on the importance of patient experience measures and patient feedback. We looked at the trust's Patient Improvement Framework, which focuses on patient safety, patient experience, patient clinical outcomes and national performance targets and outlines the mechanisms for monitoring performance in each area.

We asked the trust to tell us about examples where improvements have been made at Southampton General Hospital as a result of patient feedback, including complaints and concerns. They were able to give us many examples to demonstrate that this happened. These included complaints about the number of ward moves during an inpatient stay, which led to an action to improve communication about the reasons for this. Nurse practitioners now explain to patients at an early stage that they may be moved several times because of changes in their condition and the possibility of isolation if infection occurs. The
trust told us that monitoring of patients admitted as day cases for brain surgery demonstrated that it was safe to discharge them on the same day which has confirmed that admission and discharge processes are robust.

The trust showed us their Patient Experience Dashboard, which brings together information from the hospital's own patient experience survey with other measures including complaints. The hospital uses volunteers to undertake patient experience surveys on the wards, the results of which are analysed by the Picker Institute and reported monthly. There were 165 completed interviews in December 2010.

We looked at an example of the Quarterly Patient Experience Report which was presented to the Trust Board in December 2010. This report gives more detail on the measures in the Patient Experience Dashboard, including an analysis of themes identified from complaints, and highlights areas of concern, for example hospital food and nutrition.

We looked at an example of the Trust wide clinical quality dashboard which has recently been introduced. This brings together clinical quality performance data including infection rates, audits, matron's walkabouts, number of falls, pressure ulcers, blood clots, medication errors and complaints. It is produced monthly at ward level and trust level. The dashboard provides a clear way for ward and departmental staff as well as management staff to review performance and improvement.

The trust also showed us their Aggregate analysis and learning from incidents, complaints and claims report, which is part of the Regulatory Assurance report which goes to the Trust Board. The trust states that the purpose of the report is to ensure a systematic approach to the analysis of incidents, complaints and claims, and ensure that safety and experience lessons are learned and shared, and lead to embedded improvements in practice. The report identifies trends and outlines the action taken to address them and learning from this. It also includes a summary of the most serious incidents which have been investigated, and gives examples of improvement and learning from the Serious Event Review Group. One example given is a delay in the diagnosis of cancer; the likelihood of recurrence was reduced by the introduction of an electronic referral system.

The trust showed us examples of Essence of Care audits, including privacy and dignity, record-keeping and bladder and bowel care. The trust is undertaking a structured programme of these audits, which review patient-focused benchmarks. They help practitioners to take a structured approach to sharing and comparing practice, enabling them to identify good practice and identify actions to remedy poor practice. The audits were undertaken across all care groups, with the number of responses ranging from 100 to 350. Identification of actions is input to care group governance meetings and lessons learnt are shared. The Essence of Care steering group leads this work.

Monitoring of quality of care is central to the agenda of care group governance meetings. We saw a recent example of an agenda for the Neurosciences Clinical Governance Group, which demonstrated input from the Quality Governance Group, Operational Safety Group, and Clinical Effectiveness Group. The agenda demonstrated discussion of quality monitoring and risk from a range of sources, including complaints, incidents, patient experience, safeguarding, Essence of Care, clinical effectiveness and NICE guidance. The meeting also discussed issues for escalation to the divisional governance group, and identification of lessons learnt.

During our visit to the hospital, we asked staff about how they would report an
incident on the ward. Staff told us that they were aware of their responsibility to
report an incident, and they could describe the type of incidents they would report
and how they would do this. One member of staff said that incidents were analysed
by a risk manager and appropriate action was taken. Another said that feedback
was sometimes given and the issues were usually resolved. Staff told us that the
member of staff doing the drugs round always wears a red tabard, which was an
example of action taken as a result of learning from an incident.

The 2009 NHS staff survey findings were similar to or better than expected for staff
reporting errors, near misses or incidents; fairness or effectiveness of processes for
reporting errors, near misses or incidents; and staff being able to contribute to
improvements at work.

