

**NOTICE OF MEETING**

|                      |  |
|----------------------|--|
| <b>Meeting</b>       | Health and Adult Social Care Select Committee                                    |
| <b>Date and Time</b> | Tuesday, 18th September, 2018 at 10.00 am  |
| <b>Place</b>         | Ashburton Hall, Elizabeth II Court, The Castle, Winchester                       |
| <b>Enquires to</b>   | <a href="mailto:members.services@hants.gov.uk">members.services@hants.gov.uk</a> |

John Coughlan CBE  
Chief Executive  
The Castle, Winchester SO23 8UJ

**FILMING AND BROADCAST NOTIFICATION**

This meeting may be recorded and broadcast live on the County Council's website. The meeting may also be recorded and broadcast by the press and members of the public – please see the Filming Protocol available on the County Council's website.

**AGENDA****1. APOLOGIES FOR ABSENCE**

To receive any apologies for absence.

**2. DECLARATIONS OF INTEREST**

All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Non-Pecuniary interest in a matter being considered at the meeting should consider whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.

**3. MINUTES OF PREVIOUS MEETING (Pages 5 - 12)**

To confirm the minutes of the previous meeting

**4. DEPUTATIONS**

To receive any deputations notified under Standing Order 12.

Approx.  
Timings

|           |  |         |
|-----------|--|---------|
| <b>5.</b> | <b>CHAIRMAN'S ANNOUNCEMENTS</b>  |         |
|           | To receive any announcements the Chairman may wish to make.  | 5 mins  |
| <b>6.</b> | <b>PROPOSALS TO VARY SERVICES</b> (Pages 13 - 46)  |         |
|           | To consider the report of the Director of Transformation and Governance on proposals from the NHS or providers of health services to vary or develop health services in the area of the Committee.   |         |
|           | <b>Items for Action</b>  |         |
|           | <ul style="list-style-type: none"> <li>• Hampshire Hospitals NHS Foundation Trust: Outpatient and X-ray services in Whitehill and Bordon (Chase) – Reprovision of services from alternative locations or by an alternative provider</li> </ul>         | 40 mins |
|           | <ul style="list-style-type: none"> <li>• Southern Health NHS Foundation Trust: Community Mental Health transition from Southampton East team to Eastleigh and Romsey team for patients living in the Eastleigh Southern Parishes</li> </ul>            | 15 mins |
|           | <b>Items for Monitoring</b>  |         |
|           | <ul style="list-style-type: none"> <li>• NHS Guildford and Waverley CCG and Hampshire and Isle of Wight Partnership CCG: West Surrey Stroke Services</li> </ul>  | 15 mins |
|           | <ul style="list-style-type: none"> <li>• Portsmouth Hospitals Trust and Hampshire and Isle of Wight Partnership CCG: Spinal Surgery Service update</li> </ul>  | 15 mins |
| <b>7.</b> | <b>ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES</b> (Pages 47 - 146)   |         |
|           | To consider a report of the Director of Transformation and Governance on issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population. |         |
|           | <ul style="list-style-type: none"> <li>• Portsmouth Hospitals NHS Trust: Care Quality Commission Comprehensive Inspection Report</li> </ul>  | 40 mins |
|           | <ul style="list-style-type: none"> <li>• Southern Health NHS Foundation Trust: Care Quality Commission and Mazars recommendations – update on progress</li> </ul>  | 30 mins |
| <b>8.</b> | <b>WORK PROGRAMME</b> (Pages 147 - 158)  |         |
|           | To consider and approve the Health and Adult Social Care Select Committee Work Programme.  | 5 mins  |

**ABOUT THIS AGENDA:**

**On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.**

**ABOUT THIS MEETING:**

**The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk) for assistance.**

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

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# Agenda Item 3

AT A MEETING of the Health and Adult Social Care Select Committee of  
HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Tuesday,  
10th July, 2018

Chairman:

p Councillor Roger Huxstep

Vice Chairman:

p Councillor David Keast

p Councillor Martin Boiles  
p Councillor Ann Briggs  
a Councillor Adam Carew  
p Councillor Fran Carpenter  
p Councillor Tonia Craig  
p Councillor Alan Dowden  
a Councillor Steve Forster

p Councillor Jane Frankum  
p Councillor David Harrison  
a Councillor Marge Harvey  
p Councillor Pal Hayre  
p Councillor Neville Penman  
p Councillor Mike Thornton  
a Councillor Jan Warwick

## **Substitute Members**

a Councillor Graham Burgess  
a Councillor Lance Quantrill  
a Councillor Dominic Hiscock  
a Councillor Martin Tod  
a Councillor Michael Westbrook

## **Co-opted members**

p Councillor Tina Campbell  
a Councillor Trevor Cartwright  
p Councillor Alison Finlay  
vacancy

## **Also present with the agreement of the Chairman:**

p Councillor Liz Fairhurst, Executive Member for Adult Social Care and Health  
p Councillor Patricia Stallard, Executive Member for Public Health

## **67. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Steve Forster, Councillor Jan Warwick and Councillor Marge Harvey. Councillor Graham Burgess and Councillor Lance Quantrill, as the Conservative standing deputies, were invited but unable to attend.

Apologies were also received from co-opted member Councillor Trevor Cartwright.

## **68. DECLARATIONS OF INTEREST**

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's

Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Non-Pecuniary interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

No declarations were made.

**69. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 17 May 2018 were confirmed as a correct record and signed by the Chairman.

**70. DEPUTATIONS**

The Committee did not receive any deputations.

**71. CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made five announcements:

Chase Community Hospital

The Chairman announced that at the last meeting, the HASC heard about proposals from Hampshire Hospitals NHS Foundation Trust to withdraw some services from the Chase Community Hospital. The HASC deferred making a decision on this proposal and requested the Trust come back to the July meeting with further information. However, this issue was not included on the agenda for this meeting. This was because the engagement activity was ongoing until the end of July and the CCG conversations regarding alternative providers were also ongoing. The Chairman had received assurance that the services would remain in place until the engagement and other discussions had concluded. The Trust and CCG expected to have the information requested by the time of the September HASC meeting, therefore Chase would be placed on that agenda instead.

GP Out of Hours Provision in Portsmouth and South East Hampshire

The Chairman reported that he had been informed of a minor change in service relating to out of hours GP provision in South East Hampshire. A briefing paper would be circulated to HASC Members following the meeting.

Out of Hours GP appointments had been offered at four sites up to the end of the current contract in May 2018: at Gosport War Memorial Hospital, Queen Alexandra Hospital in Portsmouth (QA), Cowplain Health Centre, and Chase Community Hospital in Whitehill & Bordon. Due to Portsmouth City CCG choosing to change their approach with a new contract, appointments would no longer be offered at QA. However, patients living in the South East Hampshire

CCG area would continue to be offered appointments in the other three locations, which were likely to be closer to home.

#### Update: Bulmer House, Petersfield and Masters House, Romsey Day Services Re-provision

At the February HASC meeting the proposed closure of day services provided from Bulmer House and Masters House was considered. Members requested an update on re-provision for the service users affected. A Briefing on this would be circulated following the meeting confirming that alternative provision had been found for all affected service users.

#### Gosport Independent Panel

The Chairman noted that the Gosport Independent Panel had reported it's findings on 20 June 2018. The Gosport Independent Panel was set up to address concerns raised by families over a number of years about the care of their relatives in Gosport War Memorial Hospital in the 1990's and the subsequent investigations into their deaths. The report of the Panel did not make any recommendations, but offered findings for consideration by the Secretary of State for health and the organisations involved. The response of the relevant organisations would be monitored to determine if there was any role for the HASC to follow up these issues.

#### 17 July Member Briefing Health Topic

The Chairman reminded Members that a Member Briefing was due to take place the following week, and encouraged HASC members to attend as one of the topics on the agenda was due to be health related.

*The Chairman took items out of order compared to the published agenda.*

## 72. **HAMPSHIRE CQC LOCAL SYSTEM REVIEW**

The Director of Adults Health and Care and a colleague provided a report and supporting presentation regarding the Care Quality Commission (CQC) Local System Review of the Hampshire Health and Care System (see Item 7 in the Minute Book). The Local System Review of Hampshire was one of twenty such reviews the CQC had undertaken to date, looking at how health and care services work together to support care for people aged 65 and over.

Members heard that the CQC had recently published a report summarising the learning from all such reviews they had done to date, entitled 'Beyond Barriers'. This would be circulated to Members after the meeting.

Members heard how the review in Hampshire had been undertaken, with a report of the findings having been published on 21 June 2018. The findings included areas of strength and eleven recommendations for improvement. The recommendations covered issues such as; the role of the Health and Wellbeing Board to hold the system to account; addressing process differences in different parts of Hampshire; collaborating across partners on workforce challenges; opportunities for more joint commissioning; opportunity to do more in partnership with the voluntary and independent sectors.

An Action Plan to respond to the recommendations was due to be submitted to CQC by 20 July 2018. Oversight of the Action Plan would sit with the Health and Wellbeing Board. It was also planned to introduce an Improvement and Transformation Board to have oversight of a number of cross cutting programmes including work taking place regarding delayed transfers of care.

Members asked questions and further heard that:

- Opportunities to improve the Health and Wellbeing Board had been recognised in the self assessment. The Joint Health and Wellbeing Strategy was being refreshed, and it was planned for the Board to monitor performance against the Strategy.
- Actions in the Action Plan had delivery timescales of three, six and twelve months, and achievement would be monitored through the proposed Improvement and Transformation Board. If agreed with partners, it was intended for this Board to start meeting from September 2018 and report up to the Health and Wellbeing Board.
- There had been examples identified in the review where improvements could be made e.g. the linear nature of the discharge process. Changes to this process were being developed for roll out in the autumn
- The new approach included changing the culture to an attitude of 'why not home, why not today'
- The Council had a financial plan for the next three years, and beyond that a Medium Term Financial Strategy. A Green Paper on social care funding was due from central government in the autumn to address the longer term challenges
- It was planned to implement new models in September prior to the winter period, so it was hoped this would reduce the impact of winter pressures this year

RESOLVED:

HASC Members note the update.

An Update is requested for the November meeting on progress with the Action Plan.

### 73. PROPOSALS TO VARY SERVICES

*The Chairman took items in a different order to the published agenda, to take items with presenters in attendance first.*

#### South Eastern Hampshire CCG and Portsmouth Hospitals NHS Trust: Spinal Surgery Service

Representatives from the Hampshire and Isle of Wight CCG Partnership and Portsmouth Hospitals NHS Trust presented a report on Spinal Surgery Services in Portsmouth and South East Hampshire (see report, Item 6 in the Minute Book).

Members heard that elective spinal surgery was a single handed service at the Queen Alexandra Hospital in Portsmouth, which impacted waiting lists. Efforts



had been made to build the service and recruit additional clinicians, but they had been unable to attract new staff. Commissioners had reviewed what was best for patients and were proposing to move the service to be provided from University Hospital Southampton. This was expected to impact around 204 patients. The proposal had been to the Portsmouth Health Overview and Scrutiny Committee. They agreed that the proposed change does not constitute a substantial change in service and was in the interest of service users. They did ask that service users and local people were provided with clear communications about the changes as they were made. If agreed, it was planned to move the service from October 2018. Patient engagement had been undertaken and concerns expressed were mainly regarding car parking in Southampton.

In response to questions, Members heard:

- Non surgical services for those with back problems e.g. physiotherapy would continue to be provided at the Queen Alexandra Hospital
- It was expected the surgeon currently undertaking this surgery in Portsmouth would TUPE to Southampton
- University Hospital Southampton were employing additional staff to manage the additional demand
- Commissioners would be monitoring the performance of the service following the service move, and could update the committee in future following implementation

RESOLVED

That the Committee:

- a. Agree that the proposed change does not constitute a substantial change in service
- b. Agree that the proposed change is in the interest of the service users affected in the Hampshire area
- c. Request an electronic update in September 2018 on the engagement undertaken with service users. In September the committee will consider an appropriate date to request an update on implementation of the service change.
- d. Agree to write to University Hospital Southampton regarding ensuring there is sufficient car parking provision to accommodate the additional patients.

#### Hampshire Hospitals NHS Foundation Trust: Andover Minor Injuries Unit Update

The Committee received a report from the Chief Executive of Hampshire Hospitals NHS Foundation Trust providing an update on staffing the Andover Minor Injuries Unit (see report, Item 6 in the Minute Book).

Members noted that Hampshire Hospitals NHS Foundation Trust provide a Minor Injuries Unit (MIU) at the Andover War Memorial Hospital. In recent years the Trust had implemented a temporary variation to the commissioned opening hours, due to staff absence and vacancies meaning the Unit could not be safely

staffed to cover the required hours. The HASC last received an update on the situation in November 2017. At that time the Trust was operating the MIU 7 days a week between 8am and 8pm (compared to commissioned hours until 10pm). However recruitment of Emergency Nurse Practitioners (ENPs) continued to be difficult against a national shortage. The latest update indicated that, with the agreement of West Hampshire Clinical Commissioning Group, the opening hours of the MIU had been reduced to 0830Hrs -1800Hrs for a period of 6 months from 4 June 2018. This was due to the MIU having 5 ENP vacancies.

The Trust were keen to continue to develop the services provided in Andover War Memorial Hospital and were actively working with partners and commissioners on the development of an Urgent Treatment Centre that would include and expand on the service currently commissioned. The new service was currently at invitation to tender stage and the commissioning plan was for a new service to be in place in July 2019.

Members expressed concern that the Trust continued to be unable to recruit to fill the staff vacancies to maintain the commissioned opening hours of the MIU. The Committee wished to receive a further update to provide assurance that the Trust were actively seeking to address the situation.

RESOLVED

That the Committee:

- a. Note the progress on managing the opening hours of the MIU at Andover War Memorial Hospital.
- b. Request a further update in three months time.

**74. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES**

Hampshire & Isle Of Wight Sustainability and Transformation Partnership Update

The lead officer from the Sustainability and Transformation Partnership Programme Office gave a presentation providing an update on the Hampshire and Isle of Wight Sustainability and Transformation Partnership (see Item 8 in the Minute Book).

Members heard that the Sustainability and Transformation Partnership (STP) was not a statutory organisation, but a collective agreement between existing statutory organisations regarding the case for change in the Hampshire health system and a vehicle for working together on priorities for transformational change in the Hampshire and Isle of Wight area. Examples were given of achievements delivered through partnership working under the STP over the past year.

Plans for 2018/19 included strengthening the 24 clusters of joint care teams, and the introduction of a 'health passport' to support staff movement within services in the Hampshire area e.g. to enable recognition of training across organisations.

In October 2016 the forecast budget pressure by 2020/21 was £577m. In 2017/18 £165m of savings had been delivered. The challenge for 2018/19 was to save a further £218m. A business plan had been developed to demonstrate how this would be achieved. If there was agreement among partner organisations regarding the changes required, it was planned to start engaging with the public about what the STP would mean for them.

In response to questions, Members heard:

- A number of providers were moving away from the 'payment by results' approach, as this encouraged conversations between parts of the system regarding payments. The system reform agenda promoted seeing NHS funds as a single pot of money locally
- The STP does not have any delegated powers, it operates on the basis of collective consensus
- It was recognised that the governance arrangements for the STP could be strengthened to enable management of transformational change. A session with partners was due to take place on 19 July 2018 and it was hoped that a plan would emerge from this
- The principles for change were usually not controversial, however there could be difficult conversations to come regarding where services end up being provided from
- An area targeted for potential efficiency savings was back office functions. However, some organisations were resistant to taking a shared approach to provision of these functions. The STP was not intending to suggest a one size fits all approach, there could be different ways to approach making savings in back office functions.

RESOLVED

That the Committee:

- a. Note the Update
- b. Request a further update in early 2019.

## 75. **WORK PROGRAMME**

The Director of Transformation and Governance presented the Committee's work programme (see Item 9 in the Minute Book).

RESOLVED:

That the Committee's work programme be approved, subject to any amendments agreed at this meeting.

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Chairman,

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## HAMPSHIRE COUNTY COUNCIL

### Report

|                         |   |
|-------------------------|---|
| <b>Committee:</b>       | Health and Adult Social Care Select Committee |
| <b>Date of Meeting:</b> | 18 September 2018                             |
| <b>Report Title:</b>    | Proposals to Develop or Vary Services         |
| <b>Report From:</b>     | Director of Transformation & Governance       |

**Contact name:** Members Services

**Tel:** (01962) 845018      **Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

#### 1. **Summary and Purpose**

- 1.1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services to vary or develop health services provided to people living in the area of the Committee.
- 1.2. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.
- 1.3. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services (version agreed at January 2018 meeting). This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006, includes new responsibilities set out under the Health and Social Care Act 2012, and takes account of key criteria for service reconfiguration identified by the Department of Health.
- 1.4. This Report is presented to the Committee in three parts:
  - a. *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.
  - b. *Items for monitoring:* these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.
  - c. *Items for information:* these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with an

opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements

- 1.5. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire, and to support health and social care integration, and therefore assist in the delivery of the Joint Health and Wellbeing Strategy and Corporate Strategy aim that people in Hampshire live safe, healthy and independent lives.

## 2. **Items for Action**

### 2.1 **Hampshire Hospitals NHS Foundation Trust: Outpatient and X-ray services in Whitehill and Bordon (Chase) – Re-provision of services from alternative locations or by an alternative provider**

#### *Context*

- 2.2 The NHS, or any provider of NHS services, is required to consult the health scrutiny committee on any substantial or temporary variations to the provision of the health service, and to provide any information that the committee may require to enable them to carry out scrutiny of the planning, provision and operation of this service.
- 2.3 In May 2018, Hampshire Hospitals NHS Foundation Trust (HHFT) came to the Health and Adult Social Care Select Committee (HASC) to inform Members of their intention to cease providing certain services from the Chase Community hospital in Whitehill and Bordon. The Trust was proposing that patients access those services from alternative locations provided by HHFT, or from alternative providers.
- 2.4 At the May meeting, the Committee concluded:
- a. That as the proposals for community midwifery services at Chase Hospital would see no change to how expectant mothers will access and attend services, that the HASC agrees that this area does not constitute a substantial change in service.
  - b. To defer making a decision on whether the remaining proposals constitute a substantial change in service and would be in the interest of the service users affected, until the July meeting of the Committee.
  - c. That the Trust and CCGs undertake a period of engagement on the proposals and bring the outcomes of this work to the next meeting of the Committee. That such engagement does not take place until the CCG is clear on what the future of services provided from the Chase Hospital site would look like, should the Trust withdraw from this site.
  - d. To request the following additional information as part of the July report on this issue to the Committee:
    - The outcomes of the CCG's discussions with alternative providers.

