

University Hospital Southampton NHS Foundation Trust

Introduction

University Hospital Southampton NHS Foundation Trust (UHS) provides services to 1.9 million people living in Southampton and the south of Hampshire, plus specialist services such as neurosciences, cardiac services and children's intensive care to more than 3.7 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 other partners including the Medical Research Council and Wellcome Trust.

UHS gained foundation trust status on 1 October 2011. The majority of services are provided from the Southampton General Hospital (SGH) and the Princess Anne Hospital (PAH), both of which are about 2.5 miles north west of the city centre.

The trust has 11,500 staff and treats around 150,000 inpatients and day patients annually, including about 50,000 emergency admissions and sees over 624,000 people at outpatient appointments. There are around 135,000 cases in the emergency department each year.

The problem

The trust is providing services from premises that were largely constructed in the 1970s and early 1980s and that have not been refurbished or upgraded in line with the increased demand on services, or to meet government standards, within their lifetime. This lack of investment has led to the deterioration of the physical environment over time. There are now not sufficient facilities to adequately cater for the current needs of the trust's patients.

For example, there is insufficient space in the emergency department to efficiently provide the care that the growing numbers of attendees need. This in turn means that when upgrades or maintenance is required this is severely impeded by the need to treat people.

The trust is also short of the operating theatres that it needs to respond to the needs of its patients. Surgeons are unable to find theatre slots when they need them and in the case of ophthalmology, the service is providing operations at two sites that are a considerable distance apart.

More recently, the trust has been able to use surpluses to address the most urgent needs. Spending on backlog maintenance has increased to around £10m in 2018/19 which was up from £1.4m in 2014/15. However, this has still meant that UHS is facing an estimated £175m to bring the clinical environment up to an acceptable standard. Additionally, some £225m is required to replace existing obsolete facilities such as neurological sciences and oncology. UHS does not have these resources and substantial additional funds are required to continue to provide healthcare to the population that depends on the trust.

The impact

- **Key services are significantly impacted by the current configuration of the hospitals.** For example, bone marrow transplant is landlocked and unable to expand in an acceptable or efficient way. This is a service that is growing but patients are being delayed in receiving treatment due to a chronic shortage of the specialist side rooms that are needed to treat these patients often for weeks at a time. There is a general shortage of side rooms which is impacting on patients who made need to be in an individual room for either infection prevention or other medical reasons.
- **The existing neurological sciences building was built in 1965 and is now obsolete.** The space available for treating patients is small and highly inefficient. The condition of the buildings is poor, has mostly original fixtures and fittings and was subject to criticisms from the Care Quality Commission (CQC) in their 2019 report. Environments in many areas within the trust are highly unsatisfactory which has featured in the CQC observations, staff/patient concerns and the PLACE scores.
- **There have been a number of key infrastructure failures over the last 2 years,** including a serious high voltage power failure which led to the closure of almost all clinical services for 8 hours. Older estates are more prone to these sorts of failures. The incident led to 1,788 cancelled outpatients appointments, although all were subsequently rescheduled. In addition to this, 99 elective procedures were cancelled (excluding radiotherapy, cathlab and radiology) but all were clinically reviewed and rescheduled appropriately. Other failures have meant that operating theatres have had to close at very short notice for weeks at a time and temperature control has been lost due to the central plant being operated at periods up to twice the recommended number of years.

The solution

UHS needs to modernise large parts of the SGH and PAH estate to ensure that the trust can deliver healthcare to patients in an acceptable way that meets all of the quality and time critical standards that patients need. The existing campus can be developed to deliver this requirement despite the limitation that the main campus is completely landlocked. UHS needs substantial external funding to provide a suitable healthcare environment for the delivery of their patient's needs. This is on top of significant expenditure from their own resources derived from re-investing surpluses into their aging clinical environments.

The external funding would be used to create decent clinical accommodation for in-patient and outpatient services so that internal refurbishment could take place at a reasonable rate. New accommodation would be built to re-house neurological sciences, oncology and the operating theatres. The emergency department would be reconfigured to enable the ED village concept to work in the most effective way and to provide clinical accommodation that could cope with swings in demand for this service.