The trust provided an example of a serious medication incident which had been
investigated and follow up action taken. The incident was identified by a
pharmacist, and the consultant immediately informed the patient and family and took
corrective action. The consultant and pharmacist met with the family several times,
and a full investigation was undertaken which was also shared with the family. The
investigation which was undertaken was detailed and identified a number of lessons
learned, some of which were identified by the family. This has led to improved
procedures in the pharmacy. The learning was shared appropriately with the
pharmacy and cancer care teams, and action taken was reported to the Care Group
Clinical Governance. The investigation demonstrates that the hospital is able to
learn effectively from adverse events and reduce the risk of them happening again.

The trust told us that it has a Risk Management Strategy, and undertakes risk
assessment at all levels of care and management. The trust has risk registers at
care group, division and trust level, which record and rate the risks identified and
give an assessment of level of risk and actions taken or required to prevent or
mitigate the risk. These risks are discussed at care group governance meetings,
divisional governance meetings and Trust Board. We looked at an example of the
Specialist Services Divisional Governance Group meeting minutes, which
demonstrated discussion of risks, as well as quality monitoring, incidents and
complaints. The January 2011 trust risk register reflects the risks which have been
identified under other outcomes, for example the increasing number of severely
obese patients, radiology equipment often breaking down, and lack of space in
Accident and Emergency.

The trust provided us with an example of a risk which had been identified in the
Specialist Services Division. The risk was that day care neuroscience patients were
being cancelled or seen in an inappropriate area due to medical patients being
nursed in the day care area. This issue was identified at ward level. We saw a
detailed risk assessment which was carried out in April 2010 for both issues. This
appeared as one of the top risks in the report to the Divisional Board in May 2010,
with actions which were being taken forward at a high level. The June 2010 report
demonstrated that the issue had been addressed and removed from the risk
register.

The 2009 NHS staff survey findings were similar to or better than expected for staff
reporting errors, near misses or incidents; fairness or effectiveness of processes for
reporting errors, near misses or incidents; and staff being able to contribute to
improvements at work.

The NHS Litigation Authority has assessed the trust against its risk management
standards, which includes standards on risk management strategy, policy on
procedural documents, risk management process, risk register, responding to external recommendations, incident reporting, concerns/complaints, claims, investigations, analysis and improvement, best practice - NICE and National Confidential Enquiries/Inquiries, and being open. The trust has achieved level 2, of a possible three levels.

Our judgement
The hospital has systems in place to ensure quality monitoring and learning from experience, including adverse events, and we saw many examples where this had resulted in improvements to patient care. There is a strong focus on patient experience as a measure of good quality care. Risks to the health, welfare and safety of patients are managed effectively.

On the basis of the evidence provided we found the service to be compliant with this outcome.
## Outcome 17: Complaints

### What the outcome says

This is what people should expect.

People who use services or others acting on their behalf:
- Are sure that their comments and complaints are listened to and acted on effectively.
- Know that they will not be discriminated against for making a complaint.

### What we found

#### Our judgement

<table>
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<th>There are minor concerns with outcome 17: Complaints</th>
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#### Our findings

### What people who use the service experienced and told us

People we spoke to during our visit said they would know how to make a complaint if they needed to, although the majority said they had nothing to complain about. Two people said they had been given a leaflet about how to complain when they were admitted to hospital. We did not observe any information about how to make a complaint on display.

All patients we spoke to said they would feel comfortable talking to the nursing staff if they had any worries or concerns. We spoke to one person who had complained about the food to staff on the ward, and a staff member immediately offered to bring something else between meals.

### Other evidence

The Local Involvement Network (LINk) told us that they are aware of the work of the Patient Advice and Liaison Service within the hospital, and have links with them. The LINk has not received any negative comments about the hospital's handling of complaints.

The trust has a Policy and procedure for dealing with patient concerns and complaints which was reviewed in 2010. This is available on their website, along with their complaints leaflet. However the policy on the website refers to independent review of unresolved complaints by the Healthcare Commission; this...
role is now undertaken by the Parliamentary and Health Service Ombudsman. Likewise the patient information leaflet Making a complaint refers to independent review by the Healthcare Commission. There is an addendum to the leaflet, dated 11/2009, outlining changes to the complaints procedure, including the role of the Parliamentary and Health Service Ombudsman as well as changes to timescales and the complaint response. However the information in the body of the leaflet is misleading, and it is not clear what the correct procedure is in the event that the complainant is not satisfied with the complaint response.