- The views of local GP referrers.
- The outcomes of engagement work.
- Travel times, public transport options and the cost of these, as well as support available to vulnerable service users.
- Further analysis of the impact of the service change on patients once it is clear what services will be based in Chase Hospital in future.

### *Update*

- 2.5 The information requested was not available in time for the July meeting of the Select Committee, therefore the update was scheduled for this meeting instead. A Report (see Appendix) has been received from the Hospital Trust providing an update.
- 2.6 The HASC has a duty to consider whether the proposals constitute a substantial change in service, and if so, whether the proposal is in the interest of the service users affected. This should be informed by consideration to the scale of the impact of the change on those using the service.

### **Recommendations**

- 2.7 HASC to agree:
- Whether the proposed change constitutes a substantial change
  - Whether the proposed change is in the interest of the service users affected
  - To agree any recommendations to the NHS bodies concerned regarding how to take their proposals forward, and to agree whether/when to request a further update.
- 2.8 **Southern Health NHS FT: Community Mental Health transition from Southampton East team to Eastleigh and Romsey team for patients living in the Eastleigh Southern Parishes**

### *Context*

- 2.9 Currently, Southern Health NHS FT provide community mental health services to patients living in the Eastleigh Southern Parishes area delivered by the Southampton East Community Mental Health Team (East CMHT). This has been the case for a number of years - due largely to historical reasons which are no longer relevant today - and is now unsustainable. The caseloads within the East CMHT are high and the team recently relocated (on 11 June) from the Tom Rudd Unit at Moorgreen Hospital in West End to Bitterne Park Medical Centre, further into Southampton's city centre.

- 2.10 The Trust has agreed to plan for the service to be delivered from the Eastleigh and Romsey Community Mental Health Team in future. This will affect 177 or so patients, registered to five GP surgeries in the Eastleigh Southern Parishes area, who would transfer from East CMHT to begin to receive services from the Eastleigh and Romsey CMHT. The Trust have provided a briefing about this change (see Appendix).
- 2.11 The HASC has a duty to consider whether the proposals constitute a substantial change in service, and if so, whether the proposal is in the interest of the service users affected. This should be informed by consideration to the scale of the impact of the change on those using the service.

### **Recommendations**

- 2.12 HASC to agree:
- Whether the proposed change constitutes a substantial change
  - Whether the proposed change is in the interest of the service users affected
  - To agree any recommendations to the NHS bodies concerned regarding how to take their proposals forward, and to agree whether/when to request a further update.

## **3. Items for Monitoring**

### **3.1 NHS Guildford and Waverley CCG and Hampshire and Isle of Wight Partnership CCG: West Surrey Stroke Services**

#### *Context*

- 3.2 The Select Committee considered proposals in June 2017 to reduce the provision of specialist stroke care in West Surrey from three hospitals (Frimley Park Camberley, Royal Surrey County Guildford, and St Peter's Chertsey) to two. The preferred option, which the Select Committee supported, was to cease conveying stroke patients to Royal Surrey County. The Committee requested an update in November 2017 on the implementation of the change and the impact on Hampshire patients.
- 3.3 At the November update, Members heard that a decision had been taken by the West Surrey Stroke Services Committees in Common meeting on 7 September 2017, where an amended set of proposals were agreed. This included the amended recommendation to network the Hyperacute Stroke Unit located at Frimley Park Hospital with an Acute Stroke Unit and specialist bedded stroke rehabilitation at the Royal Surrey County Hospital, which would see some stroke service provision retained at this hospital.



- 3.4 At that time the new service model had not yet been implemented, although the CCGs were continuing to commission an interim model of stroke care, which involved patients in areas of South East and North East Hampshire suspected of suffering a stroke being conveyed to Frimley Park Hospital, instead of Royal Surrey County Hospital. Data provided on the last eight months of this arrangement showed an improvement in ambulance response time for those living in the Bordon area compared to the previous model. It was intended that the new model would be fully implemented by March 2018. The Committee requested a further update once the new service model has been fully embedded, to include monitoring information on the ambulance response times in the South East Hampshire area.

*Update*

- 3.5 An update has been requested (to follow).

**Recommendations**

- 3.6 That the Committee:

a. Note the update on implementation of the new service model.

3.7 **Portsmouth Hospitals Trust and Hampshire and Isle of Wight Partnership CCG: Spinal Surgery Service update**

- 3.8 The Health and Adult Social Care Select Committee discussed the proposed transfer of the Elective Spinal Service from Portsmouth Hospitals NHS Trust to University Hospital Southampton NHS Foundation Trust at the July meeting. Members agreed that the proposal does not constitute a substantial service change. As requested, the Trust has provided an update on engagement carried out with local people regarding the service transfer (see Appendix).

**Recommendations**

- 3.9 That the Committee:

a. Note the update.

**CORPORATE OR LEGAL INFORMATION:****Links to the Strategic Plan**

|   |     |
|---|-----|
| <b>Hampshire maintains strong and sustainable economic growth and prosperity:</b> | No  |
| <b>People in Hampshire live safe, healthy and independent lives:</b>              | Yes |
| <b>People in Hampshire enjoy a rich and diverse environment:</b>                  | No  |
| <b>People in Hampshire enjoy being part of strong, inclusive communities:</b>     | Yes |

**Section 100 D - Local Government Act 1972 - background documents**

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

DocumentLocation

None

## **IMPACT ASSESSMENTS:**

### **1. Equalities Impact Assessment:**

- 1.1 This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this covering report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

### **2. Impact on Crime and Disorder:**

- 2.1 This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this covering report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

### **3. Climate Change:**

- 3.1 How does what is being proposed impact on our carbon footprint / energy consumption?

This is a covering report which appends reports under consideration by the Committee; therefore this section is not applicable to this work report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

- 3.2 How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this work report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

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# HAMPSHIRE COUNTY COUNCIL

## Report

|                     |  |
|---------------------|--|
| <b>Committee:</b>   | Health and Adult Social Care (Overview and Scrutiny) Select Committee  |
| <b>Date:</b>        | 18 September 2018  |
| <b>Title:</b>       | Outpatient, X-ray and community midwifery services in Whitehill and Bordon: Reprovision of services from alternative locations |
| <b>Report From:</b> | Alex Whitfield, Chief Executive Officer, Hampshire Hospitals NHS Foundation Trust  |

### 1. Purpose of Report

- 1.1. The purpose of this report is to bring to HASC Hampshire Hospitals NHS Foundation Trust's (HHFT) further recommendations following the original HASC paper in May regarding the proposal for outpatient services delivered in Whitehill and Bordon.
- 1.2. In addition, it outlines the results of the engagement exercise, the CCG's progress on sourcing alternative local provision and HHFT's revised proposals to reprovide services from alternative locations (see section 6).
- 1.3. As outlined in the report to HASC dated 17 May 2018 HHFT no longer feels able to sustain efficient, economically viable outpatient, community midwifery and x-ray services from Chase Community Hospital. This is due to a declining share of outpatient activity; the small number of attendances; the cost of renting space at Chase Community Hospital relative to the activity delivered, and the relative distance of Bordon from HHFT's main sites.
- 1.4. These drivers for change were evidenced in the paper of 17 May 2018 where HHFT proposed a re-provision of the services from alternative locations.
- 1.5. HHFT originally gave notice of its intention to relocate these services to the CCG in February 2018.
- 1.6. In response to the May paper and their concerns, HASC asked HHFT and South Eastern Hampshire CCG to return this report addressing the following:
  - An update on CCG plans for alternative local provision (See section 5)
  - Further analysis of public transport travel times and costs from Bordon to other healthcare delivery locations; (See sections 3 and 4)
  - Evidence of engagement with public, affected patients and GPs and the results of the engagement exercise (See section 4 and the Appendix)
  - The views of local GP referrers (See section 8)
  - Further consideration of the impact on service users (See sections 4, 6 and 7)

## 2. Contextual Information

- 2.1. Hampshire Hospitals NHS Foundation Trust (HHFT) runs the hospitals in Andover, Basingstoke and Winchester. It also runs outpatient, x-ray and community midwifery in other locations including Alton and Whitehill and Bordon. Outpatient and x-ray services run from Chase Community Hospital. This is also the base for community midwifery team who provide services from the hospital as well as home visits.
- 2.2. Following the May HASC the Community Midwifery service is in the process of transfer to Royal Surrey County Hospital NHS Foundation Trust who are already delivering this service locally.
- 2.3. In 2017/18 the number of outpatient attendances HHFT delivered (regardless of delivery location) for patients registered to one of the Whitehill and Bordon practices was 9,090 or about 1.5% of the Trust total.
- 2.4. In total HHFT delivered 602,457 outpatient attendances across all of our sites during the same period. The activity delivered at the Chase Community Hospital (2,382) therefore represents about 0.39% of the Trust total.
- 2.5. In 2017/18 HHFT received 3,918 referrals from the GP practices in Whitehill and Bordon. For the 9,090 outpatient attendances from these referrals (both new and follow-up), around 74% were seen at our main hospitals or locations other than Whitehill and Bordon. 26% were seen locally in Chase Community Hospital.
- 2.6. The outpatient services currently provided at Whitehill and Bordon are run by medical and nursing staff and clinics are across five main specialties at differing frequencies between Mondays and Fridays. X-ray (plain film only) is provided across two sessions held on Mondays and Thursdays.
- 2.7. The table below shows a summary of the outpatient attendances in Whitehill and Bordon in 2017/18 by specialty. This activity represents 1,440 individual patients.

| <b>Attendance Type</b>             | <b>Clinic Specialty Description</b> | <b>Total attendances (2017/18)</b> |
|------------------------------------|-------------------------------------|------------------------------------|
| First                              | Audiological Medicine               | 64                                 |
|                                    | Ent                                 | 113                                |
|                                    | Maxillo-Facial Surgery              | 43                                 |
|                                    | Ophthalmology                       | 250                                |
|                                    | Orthoptics                          | 55                                 |
|                                    | Paediatrics                         | 242                                |
| <b>First total</b>                 |                                     | <b>767</b>                         |
| Follow-up                          | Audiological Medicine               | 190                                |
|                                    | Ent                                 | 102                                |
|                                    | Maxillo-Facial Surgery              | 45                                 |
|                                    | Ophthalmology                       | 652                                |
|                                    | Orthoptics                          | 164                                |
|                                    | Paediatrics                         | 462                                |
| <b>Follow-up total</b>             |                                     | <b>1,615</b>                       |
| <b>Total number of attendances</b> |                                     | <b>2,382</b>                       |

- 2.8. The x-ray service at Chase Community Hospital performed 1,816 examinations 2017/18 for around 1,280 individual patients (some individual patients have multiple x-ray examinations.)
- 2.9. In total over the course of 12 months HHFT typically provide around 167,000 x-ray examinations across all of its sites. The activity delivered at Chase Community Hospital therefore represents about 1% of the Trust total.
- 2.10. HHFT's 'Market Share' (i.e. the percentage of new outpatient appointments for Whitehill and Bordon patients that are provided by HHFT) has fallen. It has fallen to just 22.8% at the end of 2017/18 from 29.2% in 2015/16. Therefore 77% of first outpatient attendances are provided by other Trusts.

### 3. Transport issues and travel times

- 3.1. Transport for Whitehill and Bordon patients travelling to any healthcare setting is problematic. Whitehill and Bordon patients being treated at any acute hospital site (regardless of the provider) face, in most cases, a long car or bus journey.
- 3.2. Journeys to either Basingstoke or Winchester represent some of the longest amongst all the local hospitals. The transport issues faced by Whitehill and Bordon patients are further discussed in section 4.
- 3.3. The weekday public transport travel times below are taken from Traveline south west journey planner assuming a start point of High Street, Bordon. Only routes using buses have been shown to reflect as much of a 'door to door' travel time as possible although not all bus routes have a stop at the destination hospital. The weekday travel times by car have also been included.

| Weekday (one way) Travel Times                   |          | Public Transport      |       | Car                   |       |
|--|----------|-----------------------|-------|-----------------------|-------|
|  |          | AM                    | PM    | AM                    | PM    |
| From Bordon (GU35 0AY) to:                       | Postcode | Journey time<br>hh:mm |       | Journey time<br>hh:mm |       |
| Royal Hampshire County Hospital (HHFT)           | SO22 5DG | 01:42                 | 01:55 | 00:50                 | 00:55 |
| Basingstoke and North Hampshire Hospital (HHFT)  | RG24 9NA | 01:55                 | 02:25 | 00:53                 | 00:45 |
| Alton Community Hospital (HHFT / SHFT)           | GU34 1RJ | 00:46                 | 00:55 | 00:19                 | 00:20 |
| Royal Surrey County Hospital (RSCHFT)            | GU2 7XX  | 01:32                 | 01:34 | 00:48                 | 00:27 |
| Queen Alexandra Hospital (PHT)                   | PO6 3LY  | 01:49                 | 02:51 | 00:43                 | 00:35 |
| Frimley Park Hospital (FHFT)                     | GU16 7UJ | 01:34                 | 01:49 | 00:50                 | 00:38 |
| Haslemere Community Hospital (RSCHFT and others) | GU27 2BJ | 00:48                 | 00:48 | 00:25                 | 00:26 |

- 3.4. Alton remains the nearest alternative delivery locations for the outpatient and x-ray services currently provided from Chase Community Hospital. 74% of appointments provided by HHFT for patients registered with a Whitehill and Bordon GP are currently seen in Basingstoke, Alton or Winchester.

- 3.5. Costs of public **transport by bus** are highly variable depending on the passenger. Excluding concessions or where passengers have access to free bus travel, the cost of return bus journeys from Bordon to the bus stops closest to the hospitals listed above range from £7.15 to £14.80.
- 3.6. **Transport by taxi** is expensive and a local company quote in the region of £45 for a one way journey to Basingstoke Hospital from Whitehill and Bordon.
- 3.7. The Whitehill and Bordon **Voluntary Car Service** has non-mandatory suggested contributions and this stands at £23 for a return journey to Basingstoke Hospital.
- 3.8. The CCGs across Hampshire commissions and manages the contract for **NHS-funded non-emergency transport** which is free. However, patients must meet strict eligibility criteria to access the service.
- 3.9. Reported issues with access to transport are also discussed in Section 4

#### 4. The public engagement exercise

- 4.1. HHFT, with support from the CCG, undertook an engagement exercise starting in May 2018. Trust (and, in most cases, CCG) representatives attended face to face meetings with a wide range of local groups and circulated an online survey which was disseminated through local groups, patient clinics at the Chase hospital, via the Trust and CCG website, through their networks and released to the local press.
- 4.2. In addition Alex Whitfield discussed the proposals with Cllrs. Ferris Cowper and Claire Chester as well as attending a meeting with the Senior Management Team of East Hampshire District Council.
- 4.3. The Trust is currently making arrangements to meet with the elected members of East Hampshire District Council and Whitehill and Bordon Town Council.

#### Results of the Face to Face discussions

- 4.4. HHFT met with a wide range of local community groups to discuss the situation and listen to feedback and concerns. The majority of meetings were also attended by a representative from South Eastern Hampshire CCG.

| <b>Date:</b>          | <b>Groups Attended:</b>                                       |
|-----------------------|---|
| 7 <sup>th</sup> June  | Pinehill PPG  |
| 8 <sup>th</sup> June  | Whitehill and Bordon Health & Care Services Stakeholder Board |
| 18 <sup>th</sup> June | U3A   |
| 27 <sup>th</sup> June | Wednesday @ Whitehill club                                    |
| 27 <sup>th</sup> June | Carers Network  |
| 4 <sup>th</sup> July  | Disability Action Group                                       |
| 5 <sup>th</sup> July  | RVS Lunch club  |
| 9 <sup>th</sup> July  | Badgerswood & Forest Surgery PPG                              |
| 27 <sup>th</sup> July | Whitehill and Bordon League of Friends                        |



- 4.5. A representative from HHFT also met with a group of local GPs and section 8 summarises their views
- 4.6. During the face to face engagement exercise **five very clear common issues and concerns emerged**: strength of feeling about the Chase Community Hospital and how the community is served; transport issues; the growth in population locally; lack of choice; and that local provision is more important than who provides it. The following is a summary of the feedback expressed through the community engagement meetings.
- 4.7. **Strength of Feeling**: The people of Whitehill and Bordon care passionately about the retention of local services and any proposal to relocate services away from the Chase is seen as a further erosion of local health provision. The Chase is very much viewed as an under-used public asset whose future is of great concern to the population of Whitehill and Bordon.
- 4.8. Although not associated with HHFT, the engagement exercise noted a number of issues that contributed to this feeling. These included the closure of inpatient beds and the uncertainty around the timescales and level of service provision of the proposed new health hub.
- 4.9. **Transport**: Whitehill and Bordon is poorly served and public transport to any hospital site is extremely difficult involving lengthy journeys and bus changes.
- 4.10. Getting to any acute hospital by public transport is difficult and not conducive to flexible appointment times or those with special travel needs. Any additional requirement to travel to alternative sites would put pressure on existing travel options. Volunteer car services, for instance, already feel under great pressure where volunteers are already in short supply. A trip to the hospital in Basingstoke lasts at least four hours and often longer and removes a driver from local journeys. Transport and travel times and costs are outlined in section 3.
- 4.11. **Whitehill and Bordon is growing**: It is felt that the issue that HHFT faces of reduced referrals and small numbers attending local clinics could be a short term problem given the expanding population of Whitehill and Bordon.
- 4.12. **Lack of Choice**: On top of the proposed relocation having an immediate impact on choice, patients do not feel as if they are given the choice to attend the Chase where provision exists. This issue was common to all the services at the Chase, not just those provided by HHFT.
- 4.13. **Local provision is more important than who provides it**: Attendees felt strongly that local provision was most important. If HHFT relocates services then it is essential that the CCG finds alternative local provision. Only a proportion of those we spoke to saw HHFT as their local hospital. The survey results support both of these conclusions.