Examples of complaints which have been investigated by the hospital demonstrate that the complaints were fully investigated and lessons learned from them. The action taken was appropriate and reduces the likelihood of the situation occurring again. Where relevant a consultant or other senior staff member has personally met with the complainant to discuss the issues identified and the actions taken.

An example of action taken as a result of a complaint is a particular department which became a pilot in the Trust Service Improvement Project to improve efficiency and eliminate unnecessary rescheduling of appointments, as a result of a complaint about appointments being cancelled.

The trust's Patient Experience Report for December 2010 monitors total number of complaints, complaint response times, number of referrals to the Parliamentary and Health Service Ombudsman, and number of dissatisfied complainants. Number of complaints has increased in the previous quarter due to seasonal variation. All other indicators are meeting the target set.

The 2009 inpatient survey findings were about the same as other trusts for all questions relevant to this outcome, including: information about complaints (3.8 out of 10); complaining about care (9.2 out of 10).

The NHS Litigation Authority has assessed the trust against its risk management standards, which includes a standard on concerns and complaints. The trust has achieved level 2, of a possible three levels.

**Our judgement**

There is an appropriate complaints system in place. Support is provided to make a complaint, and patients feel able to raise a complaint informally or formally. Complaints are fully investigated and followed up with the complainant. There are processes in place to implement learning from complaints.

However the complaints procedure is not up to date and is inaccurate. Information about how to make a complaint is not well-publicised, and the information which is made available to patients is misleading.

Overall, we found that Southampton General Hospital was meeting this outcome but there are areas of concern where improvements need to be made.
Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:
- Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with outcome 21: Records

Our findings

What people who use the service experienced and told us
People who use the service did not tell us anything specifically about this outcome.

Other evidence
On our visit to the hospital we looked at patient records in Accident and Emergency and an outpatient clinic for people with cancer, and saw that the documentation of treatment and referral was good.

The trust showed us an Essence of Care Nurse Record Keeping Audit which was undertaken in December 2010 across 13 care groups at Southampton General Hospital. The audit demonstrates a good standard of record keeping overall, and improvements in areas which had been targeted in the previous year. An example of this is the improvement in essential observations after admission, including the use of early warning score assessments which increased from one third to over two thirds. The audit identifies improvements required to documentation of nutritional care planning and follow up, and to documentation of discharge and transfer planning. The action plan states that a new system of transfer documentation has been implemented since the audit was undertaken.

The trust uses the Department of Health's Information Governance Toolkit to assess its performance against information governance policies and standards. The trust's
self-assessment was that it achieved level 2 or 3 (of a possible three levels) in all of the key requirements in March 2010. The Trust recorded a compliance level score of level 1 against eight of the 62 requirements. The trust is undertaking an action plan with the aim of achieving level 2 or above in all requirements in March 2011, and is making good progress towards this. A recent internal audit report states that “the Trust are required to achieve level 2 in all areas of the toolkit by March 2011. We recognise that the Trust have made a significant effort in attempting to achieve these targets. Work is continuing to ensure that these standards are met.”

The NHS Litigation Authority has assessed the trust against its risk management standards, which includes a standard on clinical records management, and clinical record-keeping standards. The trust has achieved level 2, of a possible three levels.

**Our judgement**

The hospital keeps accurate patient records, and undertakes monitoring of record-keeping. When monitoring identifies that improvements are needed, these are made and followed up.

On the basis of the evidence provided and the views of people using the service, we found the service to be compliant with this outcome.
**Action**
we have asked the provider to take

**Improvement actions**

The table below shows where improvements should be made so that the service provider *maintains* compliance with the essential standards of quality and safety.