### **Results of the Survey**

- 4.14. The survey findings are included as Appendix 1 to this report. There were 452 respondents and the key findings of the survey were as follows:
- 4.15. That the majority of respondents (54%) consider Royal Surrey County Hospital to be their main District General Hospital (DGH) with around 30% of respondents considering Basingstoke and North Hampshire Hospital (HHFT) to be their local DGH.
- 4.16. Around 45% of respondents found their journeys to their chosen DGH difficult or very difficult. And around 18% consider the journey to Alton difficult or very difficult.

- 4.17. That being seen in a location that was local to them was an extremely important factor in accessing health care. This is confirmed by the result that around 80% of respondents would not choose to travel more than 20 miles to access their healthcare.
- 4.18. That 76% of respondents drive their own car when accessing healthcare
- 4.19. That 88% of respondents would approve or strongly approve of the same service being provided by another provider.
- 4.20. Appendix 1 also contains a sample of verbatim comments made by the survey respondents.

### **Summary of other engagement meetings**

- 4.21. The following issues were raised in discussions with councillors and officers of East Hampshire District Council.
- 4.22. That although concerned about the provision of local health care, the proposed health hub will be beneficial and that local authorities were very supportive of it containing a number of key health services
- 4.23. That they remain concerned about our decision but understand HHFT's position. Nonetheless HHFT should continue work with the commissioners and potential alternative providers to minimise impact.

### **5. Progress on securing alternative provision (Provided by South Eastern Hampshire CCG)**

- 5.1. South Eastern Hampshire CCG has been considering alternative arrangements for the services provided by HHFT at Chase Community Hospital. This has included meetings and discussions with potential alternative providers including Care UK, Royal Surrey County Hospital (RSCH) and Portsmouth Hospitals NHS Trust. HHFT has fully supported these discussions providing detailed information on clinic activity, the types of cases seen and facilities available at the community hospital.
- 5.2. The following tables detail each of the services, the outcome of discussions to date and proposed new arrangements. A table is also included outlining additional or changes to current services for Chase Community Hospital (not provided by HHFT)

| <b>Service / Clinic</b> | <b>What does HHFT currently provide in Whitehill and Bordon?</b>               | <b>How will this be re-provided by HHFT?</b>  | <b>Could a different provider provide this in Whitehill &amp; Bordon?</b>  | <b>Will this service move to the new health hub?</b>            |
|-------------------------|--|---|--|---|
| <b>ENT</b>              | HHFT have provided one clinic a month providing around 230 appointments a year | Patients choosing HHFT as their provider will be offered an appointment at Alton Community Hospital or Basingstoke / Winchester | Discussions are underway between HHFT, RSCH and the CCG regarding RSCH potentially providing this service from a local GP practice.<br><br>HHFT will not relocate its clinics until the new provider service is in place or March 31, 2019 (whichever is soonest)  | This will be discussed with the new provider                    |
| <b>Audiology</b>        | Around one audiology clinic a week providing around 260 appointments a year    | Patients choosing HHFT as their provider will be offered an appointment at Alton Community Hospital or Basingstoke / Winchester | The number of patients using this service is very low so the CCG is seeking clarification about the service provision, for example does it primarily provide battery replacement and repairs which could potentially be provided at another location or by post.<br><br>HHFT will not relocate its clinics until the new provider service is in place or March 31, 2019 (whichever is soonest) | This will be determined when the service provision is clarified |
| <b>Maxillo Facial</b>   | Just less than one clinic a month seeing around 48 patients a year             | Patients choosing HHFT as their provider will be offered an appointment at Alton Community Hospital or Basingstoke / Winchester | Alternative providers have confirmed that the activity is too low to deliver a sustainable service.<br><br>HHFT will not relocate their service until March 31, 2019   | This service will not move to the new health hub                |

| <b>Service / Clinic</b>   | <b>What does HHFT currently provide in Whitehill and Bordon?</b>             | <b>How will this be re-provided by HHFT?</b>   | <b>Could a different provider provide this in Whitehill &amp; Bordon?</b>  | <b>Will this service move to the new health hub?</b> |
|---|--|--|--|--|
| <b>Paediatrics services (general paediatrics, hearing clinics, child development and physiotherapy)</b> | These clinics provide around 20 new and 39 follow-up appointments each month | Patients choosing HHFT as their provider will be offered an appointment at Alton, either in the Community Hospital or a GP practice, or Basingstoke / Winchester | <p>Alternative providers have confirmed that the activity is too low to deliver a sustainable service. HHFT will not relocate their service until March 31, 2019.</p> <p>The CCG and potential alternative providers are discussing the possibility of providing paediatric physiotherapy</p> <p>HHFT will not relocate their service until March 31, 2019</p>                           | This service will not move to the new health hub     |
| <b>X-Ray</b>  | Some x-ray services twice a week seeing about 1,300 patients every year      | HHFT x-ray services in Alton are walk-in accessed by GP referral. Patients from Whitehill and Bordon are able to choose this service                             | <p>Alternative providers have confirmed that the activity is too low to deliver a sustainable service</p> <p>HHFT has proposed it gradually withdraws the service by June 30, 2019 pending certain conditions being met.</p> <p>The CCG will keep diagnostic provision under review as the town develops and will explore opportunities for a service that works across a wider area</p> | This will be included in future discussions          |

| <b>Service / Clinic</b> | <b>What does HHFT currently provide in Whitehill and Bordon?</b>   | <b>How will this be re-provided by HHFT?</b>   | <b>Could a different provider provide this in Whitehill &amp; Bordon?</b>  | <b>Will this service move to the new health hub?</b>              |
|-------------------------|--|--|--|---|
| <b>Midwifery</b>        | Pre and post-natal care for all local women, although over 80% chose to give birth at Frimley and Surrey hospitals | Where women choose to be referred to HHFT, they will continue to provide care in line with patient choice from their Alton base.                                 | Following the May HASC arrangements have been put in place for RSCH to take over the case load in Whitehill and Bordon including providing pre and post-natal care to the women who chose to give birth with them. This is being provided in the local community.<br><br>There is a commitment from them to keep the pre and post-natal care local (either at Chase Community Hospital or in GP surgeries) | Yes as it will transfer either from Chase or with the GP services |
| <b>Ophthalmology</b>    | These clinics provide one clinic a week seeing an average of 75 appointments per month                             | Patients choosing HHFT as their provider will be offered an appointment at Alton, either in the Community Hospital or a GP practice, or Basingstoke / Winchester | RSCH has confirmed with the CCG that it will provide a like for like service from Badgerswood GP practice.<br><br>HHFT will not relocate its clinics until the new provider service is in place or March 31, 2019 (whichever is soonest)   | This will be discussed with RSCH as part of the health hub plans  |

| <b>Additional or changes to current services for Chase Community Hospital (not provided by HHFT)</b> |   |  |  |  |
|--|---|--|--|--|
| <b>Service</b>   | <b>How is/has this service been provided?</b> | <b>How has/is this service changed/ changing?</b>  | <b>Is the service provided in Whitehill and Bordon</b>           | <b>Will this service move to the new health hub?</b> |
| Physiotherapy  | Patients used to travel to Haselemere         | Southern Health NHS Foundation Trust now provides this service at Chase Community Hospital | Yes, with the service being provided at Chase Community Hospital | This will relocate to the health hub                 |

| <b>Additional or changes to current services for Chase Community Hospital (not provided by HHFT)</b> |  |  |  |  |
|--|--|--|--|--|
| <b>Service</b>   | <b>How is/has this service been provided?</b>                        | <b>How has/is this service changed/ changing?</b>  | <b>Is the service provided in Whitehill and Bordon</b>           | <b>Will this service move to the new health hub?</b> |
| Podiatry   | Patients used to travel to Haselmere                                 | Solent NHS Trust now provides this service at Chase Community Hospital   | Yes, with the service being provided at Chase Community Hospital | This will relocate to the health hub                 |
| Phlebotomy   | Currently provided at Chase Community Hospital as a bookable service | The CCG is currently procuring a GP led service which will include bookable appointments. This new service will replace the existing service in January 2019 in local GP practices | Yes, with the service being provided in GP practices             | Discussions are underway                             |

## **6. HHFT's revised proposal**

6.1. In the light of certain issues HHFT has, in part, revised its proposal.

6.2. In making its revised proposal HHFT recognises and notes the following:

- The considerable issues Whitehill and Bordon residents face in accessing locally-provided healthcare
- The great strength of feeling about local health services at the Chase Community Hospital and in the local area
- The lack of adequate public transport links
- The uncertainties surrounding the future healthcare provision provided by the proposed health hub and what it might contain
- That no health funding is available to replace the x-ray machine
- That alternative providers will need time to build their service

6.3. However, HHFT would also highlight and note the following:

- That the CCG has provided credible plans for reprovision of some of the services

- That HHFT continues to provide services in Whitehill and Bordon that are financially and operationally unsustainable
- That 74% of HHFT attendances by Whitehill and Bordon practices already attend their appointments at Alton, Basingstoke or Winchester
- That around 70% of new outpatient attendances by patients registered with a Whitehill and Bordon GP practice are already provided by other Trusts
- That HHFT gave the CCG notice of its intention to relocate services in February 2018 and we continue to provide services beyond the 6 month notice period that is strictly required

6.4. Taking these points into account HHFT proposes the following:

- 6.5. That for the remaining **outpatient clinics** (Audiology, Ophthalmology (including orthoptics), Maxillo-facial surgery and Paediatrics) it **extends its notice period to more than 12 months**. Therefore these clinics will not relocate until **31<sup>st</sup> March 2019** or earlier where alternative local provision is in place. HHFT views a 13 month notice period as sufficient time for the CCG to source alternative local provision.
- 6.6. With certain conditions, **X-ray services** will continue to be provided by HHFT **until the end of June 2019**, a full 18 months since notice was given. HHFT also proposes a more gradual transfer going down to one day a week from 1<sup>st</sup> April 2019.
- 6.7. However, given the occupancy charges levied by NHS Property Services (i.e. HHFT is required to pay for the space when it is not using it) we propose that from 1 January 2019 HHFT is only charged for 2 days per week.
- 6.8. This requires the consent of the CCG who would need to fund the charges of the unused days. This is being considered by the CCG.
- 6.9. If this is not possible then it is with regret that HHFT would also relocate x-ray services from 31<sup>st</sup> March 2019.
- 6.10. HHFT reiterates its willingness to transfer the x-ray equipment to a new provider at no cost. HHFT is also committed to discussing the transfer of any existing outpatient equipment to smooth the transition and equipment lists have been provided.
- 6.11. Regardless of the proposed reprovision of services patients wishing to do so can continue to be referred to HHFT and will be offered appointments in alternative locations. HHFT will continue to plan to provide the relocated capacity at Alton Community Hospital where possible.

## 7. Impact on patient choice

- 7.1. The impact on choice was outlined in the May HASC paper. Nonetheless, HHFT still recognises that this proposed change will affect patient choice for around 26% of HHFT's outpatient appointments that are for patients registered with one of the Whitehill and Bordon practices.
- 7.2. This level of impact will continue to be felt while referral patterns remain unchanged and a similar proportion of patients choose to be referred to HHFT or their GPs refer to the Trust.

7.3. However, the full impact on patient choice is variable and includes issues such as whether the service referred to falls within the services where the CCG have commissioned alternative local provision. It also depends on the continuation of existing referral patterns. It is acknowledged that a higher percentage of patients can access services closer to home should more referrals be made to, for instance, Royal Surrey County Hospital. This is something that the GPs have acknowledged.

## **8. Clinical support**

8.1. The plans have been discussed at the Trust's Executive Committee meeting where it was supported by the Chief Medical Officer and Medical Directors

8.2. The plans have also been shared with local GPs and commissioners.

8.3. During engagement with GP practices they report that the reasons why referrals to HHFT have fallen include the opening of the tunnel making journey times to Guildford easier and an increase of other providers working in the local area.

8.4. Nonetheless the GPs remain concerned about the further loss of local provision. However they also recognise the inherent sustainability difficulties caused by GP referrals being shared across the four local acute providers of HHFT, Royal Surrey, QA Portsmouth and Frimley Park. This means that no one acute provider finds it easy to sustain services in Whitehill and Bordon.

8.5. The practices believe that it should be possible to commission alternative local providers. They nonetheless recommend that HHFT align their relocation with alternative providers starting in the local area. HHFT has tried to reflect this in its revised proposal and the GPs are extremely willing to work with the CCG to achieve the best outcomes.

8.6. The practices also recognise that more concerted joint working to direct referrals to fewer acute providers could increase the viability of local services. The proposals of HHFT to relocate and the upcoming health hub plans provide an opportunity to change referral patterns. However, patient choice will continue to take primacy.

## **9. Progress and next steps**

9.1. Pending the views of the HASC HHFT, working closely with CCG, will implement the proposals above to the timescales stated.

9.2. HHFT will continue to work with the CCG, GPs and alternative providers to ensure the transfer of care for those patients who choose not to be referred to HHFT is smooth. This will include organising a smooth transfer of capacity in the local area.

## **10. Conclusion**

10.1. The proposal to re-provide the outpatient and x-ray services from Whitehill and Bordon to alternative locations is made because it is no longer possible for HHFT to provide these services in an efficient and sustainable way. Work has progressed to ensure that re-provision plans are in place and that an extended notice period assists with the transition from one provider to the other.



## Appendix 1: Survey Results

### RESULTS OF SURVEY REGARDING HHFT SERVICES AT THE CHASE HOSPITAL Whitehill and Bordon Survey undertaken 1 July - 28 August 2018

#### METHODOLOGY

The online survey was circulated within the Chase Community Hospital and to patients, to community and local groups, via the CCG, a notice issued to the press and publicised on the HHFT website. This survey was supported by face to face meetings with community groups. A printed version was made available on request.

#### FINDINGS

The total number of respondents was 452. The wording used here paraphrases the question wording and the percentages and the numbers are shown.

#### Responses to questions

1. Have you been a patient of services run by HHFT at the Chase community hospital in the last 2 years?

| Answer Choices    | Responses |     |
|-------------------|-----------|-----|
| Yes               | 65.71%    | 297 |
| No                | 0.00%     | 0   |
| No                | 0.44%     | 2   |
| No                | 32.08%    | 145 |
| Don't know        | 0.88%     | 4   |
| Prefer not to say | 0.88%     | 4   |

2. If so, which clinics have you attended?

|                            |        |    |
|----------------------------|--------|----|
| Audiology                  | 7.99%  | 27 |
| ENT (ear, nose and throat) | 5.03%  | 17 |
| Maxillo-facial             | 0.59%  | 2  |
| Ophthalmology              | 7.40%  | 25 |
| Paediatrics                | 8.88%  | 30 |
| X-Ray                      | 27.22% | 92 |
| Community midwifery        | 13.61% | 46 |
| Don't know                 | 3.85%  | 13 |
| Prefer not to say          | 6.51%  | 22 |
| Other (please specify)     | 18.93% | 64 |

3. Have you attended clinics not provided by HHFT?

|     |        |     |
|-----|--------|-----|
| Yes | 65.27% | 295 |
| No  | 30.97% | 140 |

|                   |       |    |
|-------------------|-------|----|
| Don't know        | 2.65% | 12 |
| Prefer not to say | 1.11% | 5  |

4. Do you live in Whitehill and Bordon area?

|                   |        |     |
|-------------------|--------|-----|
| Yes               | 90.73% | 411 |
| No                | 7.51%  | 34  |
| Prefer not to say | 1.77%  | 8   |

5. What hospitals have you attended in the last 2 years?

|   |        |     |
|---|--------|-----|
| Frimley Park Hospital                       | 23.11% | 101 |
| Basingstoke and North Hampshire Hospital    | 40.27% | 176 |
| Royal Hampshire County Hospital, Winchester | 4.12%  | 18  |
| Royal Surrey County Hospital                | 56.52% | 247 |
| Alton Community Hospital                    | 32.04% | 140 |
| Chase Community Hospital                    | 63.16% | 276 |
| Queen Alexandra Hospital, Portsmouth        | 21.51% | 94  |
| Other (please specify)                      | 12.36% | 54  |

6. Which hospital do you consider to be your main District General Hospital?

|   |        |     |
|---|--------|-----|
| Frimley Park Hospital                       | 14.29% | 65  |
| Basingstoke and North Hampshire Hospital    | 29.23% | 133 |
| Royal Hampshire County Hospital, Winchester | 1.32%  | 6   |
| Royal Surrey County Hospital                | 54.07% | 246 |
| Queen Alexandra Hospital, Portsmouth        | 11.87% | 54  |
| Other (please specify)                      | 1.54%  | 7   |

7. How do you rate the journey to your DGH?

|                            |        |     |
|----------------------------|--------|-----|
| Very easy                  | 6.64%  | 30  |
| Easy                       | 14.38% | 65  |
| Neither easy nor difficult | 34.51% | 156 |
| Difficult                  | 32.52% | 147 |
| Very difficult             | 12.61% | 57  |

8. Thinking about when you have been referred to a hospital consultant, what do you consider the most important factors? Rank 1-5 (1 is most important)

|   |                   |         |            |    |       |        |        |        |        |
|---|-------------------|---------|------------|----|-------|--------|--------|--------|--------|
|   | 1                 |         | 2          |    | 3     |        | 4      |        | 5      |
| Being seen by the right specialist with | <b>52.51</b><br>% | 13<br>6 | 15.44<br>% | 40 | 6.18% | 1<br>6 | 10.42% | 2<br>7 | 15.44% |

|  |                   |         |                   |    |               |        |               |        |               |
|--|-------------------|---------|-------------------|----|---------------|--------|---------------|--------|---------------|
| the right skills/<br>expertise   |                   |         |                   |    |               |        |               |        |               |
| Being seen by<br>the healthcare<br>provider of my<br>choice  | 9.06%             | 27      | 21.14<br>%        | 63 | 20.13%        | 6<br>0 | 13.76%        | 4<br>1 | <b>35.91%</b> |
| Being seen in a<br>timely way, with<br>minimum wait for an<br>appointment  | 10.12<br>%        | 26      | <b>32.30</b><br>% | 83 | <b>28.79%</b> | 7<br>4 | 20.62%        | 5<br>3 | 8.17%         |
| A location where<br>there are other<br>hospital services<br>that I may need<br>such as blood tests<br>and x-rays | 14.33<br>%        | 42      | 20.14<br>%        | 59 | 24.23%        | 7<br>1 | <b>30.38%</b> | 8<br>9 | 10.92%        |
| A location that is<br>local to me  | <b>41.46</b><br>% | 16<br>5 | 15.83<br>%        | 63 | 16.08%        | 6<br>4 | 9.80%         | 3<br>9 | 16.83%        |

9. How far do you consider travelling for hospital services, such as outpatients?

|                 |        |     |
|-----------------|--------|-----|
| Within 10 miles | 50.77% | 230 |
| 10-20 miles     | 36.20% | 164 |
| 20-30 miles     | 10.60% | 48  |
| Over 30 miles   | 2.43%  | 11  |

10. Have you/ your relative been offered a choice when you have been referred?

|            |        |     |
|------------|--------|-----|
| Yes        | 43.14% | 195 |
| No         | 44.69% | 202 |
| Don't know | 12.17% | 55  |

11. Which hospitals have you been referred to?

|  |        |     |
|--|--------|-----|
| Basingstoke and North Hampshire<br>Hospital    | 38.64% | 170 |
| Royal Hampshire County Hospital,<br>Winchester | 4.09%  | 18  |
| Frimley Park Hospital                          | 22.73% | 100 |
| Royal Surrey County Hospital                   | 50.91% | 224 |
| Alton Community Hospital                       | 20.23% | 89  |
| Chase Community Hospital                       | 48.18% | 212 |
| Queen Alexandra Hospital, Portsmouth           | 13.64% | 60  |
| Other (please specify)                         | 10.00% | 44  |

12. What form of transport do you use?

|  |        |     |
|--|--------|-----|
| Drive my own car                               | 76.65% | 348 |
| Driven by taxi                                 | 1.54%  | 7   |
| Driven by volunteer driver/ friend or relative | 27.97% | 127 |

|                             |        |    |
|-----------------------------|--------|----|
| Driven by patient transport | 1.32%  | 6  |
| Bus                         | 11.01% | 50 |
| Walk                        | 8.15%  | 37 |
| Other (please specify)      | 5.73%  | 26 |

13. How do you rate the journey to your DGH?

|                            |        |     |
|----------------------------|--------|-----|
| Very easy                  | 6.67%  | 30  |
| Easy                       | 16.00% | 72  |
| Neither easy nor difficult | 38.00% | 171 |
| Difficult                  | 30.89% | 139 |
| Very difficult             | 10.22% | 46  |
| Please describe why        |        | 136 |

14. If you travel to Alton community hospital, how you rate the journey to Alton?

|                            |        |     |
|----------------------------|--------|-----|
| Very easy                  | 13.13% | 55  |
| Easy                       | 32.46% | 136 |
| Neither easy nor difficult | 37.95% | 159 |
| Difficult                  | 13.13% | 55  |
| Very difficult             | 4.53%  | 19  |

15. If it is possible for the same service to be provided but by a different provider, how would you view this?

|                                |        |     |
|--------------------------------|--------|-----|
| Strongly approve               | 45.68% | 206 |
| Approve                        | 33.26% | 150 |
| Neither approve nor disapprove | 17.07% | 77  |
| Disapprove                     | 3.33%  | 15  |
| Strongly disapprove            | 0.67%  | 3   |

16. Any other issues relating to travel we should consider?

There were 323 responses to this question. The main and most often repeated themes were:

- Difficulty in travel to any other hospital location
- Poor public transport, with limited bus times
- Cost of travel
- Difficulty travelling to and parking at other hospitals
- Growth of population in the area and concern about need for increased health services locally
- Impact of difficult transport on the elderly, those with certain conditions and those needing childcare

Sample of verbatim comments:

“The public transport to/from Bordon isn't as frequent and accessible as would be desired to meet appointment times.”

“The routes to/from other hospitals are not easy.”

“Whitehill has poor public transport and it is expensive, especially on a pension. It is difficult for young families to get to Basingstoke. More clinics should be offered at the Chase. Let people from Alton and Petersfield travel to the Chase.”

“Do another survey. This one does not allow you to mark important things. I want to see a competent physician close to home but can't mark that so your results will be skewed.”

“Bordon is being extended as an Eco town without the need to travel and sustainable transport modes. Full consideration should be given to ensuring this policy is adhered to. Bordon was promised improved health services in keeping with the promoted eco standards. Small houses with no parking cannot rely on car journeys.”

“Difficult to get to Alton hospital particularly morning. Lots of traffic and roadworks.”

“We are in a small town and buses are hourly from Monday to Friday the days I have had to get taxis to hospitals they have cost £50-£60 each way I don't have the money to afford this and my friends aren't always available to help me”

“For people who cannot drive there is no public transport that is direct. To each hospital you have to change whether it is train to bus or two separate buses”

“Public transport from Bordon to Alton is very, very limited. If you do not have a car you rely on someone giving a lift or taking a day off work to take you to appointment.”

“I am more concerned about the elderly. My mother has dementia and the travel from Bordon to any other hospital is so stressful.”

“As we get older it is more difficult to travel further. Please reconsider retaining local hospitals. With Bordon population expanding we need better and more local health service provision.”

“Being on the border of Hampshire / Surrey the services should share amenities more, being sent to Portsmouth hospital instead of the Royal Surrey just because it's in a different county is ludicrous.”

“Travelling over half hr to a large hospital with expensive parking and needing to do this frequently for myself or family members is expensive and generally involves half a day off work. The appointments I've had at chase have taken five mins to get to parking is free and I'm seen quickly and back to work within the hour, likewise for my children they miss much less school being seen locally”

“Yes public transport from Bordon to Basingstoke is horrendous. Car journey is horrendous too. We are 20mins away from the Royal Surrey yet I had to take a day of work to drive a relative to Basingstoke for a colonoscopy. Terrible journey for someone needing to really be close to a toilet”

17. Any other issues that have not been covered that we should consider?

There were 271 responses to this question. The main and most often repeated themes were:

- Concern about the population growth of the area and its health service provision
- Concern to see the community hospital fully utilised
- Desire to see other services at the Chase such as A&E/ out of hours doctors
- Lack of referral to Chase community hospital
- Concern for the retention of a local hospital / hospital services
- Difficulty in travel elsewhere

Sample of verbatim comments

“The MOST IMPORTANT thing for you to think about is the fact that Chase Hospital is there. You tell us that it is not at present used to its full potential at present BUT 4,500 new houses are being built quite literally just down the road. This will mean an extra 9,000 people plus their families to be catered for. Where will they go? Just think of the time involved travelling around the country not to mention the inconvenience and cost. Chase Hospital is there, spend money on it and update its facilities it will then be used to its full potential. Most likely even more houses will be built increasing the burden on local hospital facilities.”

“With Bordon increasing in size should you not be planning for better facilities now locally rather than moving it out of the community?”

“With a perfectly suitable local facility it would be a tragedy if Chase Hospital is not seen as the way forward. This more so in the future with the current regeneration initiatives.”

“Bordon is a hugely growing town, population will be at least doubled by the time they have finished building all the new houses. We need more medical facilities in the town, not less. Chase Hospital should be extended into a full cottage hospital with more facilities.”

“Increasing population of Whitehill and Bordon. No proposals for aforementioned services to be located at new Health Hub. Removal of services seals the fate of Chase Hospital.”

“The under use of clinics is eg ENT because you only provide one clinic a month which is full but doesn't add up to a lot of people. It's not easy to get to Alton hospital without a car. Basingstoke appointments don't even offer Chase appts sometimes”

“Why are gps not referring to chase hospital some are not even aware that it exists”

“If some services are moved, how long before more are, services such as x-ray and phlebotomy have already been changed to walk-in instead of appointment, how long before these services are completely removed at chase?”

“Out of hours doctors. We do not have much choice and are often sent over an hour away with sick children because the chase isn’t staffed and the royal Surrey cannot be booked due to postcodes!”

“Moving all departments some 9 miles away to Alton would be nonsensical bearing in mind the population in Bordon/Whitehill is to be increased by the end of 2018. This survey via on line is not good enough because not every person has a computer, a printed survey should be posted to every household”

“I have mental health issues if they are removing services it concerns me that we will lose it all together. Transport is a big problem in the area. I can’t drive due to medical issues and hospital transport is not available.”

“Some years ago an emergency out of hours doctor was stationed at the Chase hospital. I don’t know if this is still the case. But making the Chase into an out of hours doctors seems to make sense it has the space. Also minor A&E would serve its population well and take away some of the pressure on larger A&E. It is a relatively new facility and one that should not be lost, but added to. Particularly as Bordon is a so called - Health Town.”

“Closure of Xray in Chase would mean a long journey for a simple Xray. Cost of travel may be less for Basingstoke but the total cost to the patients would be immense. Nothing we say will make any difference to your decision anyway.”

### Demographics of respondents

|                        |        |     |
|------------------------|--------|-----|
| Patient                | 70.56% | 254 |
| Carer                  | 3.33%  | 12  |
| Parent/ guardian       | 19.44% | 70  |
| Prefer not to say      | 3.61%  | 13  |
| Other (please specify) | 3.06%  | 11  |

### Age

|                 |        |     |
|-----------------|--------|-----|
| 0-16 years old  | 0.55%  | 2   |
| 17-24 years old | 3.58%  | 13  |
| 25-44 years old | 40.22% | 146 |
| 45-64 years old | 39.12% | 142 |
| 65-79 years old | 13.77% | 50  |
| 80+ years old   | 1.93%  | 7   |
| Prefer not to   | 0.83%  | 3   |

|     |  |  |
|-----|--|--|
| say |  |  |
|-----|--|--|

#### Gender

|                   |        |     |
|-------------------|--------|-----|
| Male              | 19.01% | 69  |
| Female            | 80.17% | 291 |
| Transgender       | 0.00%  | 0   |
| Prefer not to say | 0.83%  | 3   |

#### Disability

|                   |        |     |
|-------------------|--------|-----|
| Yes               | 10.50% | 38  |
| No                | 85.91% | 311 |
| Don't know        | 0.55%  | 2   |
| Prefer not to say | 3.04%  | 11  |

#### Ethnicity

|  |        |     |
|--|--------|-----|
| White: English/ Welsh/ Scottish/ Northern Irish/ British | 90.41% | 330 |
| White Irish  | 1.37%  | 5   |
| White: Gypsy or Irish Traveller                          | 0.82%  | 3   |
| Other white background                                   | 2.74%  | 10  |
| Black British: African                                   | 0.27%  | 1   |
| Black British: Caribbean                                 | 0.00%  | 0   |
| Any other black/ African/ Caribbean background           | 0.27%  | 1   |
| Arab   | 0.00%  | 0   |
| Asian or Asian British: Indian                           | 0.27%  | 1   |
| Asian or Asian British: Pakistani                        | 0.00%  | 0   |
| Asian or Asian British: Bangladeshi                      | 0.00%  | 0   |
| Asian or Asian British: Chinese                          | 0.27%  | 1   |
| Other Asian background                                   | 0.55%  | 2   |
| Mixed: White and Black Caribbean                         | 0.27%  | 1   |
| Mixed: White and Black African                           | 0.27%  | 1   |
| Mixed: White and Asian                                   | 0.00%  | 0   |
| Any other mixed/multiple ethnic background               | 0.55%  | 2   |
| Prefer not to say  | 1.64%  | 6   |
| Other (please specify)                                   | 0.27%  | 1   |

ENDS.



09 2018  
Communications and Engagement Team

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## Briefing note: Adult Mental Health Services in Eastleigh Southern Parishes

### Planned Changes

For a number of months, we have been working closely with commissioners to determine how Southern Health's Adult Mental Health teams support and deliver services to patients living in the Eastleigh Southern Parishes area in the future.

Currently, these services are delivered by the Southampton East Community Mental Health Team (East CMHT). This has been the case for a number of years - due largely to historical reasons which are no longer relevant today - and is now unsustainable. The caseloads within the East CMHT are high and the team recently relocated (on 11 June) from the Tom Rudd Unit at Moorgreen Hospital in West End to Bitterne Park Medical Centre, further into Southampton's city centre.

As a result, earlier this summer, we jointly agreed to plan for the service to be delivered solely from the Eastleigh and Romsey Community Mental Health Team. This will affect 177 or so patients, registered to five GP surgeries in the Eastleigh Southern Parishes area, who would transfer from East CMHT to begin to receive services from the Eastleigh and Romsey CMHT. The affected GP practices are: Bursledon, Blackthorn, Hedge End, St Luke's and West End practices. We will be engaging with these GPs and their patients as part of this process and to ensure all affected patients are in agreement with the plans to transfer their care.

Importantly, these patients will be able to choose whether their appointments continue to take place at the Tom Rudd Unit or swap to Desborough House in Eastleigh – to ensure continuity and choice and to avoid any access/transport issues.

The transfer will be carefully managed by a dedicated project team and, in order to ensure patient safety, will only proceed after all potential risks have been considered and addressed, detailed care planning reviews with patients have been undertaken and the required number of staff have been appointed and are in post.

### When?

There is still significant work to be done - working collaboratively with staff, patients and external stakeholders – so we do not yet have a definite date for the transfer.

What we can confirm is that the changes will be carefully phased and - if we meet the various project milestones regarding recruitment, consultation and engagement - we anticipate them to take place in the last two quarters of this financial year.

The first stage will be for the Eastleigh and Romsey CMHT to begin taking *new referrals* from the Eastleigh Southern Parishes area. This will not happen until October at the earliest but will be dependent on the appropriate staffing numbers being recruited to. By new referrals coming into the Eastleigh and Romsey team, and no longer to the East CMHT, it will allow the existing caseload numbers to stabilise, allowing for stage two planning to take place.

### OUR VALUES



The second stage will be for an initial pilot number of *existing patients* to transfer from East CMHT to Eastleigh and Romsey CMHT. Once this initial pilot number have been safely and successfully transferred, and any issues resolved, the remaining patients will be transferred (likely to be in further phases and on a care coordinator-by-care coordinator basis, with clinical input).

Feedback during this phased approach will be key and we will work closely with teams to monitor the impact and any teething issues to ensure they can be quickly resolved.

#### Impact on staffing?

In order to safely manage the increased caseload, we are in the process of recruiting additional staff, in a range of multi-disciplinary roles, to the Eastleigh and Romsey CMHT. We have already appointed to a Band 6 and Band 5 Occupational Therapist (OT) post, the latter for three days per week. In addition to this, adverts for two Band 6 nurse posts are active, one support worker post has been appointed to (just awaiting a start date) and another 0.6 WTE post for an additional support worker is also being advertised, with a further Band 3 admin role set to be advertised shortly.

In addition, to support the transition period, we hope to secure the additional support of five clinical PAs for an initial six month period. This will be formally reviewed over this period with the clinical and operational leadership team to establish actual requirement based upon referral and caseload demand.

We are also starting the process of scoping any required additional psychology posts and will also be reviewing the impact that the increased caseload will have on the wider adult mental health team in West Hampshire – including the Acute Mental Health Team (AMHT), Early Intervention in Psychosis (EIP) Team and inpatient services.

#### **Engagement Activity & Next Steps**

We sent several letters to GPs and affected patients detailing the move (on 11 June) by the Southampton East CMHT to Bitterne Park Medical Centre. This communication outlined that further changes are likely for Southern Parishes patients but that nothing further will change without further engagement.

We will be communicating further with the identified GP practices and patients as timescales and detail becomes clearer.

In the meantime, since early August, we have been planning and holding a series of listening events with staff to discuss the plans in more detail and to gain their valuable input. In addition, there is an informal consultation process for staff, where they can arrange to meet with their line manager and the HR lead, Sarah Shackleton, on a one-to-one basis.

To ensure all our affected teams are able to easily contribute to the transition, team managers will regularly feedback any issues, questions or concerns that frontline staff have to the project team, which will meet monthly as a minimum. Teams can also use their reflective practice sessions to consider further ideas for the transition, plus we have set up a dedicated Southern Health email address for staff to contact the team directly with any thoughts/queries as they occur.

#### What will the engagement activity include?

All those patients being transferred will receive a formal letter communicating the change.

As part of the CPA (care programme approach) transfer process, care coordinators from each team will also meet with patients and address any specific concerns that individuals might have, particularly those for whom the change may be especially worrying or upsetting (such as those who have had the same care coordinator for a long time).

We are also planning to produce an information sheet about the transfer which can be printed locally and kept in CMHT waiting rooms for patients/families/carers to take away, which will contain basic details about the changes and hopefully provide reassurance to those affected.

A formal letter will also be sent to the five affected referrer practices – providing them with clear, unambiguous instructions for how patients can continue to receive uninterrupted quality care in the future. We are also planning, in partnership with our West Hampshire CCG colleagues, to attend a GP locality event to address any questions they may have.

Finally, we will contact some additional audiences - such as social care teams, Wellbeing Centres, Healthwatch Hampshire and Solent Mind - to ensure they are informed about the planned changes.

**Any questions?**

If you have any questions, please contact Carol Roberts: 07920 211429.

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**Hampshire Health and Adult Social Care Select Committee  
September 2018**

**Portsmouth Hospitals NHS Trust update**

Portsmouth Hospitals NHS Trust (PHT) is providing updates to the Health and Adult Social Care Select Committee on the following issues of interest:

**1. Transfer of Elective Spinal Service from Portsmouth Hospitals NHS Trust**

- Health and Adult Social Care Select Committee members discussed the proposed transfer of the Elective Spinal Service from Portsmouth Hospitals NHS Trust to University Hospital Southampton NHS Foundation Trust at their previous meeting held on 10 July. Members agreed that the proposal does not constitute a substantial service change. This paper provides an update on engagement carried out with local people regarding the service transfer.