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<tr>
<th>Regulated activity</th>
<th>Regulation</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Treatment of disease, disorder or injury</td>
<td>18</td>
<td>2</td>
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<tr>
<td>Surgical procedures</td>
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<td>Diagnostic or screening procedures</td>
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<tr>
<td>Transport services, triage and medical advice provided remotely</td>
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**Why we have concerns:**

The hospital has processes in place to ensure that most people can give informed consent to treatment and care. However we found that staff understanding and implementation of the processes were inconsistent, and staff may not always respect a patient's decision to refuse consent. Processes for assessing mental capacity when appropriate are not embedded across the hospital, and this has been identified as a theme contributing to a number of incidents over the last year. The trust is not monitoring decision-making for people who are not able to give consent effectively.

Overall, we found that Southampton General Hospital was meeting this outcome but there are areas of concern where improvements need to be made.

| Treatment of disease, disorder or injury                                         | 14         | 5       |
| Surgical procedures                                                              |            |         |
| Diagnostic or screening procedures                                               |            |         |
| Transport services, triage and medical advice provided remotely                  |            |         |

**Why we have concerns:**

The hospital is providing adequate nutrition and hydration to most patients, and people told us about some examples of good practice during our visit. However there are a number of areas where good outcomes for people are not always being achieved.

People who are on a puréed diet are not always getting the nutrition they need due to some of the food not being edible. Some people do not get a choice of food due to communication problems or not being offered a second choice of meal. High turnover of catering staff means that hostesses do not develop
a good understanding of the communication and other needs of patients, which means patients may not get appropriate food at all times. The protected mealtime policy has been reintroduced but is not yet fully implemented on the wards, and assistance to patients who need help with eating is not consistently provided. Patients who are at risk of poor nutrition are identified through nutritional screening, but this is not always followed up through nutritional assessment, care planning and monitoring to ensure that the patient always receives the nutrition and hydration they need.

Overall, we found that Southampton General Hospital was meeting this outcome but there are areas of concern where improvements need to be made.

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<th>Treatment of disease, disorder or injury</th>
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<tr>
<td>Why we have concerns:</td>
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<tr>
<td>Southampton General Hospital has effective processes for identifying and responding to signs of abuse in children and vulnerable adults at the point of admission, and staff have had training and know how to respond to this. However there was low staff awareness of recognising abuse which may have occurred to vulnerable adults in hospital, and of the action to be taken. Incidents where patients have acquired severe pressure ulcers in hospital have not been reported as safeguarding alerts. Some safeguarding alerts against the trust which were raised with Social Services were not reported to CQC as allegations of abuse. The hospital did not demonstrate that it was responding to all safeguarding incidents appropriately. Overall, we found that Southampton General Hospital was meeting this outcome but there are areas of concern where improvements need to be made.</td>
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<th>Treatment of disease, disorder or injury</th>
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<tr>
<td>Why we have concerns:</td>
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<tr>
<td>Southampton General Hospital has sufficient numbers of staff with appropriate skills in place most of the time. Patients we spoke to were happy with the number of staff available. Some staff told us that there were not always sufficient staff on the elderly care wards, and the trust</td>
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has identified a shortage of radiotherapy staff which meant they closed one of the treatment facilities at the hospital. Patients with cancer are sometimes having to wait for treatment, but the trust is achieving the national target for radiotherapy treatment time. The trust has taken measures to minimise the impact of these staff shortages on patient care and is undertaking an internal review in both cases. There are plans to increase the number of staff in these areas.

Overall, we found that Southampton General Hospital was meeting this outcome but there are areas of concern where improvements need to be made.

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**Why we have concerns:**

There is an appropriate complaints system in place. Support is provided to make a complaint, and patients feel able to raise a complaint informally or formally. Complaints are fully investigated and followed up with the complainant. There are processes in place to implement learning from complaints.

However the complaints procedure on the trust website is not up to date and is inaccurate. Information about how to make a complaint is not well-publicised, and the information which is made available to patients is misleading.

Overall, we found that Southampton General Hospital was meeting this outcome but there are areas of concern where improvements need to be made.

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider’s report should be sent within 28 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.
What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions**: These are actions a provider should take so that they maintain continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions**: These are actions a provider must take so that they achieve compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action**: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
Information for the reader

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<td>Care Quality Commission</td>
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