**Transfer of Elective Spinal Service from Portsmouth Hospitals NHS Trust**

As members are aware, the proposal to transfer the Elective Spinal Service from Portsmouth Hospitals NHS Trust (PHT) to University Hospital Southampton NHS Foundation Trust (UHS) was discussed at the Health and Adult Social Care Select Committee meeting held on 10 July. The Committee agreed that the proposed change does not constitute a substantial service change.

Healthcare professionals used national best practice guidance and worked together to determine the safest way to provide this service going forward. Committee members have discussed the conclusion that best patient outcomes would be achieved if the Elective Spinal Service relocates to the Wessex Regional Spinal Unit at UHS, which already carries out complex spinal surgical work as well as paediatrics and trauma surgery. The service is expected to transfer on 31 October 2018.

Committee members requested an additional update on engagement carried out with local people. This has been achieved in partnership with Fareham and Gosport, South East Hampshire and Portsmouth Clinical Commissioning Groups (CCGs).

Following discussions with a number of local groups about the relocation of this service people have told us that:

1. They support the service moving and understand that this needs to be done to ensure safer care and treatment
2. They would prefer outpatient clinics to be provided closer to home
3. They are concerned about the travel time, including car parking, of going to Southampton General Hospital
4. There needs to be a very clear pathway which includes a key point of contact for each patient and details of who is responsible for rehabilitation or social care support

PHT has also worked with the CCGs and Healthwatch to create a patient information document for new patients. This document, entitled “Changes to spinal surgery in southern Hampshire,” seeks to inform patients, their family and carers and answers a broad range of questions. The document is being shared with patients and the public.

**ENDS**

## HAMPSHIRE COUNTY COUNCIL

### Report

|                         |  |
|-------------------------|--|
| <b>Committee:</b>       | Health and Adult Social Care Select Committee                                  |
| <b>Date of Meeting:</b> | 18 September 2018  |
| <b>Report Title:</b>    | Issues Relating to the Planning, Provision and/or Operation of Health Services |
| <b>Report From:</b>     | Director of Transformation and Governance                                      |

**Contact name:** Members Services

**Tel:** (01962) 845018

**Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

#### 1. **Summary and Purpose**

- 1.1. This report provides Members with information about the issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population.
- 1.2. Where appropriate comments have been included and copies of briefings or other information attached.
- 1.3. Where scrutiny identifies that the issue raised for the Committee's attention will result in a variation to a health service, this topic will be considered as part of the 'Proposals to Vary Health Services' report.
- 1.4. New issues raised with the Committee, and those that are subject to on-going reporting, are set out in Table One of this report.
- 1.5. The recommendations included in this report support the Strategic Plan's aims of supporting people to live safe, healthy and independent lives, and to enjoy being part of strong, inclusive communities, through the overview and scrutiny of health services in the Hampshire County Council area.

| Topic  | Relevant Bodies   | Action Taken  | Comment   |
|--|---|---|---|
| Care Quality Commission (CQC) Inspection of services – Portsmouth Hospitals Trust<br><br>(Monitoring item) | Portsmouth Hospitals Trust (PHT)<br><br>CCGs and partner organisations<br><br>CQC | The HASC has received regular updates on progress with actions following CQC inspections. The last update was heard in <a href="#">May 2018</a> | The CQC has now published its reports on the comprehensive and well led inspections carried out at the Trust in April and May 2018. The Trust have provided a paper (see Appendix) giving an update on findings from the inspections and a revised approach which has been developed to address the CQC's requirements.<br><br>The full CQC report is also included as an appendix. |

**Recommendations:**

That Members:

- a. Note the findings of the most recent CQC inspection of Portsmouth Hospitals Trust.
- b. Note the approach of the Trust to respond to the findings.
- c. Determine a suitable date to further consider progress made against the recommendations of the Care Quality Commission reports.
- d. Make any further recommendations as appropriate.

|  |  |  |   |
|--|--|--|---|
| Care Quality Commission (CQC) re-inspection of services – Southern Health NHS Foundation Trust                         | Southern Health NHS FT<br><br>CCGs and partner organisations | Follows on from original CQC report February 2015 (with re-since this time), and Mazars report published in December 2015. | Southern Health's update report on these issues is attached as an Appendix. Also attached are a leadership structure chart and a 'case for change' statement. |
| Mazars report on 'deaths of people with a learning disability or mental health problem in contact with Southern Health | CQC  | The HASC has monitored these items since this time<br>– last reviewed <a href="#">November 2017</a>                        |   |



NHS Foundation  
Trust April 2011 to  
March 2015'

*(Monitoring items)*

**Recommendations:**

That Members:

- a. Note the update from the Trust.
- b. Determine a suitable date (if required) to further consider progress made against the recommendations of the Care Quality Commission and Mazars report.
- c. Make any further recommendations as appropriate.

**CORPORATE OR LEGAL INFORMATION:****Links to the Strategic Plan**

|   |     |
|---|-----|
| <b>Hampshire maintains strong and sustainable economic growth and prosperity:</b> | No  |
| <b>People in Hampshire live safe, healthy and independent lives:</b>              | Yes |
| <b>People in Hampshire enjoy a rich and diverse environment:</b>                  | No  |
| <b>People in Hampshire enjoy being part of strong, inclusive communities:</b>     | Yes |

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

DocumentLocation

None

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

1.1 The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard in particular to:**

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2 **Equalities Impact Assessment:** This is a covering report for items from the NHS that require the attention of the HASC. It does not therefore make any proposals which will impact on groups with protected characteristics.

### **2 Impact on Crime and Disorder:**

2.1 This paper does not request decisions that impact on crime and disorder

### **3 Climate Change:**

3.1 How does what is being proposed impact on our carbon footprint / energy consumption?

3.2 How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

No impacts have been identified.

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**Hampshire Health and Adult Social Care Select Committee  
September 2018**

**Portsmouth Hospitals NHS Trust update**

Portsmouth Hospitals NHS Trust (PHT) is providing updates to the Health and Adult Social Care Select Committee on the following issues of interest:

**1. Care Quality Commission (CQC) reports**

- The CQC has now published its reports on the comprehensive and well led inspections carried out at the Trust in April and May 2018. This paper provides an update on findings from the inspections and a revised approach which has been developed to address the CQC's requirements. This includes a Quality Recovery Plan to help ensure the Trust fully complies with its regulatory obligations. The Quality Recovery Plan will be closely monitored and complemented by a range of activities to drive wider changes in practice and ensure quality improvement. The Trust is still waiting to hear the outcome of reviews of existing enforcement action.

## Care Quality Commission report

The CQC has now published its reports on the comprehensive and well led inspections carried out at the Trust in April and May this year.

As a result of the Commission’s findings, the Trust’s ratings in each domain and each care pathway have been reviewed and in many cases revised. The grid setting out the Trust’s revised ratings is attached at Appendix 1. The Trust’s overall rating in each domain is as follows:

| Safe                      | Effective                 | Caring                     | Responsive                | Well-led                  | Overall                   |
|---------------------------|---------------------------|----------------------------|---------------------------|---------------------------|---------------------------|
| Requires improvement<br>↔ | Requires improvement<br>↓ | Requires improvement<br>↓↓ | Requires improvement<br>↔ | Requires improvement<br>↔ | Requires improvement<br>↔ |

The arrows in each box indicate whether a domain has stayed the same, reduced, or changed by two levels of rating.

Clearly there has been significant improvement in some areas, and a number of ratings are very welcome to see – the universally outstanding performance in critical care is to be celebrated, as are the improvements in end of life care and the strong first time rating in diagnostics (not previously rated as an independent pathway).

The arrows indicating change mostly relate to the last time there was a comprehensive inspection of the Trust in June 2015. The position with regard to urgent and emergency services is slightly different, as the CQC has inspected this pathway more recently (February 2017). By comparison with the published ratings associated with the 2017 report, the position in medical care has improved significantly, as indicated below:

| Medical care, including older people’s care |                      |                      |                      |                      |                      |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| Safe  | Effective            | Caring               | Responsive           | Well-led             | Overall              |
| Inadequate                                  | Inadequate           | Inadequate           | Requires improvement | Inadequate           | Inadequate           |
| Feb 2017                                    | Feb 2017             | Feb 2017             | Feb 2017             | Feb 2017             | Feb 2017             |
| Requires improvement                        | Requires improvement | Requires improvement | Requires improvement | Requires improvement | Requires improvement |
| August 2018                                 | August 2018          | August 2018          | August 2018          | August 2018          | August 2018          |

The Commission has not used the February 2017 ratings for Medicine because the inspection at that time covered only the urgent care elements of the medical care pathway, and did not qualify as a fully comprehensive inspection.

Although there has been considerable improvement in a number of areas, it is disappointing to note the deterioration identified in others. Of particular note is the reduction in the overall caring rating from ‘outstanding’ to ‘requires improvement’, despite ‘good’ or ‘outstanding’ performance in seven of the nine pathways inspected.

The report identifies a small number of incidents observed during the inspection which were not representative of the behaviour and values the Trust, and indeed most of its staff, expect to see. Although it is reassuring to note that the significant majority of the Trust's patients receive good or outstanding levels of care, addressing the issues which prevent the consistent delivery of outstanding care will be a key feature of the Trust's response to the report.

Similarly, there will be a particular focus on maternity services, where ratings deteriorated in all five domains. The leadership team in the maternity department is working collaboratively with the Governance and Corporate Nursing teams to develop an effective programme of improvement to address the immediate issues raised by the CQC and their underlying causes.

Actions to address deterioration in other areas are also in development as indicated below.

In response to its findings during the inspection, the CQC has issued to the Trust a list of 54 requirements ('Must-dos' - indicators of an identified breach in required regulatory standards) and 71 recommendations ('Should-dos' – indicators of action required to prevent a breach).

In support of the list of must/should dos, the Trust has been formally served with a notice under section 29A of the Health & Social Care Act 2012 which sets out the observed circumstances which led to the conclusion that the Trust has breached relevant regulations, and requires action to be taken to address these breaches by 31 October 2018.

A revised approach to addressing the CQC's requirements has been developed. A Quality Recovery Plan has been produced to help steer the Trust back to full compliance with its regulatory obligations. The Quality Recovery Plan will be complemented by a range of quality improvement activities which are intended to drive wider changes in practice in pursuit of the Trust's broader quality improvement aspirations.

Addressing the compliance issues raised in the report will also support the Trust's strategic objective to support delivery of safe, high quality patient focused care, and in particular

- 2i – get the basics right – deliver high quality care across all clinical services
- 2ii – build an environment and culture where patients, families and carers can take the lead in meaningful care

The Quality Recovery Plan is undergoing further refinement and implementation will be monitored by the Quality Improvement Advisory Group (QIAG). This group previously monitored delivery of the old-format Quality Improvement Plan, but its terms of reference and membership have been reviewed and revised to ensure that its function supports the Trust's wider quality assurance activity and engages key stakeholders including the local Clinical Commissioning Groups, the CQC, NHS Improvement and NHS England. The revised QIAG is chaired by the Chief Executive and its membership includes a range of Executive Directors and Divisional Nursing Directors.

The CQC has committed to reviewing the status of previous enforcement action against the Trust in light of the outcome of the 2018 inspection and the service of the latest Warning Notice, but has yet to hear from the CQC about the results of those reviews.

The Director of Governance and Risk will provide monthly updates to the Quality and Performance Committee and the Board, informed by discussions at the QIAG.

The Trust has submitted a response to the Warning Notice to the CQC.

**ENDS**



## Ratings tables

| Key to tables                           |           |               |                      |                 |                  |
|---|-----------|---------------|----------------------|-----------------|------------------|
| Ratings                                 | Not rated | Inadequate    | Requires improvement | Good            | Outstanding      |
| Rating change since last inspection     | Same      | Up one rating | Up two ratings       | Down one rating | Down two ratings |
| Symbol *                                | ↔         | ↑             | ↑↑                   | ↓               | ↓↓               |
| Month Year = Date last rating published |           |               |                      |                 |                  |

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

| Safe                                  | Effective                             | Caring                                 | Responsive                            | Well-led                              | Overall                               |
|---------------------------------------|---------------------------------------|--|---------------------------------------|---------------------------------------|---------------------------------------|
| Requires improvement<br>↔<br>Jun 2015 | Requires improvement<br>↓<br>Jun 2015 | Requires improvement<br>↓↓<br>Jun 2015 | Requires improvement<br>↔<br>Jun 2015 | Requires improvement<br>↔<br>Jun 2015 | Requires improvement<br>↔<br>Jun 2015 |

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for Portsmouth Hospitals NHS Trust

|  | Safe                                  | Effective                             | Caring                                | Responsive                            | Well-led                              | Overall                               |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Urgent and emergency services                | Requires improvement<br>↑<br>Feb 2017 | Requires improvement<br>↓<br>Feb 2017 | Requires improvement<br>↓<br>Feb 2017 | Inadequate<br>↓<br>Feb 2017           | Requires improvement<br>↔<br>Feb 2017 | Requires improvement<br>↔<br>Feb 2017 |
| Medical care (including older people's care) | Requires improvement<br>↔<br>Jun 2015 | Requires improvement<br>↓<br>Jun 2015 | Requires improvement<br>↓<br>Jun 2015 | Requires improvement<br>↔<br>Jun 2015 | Requires improvement<br>↓<br>Jun 2015 | Requires improvement<br>↔<br>Jun 2015 |
| Surgery                                      | Requires improvement<br>↔<br>Jun 2015 | Requires improvement<br>↓<br>Jun 2015 | Good<br>↑<br>Jun 2015                 | Good<br>↑<br>Jun 2015                 | Requires improvement<br>↔<br>Jun 2015 | Requires improvement<br>↔<br>Jun 2015 |
| Critical care                                | Outstanding<br>↔<br>Jun 2015          | Outstanding<br>↔<br>Jun 2015          | Outstanding<br>↔<br>Jun 2015          | Outstanding<br>↑<br>Jun 2015          | Outstanding<br>↔<br>Jun 2015          | Outstanding<br>↔<br>Jun 2015          |
| Maternity                                    | Requires improvement<br>↓<br>Jun 2015 | Requires improvement<br>↓<br>Jun 2015 | Good<br>↓<br>Jun 2015                 | Requires improvement<br>↓<br>Jun 2015 | Requires improvement<br>↓<br>Jun 2015 | Requires improvement<br>↓<br>Jun 2015 |
| Services for children and young people       | Requires improvement<br>↓<br>Jun 2015 | Good<br>↔<br>Jun 2015                 | Outstanding<br>↔<br>Jun 2015          | Good<br>↑<br>Jun 2015                 | Good<br>↔<br>Jun 2015                 | Good<br>↔<br>Jun 2015                 |
| End of life care                             | Good<br>↑<br>Jun 2015                 | Good<br>↑<br>Jun 2015                 | Good<br>↔<br>Jun 2015                 | Good<br>↔<br>Jun 2015                 | Good<br>↔<br>Jun 2015                 | Good<br>↑<br>Jun 2015                 |
| Outpatients                                  | Good<br>↔<br>Jun 2015                 | N/A                                   | Good<br>↔<br>Jun 2015                 | Good<br>↔<br>Jun 2015                 | Requires improvement<br>↓<br>Jun 2015 | Good<br>↔<br>Jun 2015                 |
| Diagnostic imaging                           | Good<br>Apr 2018                      | Good<br>Apr 2018                      | Good<br>Apr 2018                      | Good<br>Apr 2018                      | Good<br>Apr 2018                      | Good<br>Apr 2018                      |

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Portsmouth Hospitals NHS Trust

## Inspection report

Trust Headquarters, F Level  
Queen Alexandra Hospital  
Portsmouth  
Hampshire  
PO6 3LY  
Tel: 02392286000  
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Date of inspection visit: <xx Mon> to <xx Mon> 2017  
Date of publication: 09/08/2018

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.






This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Requires improvement 

|                          |  |
|--------------------------|--|
| Are services safe?       | Requires improvement  |
| Are services effective?  | Requires improvement  |
| Are services caring?     | Requires improvement  |
| Are services responsive? | Requires improvement  |
| Are services well-led?   | Requires improvement  |

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

Portsmouth Hospital NHS Trust is located in Cosham, Portsmouth and is a 975 bedded District General Hospital providing a comprehensive range of acute and specialist services to a local population of approx. 610,000 people.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Requires improvement** 



## What this trust does

Portsmouth Hospital NHS Trust is located in Cosham, Portsmouth and is a 989 bedded District General Hospital providing a comprehensive range of acute and specialist services to a local population of approx. 610,000 people.

The Trust provides specialist renal services to a population of 2.2 million across Wessex.

The Trust has four registered locations

- Queen Alexandra Hospital
- Gosport War Memorial Hospital
- St Marys Hospital
- Petersfield Hospital.

The main work is located at the Queen Alexandra Hospital. Outpatients clinics are offered at the other sites.

As of 31/01/18 the Trust employed 7345 members of staff.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We planned to undertake a comprehensive inspection of this trust because we had not inspected most of the services since our last comprehensive inspection in 2015. On 17-19 April we inspected seven of the core services provided by this trust. These were medicine, outpatients, diagnostics, maternity, children and young people, critical care and end of life care.

# Summary of findings

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well led key question at the trust level. Our findings are in the section headed 'is this organisation well led?' We inspected the well led key question on 8-10 May. During this time we also inspected two further core services; surgery and urgent and emergency care.

## What we found

### Overall trust

Our rating of the trust stayed the same. We rated it as requires improvement because:

- Safety, effectiveness, caring, responsive and well led were requiring improvement overall. We identified improvements to safety were required in five of the services we inspected. Responsiveness and well led remained requires improvement, the same as our previous inspection. While we saw evidence that some services were planned to meet people's needs and had good leadership this was not consistent across all of the services we visited. Effectiveness was previously rated as good however at this inspection we identified that not all services provided care and treatment to patients which achieved the best outcomes or was based on the best available national guidelines. Caring was previously rated as outstanding. At this inspection we identified some concerns in two of the services we visited and therefore the rating had dropped to requires improvement.
- Our last inspection of the urgent and emergency services was in February 2017. At this inspection we saw the trust had made some improvements to improve the safety of the service and therefore the rating had improved from inadequate previously to requires improvement. Effectiveness and well led were rated as requires improvement which was the same as the previous inspection. We saw a deterioration in caring, which was rated as good and responsiveness rated as requires improvement in our 2017 inspection. At this inspection caring was rated as requires improvement and responsiveness as inadequate. This gave an overall rating as requires improvement which was the same as our February 2017 inspection.
- Medical services. We carried out inspections of the urgent medical pathway in February and March 2016, September 2016 and February and May 2017. During those inspections we inspected some areas of the trust's medical services, but did not inspect them all. This current inspection is the first comprehensive inspection of medical services since 2015. Comparisons to previous ratings relate to the inspection carried out in 2015. The rating for safe and responsive was requires improvement which is the same as our inspection in 2015. We saw a deterioration for effective, caring and well led, which was rated as good in our 2015 inspection. However, although this inspection identified deterioration in the service since the last comprehensive service in 2015, the trust had made improvements in the services since the inspection of the urgent medical pathway in 2017 when safe, effective caring and well led were rated as inadequate and responsive was rated as requires improvement. At this current inspection, medical services were rated overall as requires improvement.
- Surgery was rated as requires improvement overall at our inspection in 2015. On this inspection the overall rating remained the same however both caring and responsive had risen by one rating from requires improvement to good. Effective had dropped from good and is now requires improvement.
- Maternity had been rated good overall in our 2015 inspection. However during this inspection all of the domains had declined and we have rated the service as requires improvement.
- Critical care was rated as outstanding overall, with caring rated as good in 2015. In this inspection all of the domains were rated as outstanding and the service remained outstanding overall.

# Summary of findings

- Children and young people's services were rated good overall with responsive requiring improvement in our 2015 inspection. At this inspection the service remained good overall and responsive was rated as good however safe had dropped to requires improvement.
- End of life care was rated as requires improvement in our 2015 inspection. Work had been undertaken to improve the safety and effectiveness of the service which were previously requires improvement. At this inspection the service was rated as good overall.
- Outpatients were good overall in 2015. On this inspection we found some concerns in the well led domain which was previously rated as good, on this inspection we rated well led as requires improvement. Safe, caring and responsive remained good and therefore the service remained good overall.
- Diagnostic imaging was previously included with outpatients and therefore has not been inspected as a separate service before. We rated all areas as good and therefore the service was rated as good overall.

## Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

- During our previous inspection in 2015 we identified four out of the eight core services inspected were either inadequate or required improvement with regards to safety, at this inspection five out of nine services we inspected required improvement. These were urgent and emergency services, medical care, surgery, maternity and services for children and young people. End of life care, outpatients and diagnostic imaging were rated good. Critical care was rated outstanding. While the emergency department had improved from inadequate to requires improvement, sufficient priority had not been given to improving the safety in medical care and surgery and the maternity services had dropped from good previously to requires improvement.
- Within medical care, surgery, maternity and urgent and emergency services records of patients care and treatment did not always contain updated risk assessments and appropriate individualised care plans. Up to date records were therefore not always available to all staff that provided care.
- Medicines were not managed safely in many of the core services we inspected. Medicines were not always stored securely, and medicine fridges were not consistently monitored to ensure medication was kept at required temperatures.
- There were insufficient numbers of staff with the right qualifications, skills, training and experience to keep people safe and provide the right care and treatment in the medical care, children and young peoples and urgent and emergency services.
- The design and layout of the emergency department (ED) did not keep people safe. The emergency department was frequently crowded and patients were queued in a corridor which became congested, sometimes hampering the movement of patients and equipment. People waited too long for initial assessment in ED and the flow through the department often impacted on the movement of patients into the hospital.
- Within ED and surgical services infection prevention and control was not robust in some areas and some equipment and premises were not sufficiently clean. Within the surgical high dependency unit there was no facility to isolate patients and therefore there was a risk of the spread of infection.
- Mandatory training rates in some areas fell short of the trust's target meaning staff did not have the minimum training deemed essential for their roles.

However

- Overall in critical care, children's and young people, end of life, outpatients and diagnostic imaging services people were protected from abuse and avoidable harm.

# Summary of findings

- We identified comprehensive systems where in place to keep people safe and risks were regularly assessed and updated.
- The services controlled infection risk well and staff kept themselves and equipment clean.
- Within critical care, end of life, outpatients and diagnostic imaging there were sufficient numbers of suitably trained and competent staff available to care for patients safely.
- In critical care, diagnostic imaging, outpatients and children and young people staff kept clear, up to date, detailed records of patients care and treatment.

## Are services effective?

Our rating of effective went down. We rated it as requires improvement because:

- Four out of the nine core services were rated as requires improvement. These were medical care, surgery, maternity and urgent and emergency services. This was an increase from our inspection in 2015 where one service, outpatients, was rated as requires improvement. Children and young people, end of life care and diagnostic imaging were rated as good. Critical care was rated as outstanding.
- Staff who worked in the surgery, urgent and emergency and medical care services did not fully understand their roles and responsibilities with regards to the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS). Where appropriate, people's mental capacity and DoLS were not consistently assessed and recorded in line with legal requirements. This had been identified at previous inspections and the trust had not given sufficient priority to ensure staff were suitably trained, competent and fully understood their requirements under the legislation.
- Within the maternity service, guidelines had not been reviewed and updated in line with current best practice or national guidance. There was no robust practice that ensured completed audits were acted upon to improve practices.

However

- Staff in urgent and emergency, services for children and young people, end of life care, diagnostic imaging and critical care provided care and treatment based on national guidance. Managers checked to make sure staff followed guidance and audits were undertaken and acted upon to improve services. Staff, teams and services worked well together to provide effective care for patients.

## Are services caring?

Our rating of caring went down. We rated it as requires improvement because:

- Both urgent and emergency services and medical care were rated requires improvement. This rating had gone down from our inspection in 2015. Surgery was rated as good which was an improvement from our previous inspection. Maternity was found to be good rather than outstanding as it had been previously rated at our inspection in 2015. End of life care and outpatients maintained their previous rating of good. Critical care and children's and young people were rated outstanding which was the same as our previous ratings.
- Staff did not always provide patients with compassionate or respectful care in the emergency department. We observed a number of nursing staff who did not behave in a way which was consistent with the trust's stated values or desired practice. Staff did not always provide emotional support to patients and relatives to minimise their distress.
- In both medical and urgent and emergency care staff did not always involve patients and those close to them in decisions about their care and treatment. Some patients and relatives told us there was little communication from staff and they were not kept well informed about what was happening

# Summary of findings

However.

- We observed exceptional care in both children's and young people's services and critical care. We observed staff going 'above and beyond' to ensure patients and their relatives were supported and involved in treatment plans.
- Overall in the other services we visited patients were treated with care and compassion. Patients and their relatives were complimentary about the care and treatment they received.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff offered emotional support to patients and their relatives.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as requires improvement because:

- We rated responsiveness as inadequate for urgent and emergency services. This was a drop from their previous rating in 2017. Medical care and maternity were rated requires improvement. For maternity this was a drop from their previous rating in 2015. Services for children and young people had previously been rated as requires improvement however work had been undertaken to improve services and the rating had improved to good. End of life care and outpatients had maintained their previous rating of good. Diagnostic imaging was rated good. Critical care was rated outstanding.
- Within maternity, medical and urgent care, services were not consistently planned or delivered to meet the needs of the local population.
- In urgent and emergency services patients were not always able to access care and treatment in a timely way and in the right setting. The trust was consistently failing to meet national standards in relation to the time patients spent in the emergency department, the time they waited for treatment to begin and the time they waited for an inpatient bed. Patients waited too long for their treatment to begin. Facilities and premises were not wholly appropriate for the services delivered and we observed patients queuing in non-clinical areas such as corridors where there was a lack of comfort and privacy. Patients sometimes waited on ambulances outside of the emergency department due to congestion.
- Within maternity, services were not routinely planned to ensure women could always deliver their baby in the preferred place of birth.
- There were shortfalls in how the needs and preferences of different patients were met in medical and urgent care. Staff did not fully consider the needs of individual patients living with dementia or who had a learning disability.
- Although the medical service treated concerns and complaints seriously and investigated them, but there was lack of process to ensure learning from complaints was communicated and shared across all staff groups.

However

- In the other services we inspected we found people were able to access the service when they needed them. The services had been planned and provided in a way that met the needs of local people.
- The services mostly took account of people's needs and were flexible to encompass individual needs and preferences.
- In critical care there was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which was accessible and promoted equality.

## Are services well-led?

Our rating of well-led stayed the same. We rated it as requires improvement because:



# Summary of findings

- We rated the leadership of urgent and emergency services, medical care, surgery, maternity and outpatients as requiring improvement. This was the same for surgery and urgent care as our previous ratings. Medical care, maternity and outpatients had dropped from good in 2015 to requires improvement at this inspection. Leadership was rated as good for children and young people and end of life care which was the same as our previous inspection. Diagnostic imaging was rated as good. The leadership of critical care was rated as outstanding.
- During our inspection the trust was in the processes of re-designing both their risk and governance structures. While some new processes were in place these had not been fully embedded. There were systems in place to identify, manage and mitigate risks however risks had not been fully identified and risk registers had not been fully completed within the urgent and emergency, maternity, medical and surgery services.
- Governance processes did not consistently provide an effective systematic approach which identified areas for improvements and there was no overarching governance structure in the outpatients service.
- The trust had identified improvements were required to address some poor cultures across the hospital. On the whole staff told us managers promoted a positive culture that supported and valued staff creating a sense of common purpose. Managers had the skills and abilities to run a service which provided high quality sustainable care However we observed some poor behaviours exhibited by senior nurses within the urgent and emergency service. In the outpatients department there was a poor culture where staff concerns were not always taken seriously and there was low staff morale in some areas.
- Information systems within urgent and emergency services, maternity and medical services did not support effective sharing of patient information or support comprehensive recording or analysis of data.

However

- Effective governance processes which monitored the quality of services provided were evident in the other services we inspected and rated as good or outstanding.
- Within critical care there was a fully embedded systematic approach to improvement. The service was forward looking, promoted training and clinical research and encouraged innovations. The service made effective use of internal and external reviews and learning was shared effectively and used to make improvements. There was a record of shared working locally, nationally and internationally.
- Some services engaged well with patients, staff, and the public and local organisations to plan and manage appropriate services

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We saw a number of examples of outstanding practices in some of the services we visited

Critical care

- There was strong leadership of the critical care unit senior staff looked for ways to drive the unit forward in delivering excellent patient care, whilst promoting a happy, passionate, inclusive, open and transparent, no blame culture amongst the staff. There was an embedded safety culture with an effective and sophisticated patient computer information system that was used to manage and monitor patient care.

# Summary of findings

## Urgent and Emergency

- The emergency department had used winter pressure funding to employ a Child and Adolescent Mental Health Service (CAMHS) practitioner in the children's emergency department. This was funded for three months only but in the first two months the service estimated it had achieved savings of £26,000 by avoiding admission of children and young people.
- The children's area was a securely accessed area, audio-visually separate from the main adults' area. It was sensitively decorated, furnished and equipped with toys and there was a separate area for teenagers.

## Children and young people

- Both units held a parents forum where parents could discuss any quality and service improvement suggestions. Actions were reviewed and implemented by the clinical management team.
- In the neo-natal unit parents were able to use the local sports centre free of charge and a baby massage course had been introduced to promote bonding between parents and their babies.

## Areas for improvement

We found areas for improvement including breaches of legal requirements that the trust must put right. These included compliance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, governance requirements, lack of patient centred care planning and poor completion of documentation. We found things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

## Action we have taken

We issued 8 requirement notices to the trust. This meant the trust had to send us a report saying what action it would take to meet these requirements.

We issued the trust with a section 29A Warning Notice. This meant we asked the trust to make significant improvements in some areas and gave the trust a date by which this must be completed.

Our action related to breaches of legal requirements in the core services we inspected.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

### Urgent and Emergency Care

- The emergency department had used winter pressure funding to employ a Child and Adolescent Mental Health Service (CAMHS) practitioner in the children's emergency department. This was funded for three months only but in the first two months the service estimated it had achieved savings of £26,000 by avoiding admission of children and young people.

# Summary of findings

- The children's area was a securely accessed area, audio-visually separate from the main adults' area. It was sensitively decorated, furnished and equipped with toys and there was a separate area for teenagers.

## Critical Care

- A safety culture was embedded throughout the unit,
  - with excellent infection control policy and procedures,
  - with twice daily safety briefings which involved the multidisciplinary team identified risks to the patients, risks to the performance of the unit, actions required to mitigate any risks and learning from recent incidents,
  - with electronic 'watch out' screens located in specific areas where staff gathered which displayed details about recent incidents, the learning from them and details about entries on the unit's risk register,
  - with a purposely designed unit that was fit for purpose and met the needs of patients, relatives and staff,
  - With an effective and sophisticated patient computer information system that was used to manage and monitor patient care.
- A competent and passionate multidisciplinary team with a shared philosophy.
- An embedded culture for training and educational development supported by a proactive education team.
- The provision of support for patients after discharge by the critical care follow up team. The team provided ongoing physical and emotional support for patients and their families after discharge from the critical care unit.
- The innovative use of technology within the critical care unit, led by the clinical director and the IT team.
- The compassionate, considerate care given by all staff working in the critical care unit to patients and relatives.
- The embedded culture of protecting patient's privacy and dignity.
- How the critical care unit used feedback from all sources to continually make changes and to deliver and improve the critical care service.
- Engagement in clinical research to improve and influence critical care in the future.
- The strong leadership of the critical care unit which looked for ways to drive the unit forward in delivering excellent patient care, whilst promoting a happy, passionate, inclusive, open and transparent, no blame culture amongst the staff.

## Children and young people service

- Both units held a parents forum where parents could discuss any quality and service improvement suggestions. Actions were reviewed and implemented by the clinical management team.
- The NNU introduced a baby massage course to promote bonding between mothers/carers and their babies.
- Parents with babies on the NNU were able to use the local sports centre facilities free of charge.
- A nurse on the children's unit was developing a key finder device to locate medicine keys.
- All staff on the children's unit were involved in fund raising for the unit's bubble's fund which provided equipment and toys for the children's unit.

# Summary of findings

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services

### Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with legal requirements. This action related to four of the core services we inspected

#### Urgent and Emergency care

- The trust must take steps to ensure patients who attend the emergency department are able to access care and treatment in a timely way in the right setting. The trust must ensure patients are promptly handed over by ambulance staff and assessed by a clinician in the emergency department. The trust must reduce the time patients wait in the emergency department: for their treatment to begin and their transfer to an inpatient bed.
- The trust must ensure that patients are not accommodated in non-clinical areas which are not appropriate to meet their needs and that their comfort, privacy and dignity are maintained.
- The trust must ensure that systems to ensure the ongoing monitoring of patients and to identify patients at risk of harm, or deteriorating patients, are consistently complied with.
- The trust must continue to take steps to recruit further registered nurses and reduce the use of temporary staff in the emergency department.
- The trust must ensure there are sufficient senior medical staff employed in the emergency department at night.
- The trust must ensure that all toilet facilities used by patients are equipped with an alarm so that patients can summon assistance
- Staff in the emergency department must take steps to provide appropriate care and support to meet the needs of patients living with dementia.
- Nursing staff must treat patients with dignity and respect. This includes treating patients in a caring and compassionate manner.
- The trust must ensure that staff are competent and confident in the process of gaining consent and, where a person lacks mental capacity to make an informed decision, or give consent, that staff act in accordance with the requirements of the Mental Capacity Act, 2005. This includes ensuring that patients who do not speak English are offered access to translation/interpreter services so that relatives are not relied on to translate.
- The trust must ensure the safe storage of medicines through the completion of regular fridge temperatures checks.
- The trust must ensure staff in the emergency department consistently comply with processes for preventing the spread of infection, including the isolation of infectious patients.
- The trust must develop a comprehensive audit system to provide assurance that patients' records are appropriately completed.
- The trust must ensure that there is prompt remedial action taken in response to serious incidents. This includes action in response to two serious incidents where patients sustained serious injuries following falls in the emergency department.

# Summary of findings

- The trust must ensure that all patient safety risks are captured on an appropriate risk register, which must describe planned and completed mitigating actions.
- The trust must develop governance systems to provide assurance of the efficiency and effectiveness of systems to ensure patient flow and patient safety.
- The trust must ensure that staff in the emergency department complete regular mandatory training to ensure they have up to date knowledge relating to safe systems and processes.
- The trust must ensure that staff in the emergency department receive regular supervision and performance appraisal to provide assurance of their continuing competence in their role.

## Medical care

- The trust must ensure completion rates for mandatory training across all staff groups meets the trust target.
- The trust must ensure staff check and record the checks of resuscitation equipment daily, as per the trust policy.
- The trust must ensure all substances hazardous to health are stored in a secure area.
- The trust must ensure staff always complete all patient risk assessments. Where risks are identified, staff must develop and follow care plans to lessen risks to patients.
- The trust must ensure all staff follow the national Early Warning Signs (EWS) process correctly and repeat patient observations in a timely manner as indicated in the EWS guidance.
- The trust must ensure staff check the position of patients' naso gastric tubes daily as per trust policy and good practice guidance.
- The trust must act to reduce the risk to patients relating to the lack of permanent nursing, allied health care professional and medical staff.
- The trust must ensure staff fully complete patient's records. This includes medical records, nursing records, patients' fluid balance records and patients' food intake records.
- The trust must ensure patient records are stored securely.
- The trust must ensure all medicines are stored at recommended temperatures.
- The trust must ensure all medicines are stored securely.
- The trust must ensure all staff report all incidents, including staff shortages.
- The trust must ensure all staff receive an annual appraisal.
- All staff must apply the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS) in the provision of care and treatment to patients. This includes recording of assessments, delivery of care and assurance that DoLS authorisations have been granted.
- The trust must ensure patients and their relatives or carers are involved and are kept informed about their care and treatment.
- The trust must plan and provide services to meet the collective and individual needs of patients living with dementia.
- The trust must ensure patient's care plans provide information in sufficient detail to support individualised care and treatment.
- The trust must develop and embed a vision and strategy for the trust and services.

# Summary of findings

- The trust must ensure governance processes are established and embedded to provide an effective and systematic approach to improvement of the service.
- The trust must ensure effective management of risks. Risk registers must include all risks, the date the risk was identified and action taken to mitigate risks.

## **Surgery**

- Ensure staff follow correct handwashing procedures and that wards and equipment are kept clean to prevent the spread of infection.
- Must ensure all Mental Capacity Act and Deprivation of Liberty Safeguards are completed in line with current legislation.
- Ensure the risk of the spread of infection is minimised in the surgical high dependency unit by ensuring accommodation is available for patients requiring isolation.
- Ensure there is access to sufficient toilet and handwashing facilities in the surgical high dependency unit.
- Ensure comprehensive risk assessments are undertaken for each patient and that these assessments include risk management plans developed in line with national guidance.
- Staff must keep detailed records of patients' care and treatment
- 'Do not attempt cardiopulmonary resuscitation' forms must be completed for all appropriate patients.
- Ensure medicines are stored, checked and disposed of correctly.

## **Children and young people services**

- There must be sufficient numbers of suitably qualified, competent skilled and experienced staff to meet the needs of the service.
- Adult trained nurses who provide care for children must successfully complete children's competency training.

## **Maternity**

- Staff must complete person-centred and comprehensive records.
- Staff must be encouraged to report and learn from incidents, and receive feedback consistently.
- Ensure maternity services undertake audits and acts on finding to improve practices.

## **End of life care**

- Nursing staff must write person centred, individualised patient care plans in the Achieving Priorities of Care document.
- Doctors must ensure they keep accurate records including name, date, time and bleep number.

## **Outpatients**

- Medicines are stored at appropriate temperatures.
- All staff that treat children in outpatient areas must have specific competencies to treat children and be trained to safeguarding children level 3.

## **Action the trust SHOULD take to improve**

# Summary of findings

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services

## Urgent and Emergency Care

- The trust should monitor and report on their *Acute Admissions Standard Operating Procedure* in relation to speciality clinicians reviewing patients in the emergency department within 60 minutes.
- The trust should provide further protected time to safeguarding leads within the emergency department to enable them to carry out the increasing responsibilities of these roles.
- The trust should undertake further health promotion for patients in respect of obesity, drug dependency and cancer national priorities.
- The trust should ensure that action plans developed in response to national audits include timescales for actions and review.
- The trust should consider progressing plans for a bereavement suite within the emergency department.
- The trust should ensure the emergency department has access to 24 hour psychiatric liaison support.
- The trust should source funding to continue to provide a child and adolescent mental health service (CAMHS) practitioner within the children's emergency department.
- The trust should provide assurance that steps have been taken to mitigate ligature risks in the emergency decision unit, identified in an audit undertaken in February 2017.
- The trust should take steps to improve response rates to the friends and family test.

## Medical Care

- The trust should consider introducing processes that give ward staff assurance bed side curtains are changed and cleaned in accordance with national guidance.
- The trust should act to ensure the flooring of the discharge lounge poses no risk to patients or staff.
- The trust should support individual wards and services to develop and embed criteria for admission of patients to their areas in periods of increased bed pressures.
- The trust should consider introducing a process that provides assurance to staff on E4 that the resuscitation trolley on the adjoining ward is checked daily in line with the trust policy.
- The trust should consider carrying out more detailed audits of the use of the five steps to safer surgery check list in endoscopy services.
- The trust should consider including detail about patients usual or required nutritional intake and the support they need to eat and drink in assessments and care plans.
- The trust should consider using nationally recognised pain assessment tools to identify pain in patients with severe communication difficulties or living with dementia.
- The trust should consider using the national safety thermometer results to make changes to improve safety of patients.
- The trust should continue to embed the 'medical model' and 'urgent care pathway' to ensure improvements made to patient flow through the hospital is sustained.
- The trust should proactively support patients to live healthier lives by health promotion across all medical services.

# Summary of findings

## **Surgery**

- Ensure medical and dental staff attend and complete mandatory training in safety systems, processes and practices.
- Ensure surgery had enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Ensure patients records were kept securely locked away when not in use.
- Ensure a strong safety culture in theatres and the adherence to WHO safety processes.
- Ensure all staff receive their annual appraisal.
- Ensure patients with dementia are fully supported in line with the Trust policy.

## **Children and young people services**

The service should be using the correct NHS children and young people national tool to provide an appropriate snapshot of safety within the children's unit.

- Medicines should be managed and stored safely in all services and a review of stock rotation should be undertaken to ensure all out of date medicines are removed.
- The trust should provide a safe environment for children to be seen in the adult outpatient departments.
- The children's unit should use an acuity-staffing tool for establishing staffing figures when completing the staffing rota on the children's unit.
- Facilities for young people attending the children's unit should be improved and be age and stage of development appropriate.

## **Maternity**

Action the trust SHOULD take to improve

- Ensure there is a robust process in place to monitor compliance with mandatory training across all maternity staff groups.
- Ensure maternity staff complete safeguarding children training level 3.
- Staff consistently comply with systems for monitoring cleanliness and hygiene practices.
- Review the maintenance contract for the maternity led unit and ensure the environment and equipment meets agreed standards.
- Gain assurance that all maternity staff are competent with the use of equipment.
- Ensure there are sufficient resources to support maternity staff carrying out nationally recognised risk assessments in a timely way, such as scans and carbon monoxide and bilirubin testing.
- Ensure all theatre staff consistently follow the World Health Organisation (WHO) guidelines and the five steps to safer surgery.
- Ensure consultant medical cover complies with the recommendations of the Royal College of Obstetricians.
- Medicines are stored securely and at the correct temperatures.
- Maternity service guidelines are reviewed against current best practice or national guidance.
- The trust should ensure medical staff complete appraisals.



# Summary of findings

- Ensure staff work together to develop an effective culture.
- The trust should ensure women's choices for their place of birth can be respected.
- The service is able to meet the needs of people in vulnerable circumstances and provide them with continuity of care.
- Ensure maternity services develop their approach to audit and reporting to support improvements and good governance.
- Systems for identifying and managing risks are robust in including risks identified by staff at all levels.
- Ensure the maternity IT system supports comprehensive recording and analysis of data.

## End of life care

- The trust should use the butterfly system of identification consistently throughout the trust.
- The AMBER care bundle should be rolled out across the trust.
- The trust should recruit sufficient numbers of palliative care nurses to ensure care delivery.
- All wards should use the skin care bundle to support the APOC documentation.
- The trust should ensure that recognised pain assessment tools are consistently used for end of life patients who are not able to verbalise.
- Porters should receive infection control training for moving deceased patients who may have infectious diseases.
- Doctors should ensure appropriate mental capacity assessment is undertaken where a patient lacks capacity to understand DNACPT decisions and ensure this is recorded in the records.
- Bereavement leaflets should be provided in easy read format and in languages other than English.
- Investigation of complaints should be within trust policy of 30 days.
- The hospital palliative care team should ensure a seven day service is resumed as soon as possible.
- Multiple APOC booklets should be appropriately labelled to make it clear which is the current document.
- The trust should consider whether the APOC is given sufficient priority as its use is not mandatory.

## Outpatients

- Patients treated in the eye department patients are seen in clinic rooms with doors in order to protect their privacy.
- The eye department is a safe and appropriate environment to meet the needs of the number of patients treated in this area.

## Diagnostic Imaging

- All staff should complete training in all core identified mandatory training subjects included safeguarding children level two.
- Information regarding patient's individual needs and treatment wishes are passed between teams to ensure patients received the treatment they wish which meets their needs
- Continue their work to improve and meet the national and trust target of 48% of patients entering the emergency department with a suspected stroke receives a CT scan within an hour of arrival.
- The investigation of complaints are completed fully and complainants responded to in line with trust policy

# Summary of findings

- The availability of chaperones is made clear to patients when using the service.
- Recruitment of radiologists continues in order to provide a sustained safe service.
- Resuscitation equipment is immediately available for use if required in the children's department
- Review the Queen Alexandra Hospital overall environment and design to ensure patients with sensory loss are supported to negotiate the hospital safely

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

The new trust Chair and chief executive (CEO) were relatively new in post. They had recently built an experienced leadership team with the skills, abilities and commitment to provide high quality services. High calibre non-executive directors had been appointed some of whom were very new to the role.

- Since the arrival of the CEO the trust had collaborated much more effectively with partner organisations and staff to plan and manage appropriate services. Engagement with the public had developed however there was no co-production of current services to impact on the quality, delivery and service improvement.
- The senior team understood the importance of a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Some work had begun which addressed some immediate cultural issues and the executive team had identified further work was required to implement and sustain cultural change across the organisation. There were signs of change across the organisation and staff reported a change in approach and 'hope' for the future.
- The trust did not have a current strategy which provided an organisational and clinical framework for the sustainable delivery of high quality care. The executive team had recognised the need for the development of a credible strategy which supported organisational plans and shared strategic priorities with stakeholders and partners. However this was still in development during our inspection and was due for implementation in July 2018.
- Since the arrival of the CEO the trust had collaborated much more effectively with partner organisations and staff to plan and manage appropriate services. Engagement with the public had developed however there was no co-production of current services to impact on the quality, delivery and service improvement.
- There was evidence of learning and reflective practices across the trust. An improvement plan had been contributed to by staff across the trust although there was identified non-compliance in some of the clinical service centres. Learning was shared from mortality reviews and trust had invested time and resource into the development of quality improvement methodologies.

However

- The governance systems in place did not provide a systematic governance structure which gave clear responsibilities, roles and systems of accountability. However the executive team had identified that the structure was not

# Summary of findings

appropriate to meet the needs of the trust and a significant programme of work was being undertaken to revise the governance structure and strengthen its effectiveness. Some changes in governance processes had been implemented which provided greater assurance however, they would not all be fully implemented until the new organisational structure was in place

- The trust were in the process of developing effective systems for identifying, assessing and planning to eliminate or reduce risks. Improvements were required to ensure serious incidents were investigated appropriately and learning disseminated. Financial challenges were starting to be managed but the trust financial position remained a risk
- The trust did not routinely collect, manage and use information well to support all its activities. There had been a historic under investment and lack of clarity with regards to the trust strategy. Data assurance with regards to the non 18 week waiting lists was inadequate.

## Ratings tables

| Key to tables                           |           |               |                      |                 |                  |
|---|-----------|---------------|----------------------|-----------------|------------------|
| Ratings                                 | Not rated | Inadequate    | Requires improvement | Good            | Outstanding      |
| Rating change since last inspection     | Same      | Up one rating | Up two ratings       | Down one rating | Down two ratings |
| Symbol *                                | ↔         | ↑             | ↑↑                   | ↓               | ↓↓               |
| Month Year = Date last rating published |           |               |                      |                 |                  |

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

| Safe                                  | Effective                             | Caring                                 | Responsive                            | Well-led                              | Overall                               |
|---------------------------------------|---------------------------------------|--|---------------------------------------|---------------------------------------|---------------------------------------|
| Requires improvement<br>↔<br>Aug 2018 | Requires improvement<br>↓<br>Aug 2018 | Requires improvement<br>↓↓<br>Aug 2018 | Requires improvement<br>↔<br>Aug 2018 | Requires improvement<br>↔<br>Aug 2018 | Requires improvement<br>↔<br>Aug 2018 |

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for Portsmouth Hospitals NHS Trust

|  | Safe                                  | Effective                             | Caring                                | Responsive                            | Well-led                              | Overall                               |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Urgent and emergency services                | Requires improvement<br>↑<br>Aug 2018 | Requires improvement<br>↓<br>Aug 2018 | Requires improvement<br>↓<br>Aug 2018 | Inadequate<br>↓<br>Aug 2018           | Requires improvement<br>↔<br>Aug 2018 | Requires improvement<br>↔<br>Aug 2018 |
| Medical care (including older people's care) | Requires improvement<br>↔<br>Aug 2018 | Requires improvement<br>↓<br>Aug 2018 | Requires improvement<br>↓<br>Aug 2018 | Requires improvement<br>↔<br>Aug 2018 | Requires improvement<br>↓<br>Aug 2018 | Requires improvement<br>↔<br>Aug 2018 |
| Surgery                                      | Requires improvement<br>↔<br>Aug 2018 | Requires improvement<br>↓<br>Aug 2018 | Good<br>↑<br>Aug 2018                 | Good<br>↑<br>Aug 2018                 | Requires improvement<br>↔<br>Aug 2018 | Requires improvement<br>↔<br>Aug 2018 |
| Critical care                                | Outstanding<br>↔<br>Aug 2018          | Outstanding<br>↔<br>Aug 2018          | Outstanding<br>↔<br>Aug 2018          | Outstanding<br>↑<br>Aug 2018          | Outstanding<br>↔<br>Aug 2018          | Outstanding<br>↔<br>Aug 2018          |
| Maternity                                    | Requires improvement<br>↓<br>Aug 2018 | Requires improvement<br>↓<br>Aug 2018 | Good<br>↓<br>Aug 2018                 | Requires improvement<br>↓<br>Aug 2018 | Requires improvement<br>↓<br>Aug 2018 | Requires improvement<br>↓<br>Aug 2018 |
| Services for children and young people       | Requires improvement<br>↓<br>Aug 2018 | Good<br>↔<br>Aug 2018                 | Outstanding<br>↔<br>Aug 2018          | Good<br>↑<br>Aug 2018                 | Good<br>↔<br>Aug 2018                 | Good<br>↔<br>Aug 2018                 |
| End of life care                             | Good<br>↑<br>Aug 2018                 | Good<br>↑<br>Aug 2018                 | Good<br>↔<br>Aug 2018                 | Good<br>↔<br>Aug 2018                 | Good<br>↔<br>Aug 2018                 | Good<br>↑<br>Aug 2018                 |
| Outpatients                                  | Good<br>↔<br>Aug 2018                 | N/A                                   | Good<br>↔<br>Aug 2018                 | Good<br>↔<br>Aug 2018                 | Requires improvement<br>↓<br>Aug 2018 | Good<br>↔<br>Aug 2018                 |
| Diagnostic imaging                           | Good<br>Apr 2018                      | Good<br>Apr 2018                      | Good<br>Apr 2018                      | Good<br>Apr 2018                      | Good<br>Apr 2018                      | Good<br>Apr 2018                      |

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Queen Alexandra Hospital

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## Key facts and figures

Queen Alexandra Hospital is a 975 bedded District General Hospital providing a comprehensive range of acute and specialist services to a population of approximately 610,000 people.

We inspected nine core services during our inspection of this hospital. This included urgent and emergency care, medical care, surgery, critical care, maternity, services for children and young people, end of life care, outpatients and diagnostic imaging. Throughout our inspection we inspected premises and equipment, reviewed records, observed care, spoke with patients and staff at all levels.

## Summary of services at Queen Alexandra Hospital

**Requires improvement** ● → ←

Our rating of services stayed the same. We rated it them as requires improvement because:

- Within medical care, surgery, maternity and urgent and emergency services records of patients care and treatment did not always contain updated risk assessments and appropriate individualised care plans. Up to date records were therefore not always available to all staff that provided care.
- Medicines were not managed safely in many of the core services we inspected. Medicines were not always stored securely, and medicine fridges were not consistently monitored to ensure medication was kept at required temperatures.
- There were insufficient numbers of staff with the right qualifications, skills, training and experience to keep people safe and provide the right care and treatment in the medical care, children and young peoples and urgent and emergency services.
- The design and layout of the emergency department (ED) did not keep people safe. The emergency department was frequently crowded and patients were queued in a corridor which became congested, sometimes hampering the movement of patients and equipment. People waited too long for initial assessment in ED and the flow through the department often impacted on the movement of patients into the hospital.
- Within ED and surgical services infection prevention and control was not robust in some areas and some equipment and premises were not sufficiently clean. Within the surgical high dependency unit there was no facility to isolate patients and therefore there was a risk of the spread of infection.

# Summary of findings

- Mandatory training rates in some areas fell short of the trust's target meaning staff did not have the minimum training deemed essential for their roles.
- Staff who worked in the surgery, urgent and emergency and medical care services did not fully understand their roles and responsibilities with regards to the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DoLS). Where appropriate, people's mental capacity and DoLS were not consistently assessed and recorded in line with legal requirements. This had been identified at previous inspections and the trust had not given sufficient priority to ensure staff were suitably trained, competent and fully understood their requirements under the legislation.
- Within the maternity service, guidelines had not been reviewed and updated in line with current best practice or national guidance. There was no robust practice that ensured completed audits were acted upon to improve practices.
- Staff did not always provide patients with compassionate or respectful care in the emergency department. We observed a number of nursing staff who did not behave in a way which was consistent with the trust's stated values or desired practice. Staff did not always provide emotional support to patients and relatives to minimise their distress.
- In both medical and urgent and emergency care staff did not always involve patients and those close to them in decisions about their care and treatment. Some patients and relatives told us there was little communication from staff and they were not kept well informed about what was happening
- Within maternity, medical and urgent care, services were not consistently planned or delivered to meet the needs of the local population.
- In urgent and emergency services patients were not always able to access care and treatment in a timely way and in the right setting. The trust was consistently failing to meet national standards in relation to the time patients spent in the emergency department, the time they waited for treatment to begin and the time they waited for an inpatient bed. Patients waited too long for their treatment to begin. Facilities and premises were not wholly appropriate for the services delivered and we observed patients queuing in non-clinical areas such as corridors where there was a lack of comfort and privacy. Patients sometimes waited on ambulances outside of the emergency department due to congestion.
- Within maternity, services were not routinely planned to ensure women could always deliver their baby in the preferred place of birth.
- There were shortfalls in how the needs and preferences of different patients were met in medical and urgent care. Staff did not fully consider the needs of individual patients living with dementia or who had a learning disability.
- Although the medical service treated concerns and complaints seriously and investigated them, there was lack of process to ensure learning from complaints was communicated and shared across all staff groups.
- During our inspection the trust was in the processes of re-designing both their risk and governance structures. While some new processes were in place these had not been fully embedded. There were systems in place to identify, manage and mitigate risks however risks had not been fully identified and risk registers had not been fully completed within the urgent and emergency, maternity, medical and surgery services.
- Governance processes did not consistently provide an effective systematic approach which identified areas for improvements and there was no overarching governance structure in the outpatients service.
- The trust had identified improvements were required to address some poor cultures across the hospital. On the whole staff told us managers promoted a positive culture that supported and valued staff creating a sense of common

# Summary of findings

purpose. Managers had the skills and abilities to run a service which provided high quality sustainable care. However we observed some poor behaviours exhibited by senior nurses within the urgent and emergency service. In the outpatients department there was a poor culture where staff concerns were not always taken seriously and there was low staff morale in some areas.

- Information systems within urgent and emergency services, maternity and medical services did not support effective sharing of patient information or support comprehensive recording or analysis of data.

However

- In critical care, diagnostic imaging, outpatients and children and young people staff kept clear, up to date, detailed records of patients care and treatment.
- Overall in critical care, children's and young people, end of life, outpatients and diagnostic imaging services people were protected from abuse and avoidable harm.
- We identified comprehensive systems where in place to keep people safe and risks were regularly assessed and updated.
- The services controlled infection risk well and staff kept themselves and equipment clean.
- Within critical care, end of life, outpatients and diagnostic imaging there were sufficient numbers of suitably trained and competent staff available to care for patients safely.
- Staff in urgent and emergency, services for children and young people, end of life care, diagnostic imaging and critical care provided care and treatment based on national guidance. Managers checked to make sure staff followed guidance and audits were undertaken and acted upon to improve services. Staff, teams and services worked well together to provide effective care for patients.
- We observed exceptional care in both children's and young people's services and critical care. We observed staff going 'above and beyond' to ensure patients and their relatives were supported and involved in treatment plans.
- Overall in the services other than patients were treated with care and compassion. Patients and their relatives were complimentary about the care and treatment they received.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff offered emotional support to patients and their relatives.
- In most services we inspected we found people were able to access the service when they needed them. The services had been planned and provided in a way that met the needs of local people.
- The services mostly took account of people's needs and were flexible to encompass individual needs and preferences.
- In critical care there was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which was accessible and promoted equality.
- Effective governance processes which monitored the quality of services provided were evident some services
- Within critical care there was a fully embedded systematic approach to improvement. The service was forward looking, promoted training and clinical research and encouraged innovations. The service made effective use of internal and external reviews and learning was shared effectively and used to make improvements. There was a record of shared working locally, nationally and internationally.
- Some services engaged well with patients, staff, and the public and local organisations to plan and manage appropriate services



# Urgent and emergency services

Requires improvement   

## Key facts and figures

Queen Alexandra Hospital is the acute district general hospital of the Portsmouth Hospitals NHS Trust. The emergency department (ED) is open 24 hours a day, seven days a week. It treats people with serious and life-threatening emergencies and those with minor injuries that need prompt treatment, such as lacerations and suspected broken bones. There were 149,191 ED attendances from January to December 2017, of which 32,080 were children.

The emergency department is a recognised trauma unit. Major trauma patients are transported directly to the nearest major trauma unit. The department has a four-bay resuscitation area, with one bay designated for children. There are two major treatment areas; majors A has 18 bays and three cubicles, majors B has six bays and four chairs (with a trolley for clinical examination). There is a separate 'pit stop' assessment area with six trolleys and four chairs. In the event that the pit stop area is full, up to six patients are accommodated in the corridor while they wait for assessment. One further corridor area is used when the department reaches capacity.

There is a nine-bed emergency decision unit (EDU). This area comprises of two four-bed bays and a single-bed side room. The area is used for patients who are unlikely to require admission but who require short term observation or are waiting for test results. The unit is regularly used to accommodate patients with acute mental health problems who are waiting for assessment by a mental health practitioner or waiting for a mental health bed. There is a side room designated for mental health practitioners to undertake mental health assessments. The unit also accommodates frail elderly patients.

The minor treatment area has six treatment cubicles and two consultation rooms used by general practitioners to provide an urgent care service. This service operates from 8am to 11pm, seven days a week and sees patients who present with a condition which requires immediate treatment, but which can be carried out by a GP.

The emergency department has a separate children's treatment area with its own secure waiting room. This consists of an observed play area, a high dependency cubicle, an isolation room, five majors cubicles and four minors cubicles. This area is open from 8am until midnight, seven days a week. Outside of these hours, children are seen in the main (adult) area of the emergency department or they are taken directly to the children's assessment unit, located elsewhere in the hospital.

### Details of emergency departments and other Urgent and Emergency Care services

- The trust's emergency department is located at the Queen Alexandra Hospital.
- The trust has one minor injuries unit located at Gosport War Memorial Hospital. We did not inspect this service at this time.

We previously inspected this service in February 2017. At that time the service was rated requires improvement overall, with safety rated as inadequate. We completed a focused inspection in February 2018 in response to concerns about how the trust was managing with the increased pressures of the winter period. As that was a focused inspection and we did not look at all five key questions, the service was not rated.

# Urgent and emergency services

During this inspection, which was announced, we spoke with 15 patients and six relatives and reviewed 30 sets of patient records. We observed care and treatment in all areas of the emergency department and emergency decision unit. We spoke with approximately 30 members of staff in a variety of roles, including, doctors, nurses, department managers, health care support workers, porters and administrative staff. We looked at trust policies and reviewed performance information from, and about the trust.

## Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- The emergency department was frequently crowded. Patients were not always handed over promptly by ambulance staff on arrival in the emergency department and some patients waited too long for their initial assessment and for their treatment to begin. Crowding in emergency departments is associated with an increase in mortality and impacts on patients' experience.
- Patients were not always able to access care and treatment in a timely way and in the right setting. Patients spent too long in the emergency department. The service consistently failed to meet the national standard which requires that 95% of patients are admitted, transferred or discharged within four hours of arrival in the department and performance was consistently below the England average.
- Poor patient flow within the hospital and the health and social care system meant that patients in the emergency department, who required admission, frequently experienced long waits for a bed. From April 2017 to March 2018, the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was consistently higher (worse) than the England average. In the same period 307 patients waited more than 12 hours. This is known as a 'black breach'.
- There was a lack of assurance with regard to the ongoing monitoring of patients' safety and the identification of patients at risk of harm or deterioration, particularly where patients experienced extended waits. During our inspection we found that patients' records were not consistently completed so as to provide assurance that regular checks on patients' safety had taken place. Although daily audits of completion rates were taking place, a comprehensive audit tool had not yet been developed to provide assurance that this risk assessment tool was being used consistently and effectively to ensure safe care.
- There were insufficient risk assessments documented to provide assurance that patients who were at risk of falls or developing pressure ulcers were identified and appropriately managed. The service had not taken prompt action in response to two serious incidents where patients had fallen in the emergency department and sustained a serious injury.
- Facilities were not wholly appropriate for the services delivered. Demand often outstripped the availability of clinical spaces in the emergency department to assess, treat and care for patients. Patients frequently queued in the corridor where their safety, privacy, dignity and comfort was compromised.
- The service provided mandatory training in key skills but not all staff had completed it.
- Staff did not always comply with systems to control and prevent the spread of infection Staff did not always demonstrate good hand hygiene practice or ensure the safe disposal of sharps. Systems to isolate infectious patients were not effective.
- There were significant numbers of registered nurse vacancies and heavy reliance on temporary staff. There were frequent shortages of medical staff at night.

# Urgent and emergency services

- Staff did not always understand or comply with the relevant consent and decision-making requirements of legislation, including the Mental Capacity Act, 2005.
- Not all staff received regular supervision or performance appraisal so the service could not be assured of staff competence in their roles.
- Nursing staff did not always provide compassionate and respectful care. We witnessed a nurse shout at a patient and treat them in a disrespectful way. We witnessed staff talking over patients as if they were not there.
- Staff did not always provide emotional support to patients and relatives. We witnessed a number of occasions where nursing staff did not respond promptly to patients or relatives who were distressed.
- Staff did not always involve patients and those close to them in decisions about their care and treatment. A number of patients and relatives told us there was little communication from nursing staff, especially on arrival in the emergency department.
- There was limited use of tools and strategy in the emergency department to support patients living with dementia.
- Assurance systems around risk and performance were not fully developed or embedded. Risks on the risk register did not fully align with those staff told us were on their 'worry list' and there were notable omissions. The safety risks associated with delayed ambulance handover, delayed initial assessment, delayed time to treatment, and prolonged waits for a bed (12 hour breaches were the most common cause of a serious incident) were not captured. The safety risks associated with poor record keeping (failure to consistently complete safety checklists) and falls (two serious incidents had occurred) had also not been captured.

However:

- Staff knew how to protect patients from abuse, had received training and knew where to seek support.
- Medicines were prescribed and given well but some fridge temperature checks had not been completed.
- The service provided care and treatment in accordance with evidence-based guidance.
- Patients were given enough food and drink to meet their needs. However, this was not always documented.
- The service collected and monitored data about clinical outcomes and this was used to improve practice.
- The service provided regular training and development opportunities for staff.
- Staff in the emergency department felt well supported by the rest of the hospital. There were some good examples of multidisciplinary working. The department was well supported by the mental health liaison team and the frailty and interface team.
- The service was working towards providing a range of services over seven days a week.
- The department had improved services for patients with mental health needs. There was a registered mental health nurse employed to support people with mental health needs and a child and adolescent mental health service (CAMHS) practitioner was employed in the children's emergency department to support children and young people with mental health needs.
- Patients were encouraged to report concerns and complaints; these were treated seriously, investigated and lessons learnt.
- Leaders were visible and accessible in the emergency department; staff respected the local management team and felt well supported by them. Staff who had previously felt they and their service were undervalued and under-invested in now felt that the executive management team understood the challenges they faced and were focused on implementing system-wide change by holding all partners to account.

# Urgent and emergency services

- There was good managerial oversight of complaints and incidents and evidence of learning from them.
- There was a vision for the service and preparatory work was underway to develop an urgent care floor or a 'one stop shop' for all unscheduled care. There was a system-wide accident and emergency (A&E) delivery board providing strategic and operational leadership and a number of work streams had been developed, supported by external consultants to drive improved performance and to set out what needed to change in preparation for next winter.
- There were a number of quality improvement projects underway. This included the development of a nurse training programme in advanced sepsis care, for which external funding had been sourced.

## Is the service safe?

**Requires improvement** ● ↑

Our rating of safe improved. We rated it as requires improvement because:

- The emergency department was frequently crowded. Patients were not always handed over promptly by ambulance staff on arrival in the emergency department and some patients waited too long for their initial assessment and for their treatment to begin. Crowding in emergency departments is associated with an increase in mortality and impacts on patients' experience.
- Some patients arriving at the emergency department waited too long to be assessed. The Royal College of Emergency Medicine recommends that patients should be assessed by a healthcare professional within 15 minutes of arrival. This standard was not consistently met, although significant improvement was seen in April 2018.
- There was a lack of assurance with regard to the ongoing monitoring of patients' safety and the identification of patients at risk of harm or deterioration, particularly where patients experienced extended waits. During our inspection we found that patients' records were not consistently completed so as to provide assurance that regular checks on patients' safety had taken place. Although daily audits of completion rates were taking place, a comprehensive audit tool had not yet been developed to provide assurance that this risk assessment tool was being used consistently and effectively to ensure safe care.
- There were insufficient risk assessments documented to provide assurance that patients who were at risk of falls or developing pressure ulcers were identified and appropriately managed. The service had not taken prompt action in response to two serious incidents where patients had fallen in the emergency department and sustained a serious injury.
- The design and layout of the emergency department did not keep people safe. The emergency department was frequently crowded and patients were queued in a corridor which became congested, sometimes hampering the movement of patients and equipment.
- The service provided mandatory training in safe systems and processes but not all staff were up to date with this training. Nursing staff told us it could be difficult to access some training courses.
- There were systems to control and prevent the spread of infection; however, they were not consistently complied with. Premises and equipment were clean but we saw staff not taking necessary hand hygiene precautions and not changing protective gloves between patients. Audit data showed poor compliance in relation to isolating infectious patients.

# Urgent and emergency services

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. However, there were a significant number of registered nurse vacancies and there was heavy reliance on temporary staff to ensure that assessed and planned staff to patient ratios were consistently met.
- There were continuing concerns about medical staff cover at night. Senior medical cover was provided at night by a registrar or middle grade doctor, supported by a consultant on call. This was universally felt to be inadequate and patients waited longer for their treatment to begin. Recruitment was underway to address this.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew where to seek advice.
- The service prescribed, gave, and stored medicines well; however, we found temperature checks on fridges used to store medicines had not been undertaken consistently prior to May 2018 so we could not be assured monitoring systems were effective. A pharmacist independent prescriber had recently joined the emergency department team and supported clinicians by, for example, prescribing for discharge or on admission.

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- Staff did not always understand or comply with the relevant consent and decision-making requirements of legislation and guidance including the Mental Capacity Act, 2005. Nursing staff felt a lack of confidence in assessing mental capacity and assessments were usually undertaken by medical staff.
- Many staff had not received a recent performance appraisal so there was no assurance of their continuing competence in the roles they were employed to perform. From April 2017 to March 2018 only 56% of staff in urgent and emergency care had received an appraisal. This did not meet the trust target of 85%.

However,

- The service provided care and treatment in accordance with evidence-based guidance, including Royal College of Emergency Medicine (RCEM) and National Institute for Health and Care Excellence (NICE) guidelines. There was a range of clinical guidelines, which were well organised and easily accessible on the intranet.
- Staff mostly gave patients enough food and drink to meet their needs, although we saw some occasions when this was not the case or it was not documented.
- Information about clinical outcomes was collected and monitored. The trust participated in national RCEM audits so they could benchmark performance against best practice and other emergency departments. Performance was mixed but there were comprehensive action plans in response to these audits in order to drive improvement.
- The service provided training and support to ensure staff were competent for their roles. There was a comprehensive in-house training programme for nurses and a structured approach to developing nurses. Junior doctors received protected training time, regardless of the pressures in the department.
- Staff, teams and services worked well to deliver effective care and treatment. Staff in the emergency department told us they felt well supported by the rest of the hospital. Acute physicians were visible in the emergency department and the ambulatory emergency care consultant routinely attended the morning handover in the emergency department

# Urgent and emergency services

to identify patients suitable for transfer. An Acute Admissions Standard Operating Procedure had recently been agreed with all admitting specialities, setting out the appropriate admission routes for patients and clarifying responsibility for the ongoing care of patients once they had been referred to the appropriate speciality. The frailty interface team worked closely with staff in the emergency department to support older people. They liaised with other agencies to ensure this patient group received care and support in the most appropriate care pathway and hospital admission was avoided where possible.

- The service was working towards the provision of a full range of services seven days a week. The department had access to pharmacy advice, radiology services and a mental health liaison service seven days a week. However, the mental health service was only available from 8am to midnight.

## Is the service caring?

**Requires improvement** ● ↓

Our rating of caring went down. We rated it as requires improvement because:

- Staff did not always provide patients with compassionate or respectful care. We observed a number of nursing staff who did not behave in a way which was consistent with the trust's stated values or desired practice. We witnessed a nurse shouting at an agitated patient and treating them in a disrespectful manner. We saw a frail elderly patient, who was confused and not able to clearly communicate their needs, was not adequately supported to maintain their dignity or to take a drink, despite many members of staff being nearby.
- Staff did not always provide emotional support to patients and relatives to minimise their distress. We saw that staff did not provide prompt support to a patient who was crying in pain and unsupported, distressed family members who did not understand what was happening to their relative.
- Staff did not always involve patients and those close to them in decisions about their care and treatment. Some patients and relatives told us there was little communication from staff and they were not kept well informed about what was happening.

However,

- We observed many staff in different roles interact with patients in a kind, respectful and considerate way. Reception staff were welcoming and porters introduced themselves and spoke kindly with patients.
- We saw nurses and healthcare support workers who were employed in the waiting room, welcome self-presenting patients and visitors and provide explanations of the tests being completed and what to expect during their time in the emergency department.

## Is the service responsive?

**Inadequate** ● ↓

Our rating of responsive went down. We rated it as inadequate because:

- Patients were not always able to access care and treatment in a timely way and in the right setting. The trust was consistently failing to meet national standards in relation to the time patients spent in the emergency department, the time they waited for treatment to begin and the time they waited for an inpatient bed.

# Urgent and emergency services

- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From April 2017 to March 2018 the trust failed to meet this standard, breaching it in all 12 months.
- Patients waited too long for their treatment to begin. The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival in the emergency department to the time that their treatment begins is no more than one hour. The trust's performance against this standard ranged from 49.4% to 63% from January to April 2018, with the worst performance in March 2018.
- In the period from April 2017 to March 2018, 307 patients waited more than 12 hours from the decision to admit until being admitted. This is known as a 12 hour breach. The highest number of patients waiting over 12 hours was 73 in January 2018. Performance improved significantly in February and March and there were no 12 hour breaches in April.
- Facilities and premises were not wholly appropriate for the services delivered. Demand for services frequently outstripped the availability of appropriate clinical spaces to assess, treat and care for patients. We observed patients queuing in non-clinical areas such as corridors where there was a lack of comfort and privacy. Patients sometimes waited on ambulances outside of the emergency department due to congestion.
- The service had taken some steps to support patients in vulnerable circumstances or those with complex needs. However, we found there was limited understanding of the needs of patients living with dementia and little evidence of a strategy or use of tools to support this patient group. We found blank copies of 'This is Me' documentation which could be completed to assist in care planning. However, we saw no evidence of these being used in the department. There was a dedicated dementia champion in the emergency department but many staff did not know who this was.

However:

- The emergency department had improved services for patients with mental health needs. There was a mental health liaison team, employed by a local mental health trust, which was based in the department and worked from 8am to midnight, supported by a consultant psychiatrist. The service employed a registered mental health nurse to support people with mental health needs who were admitted to the emergency decision unit. Staff had received training to support this patient group.
- In the children's emergency department a Child and Adolescent Mental Health Service practitioner had been employed, although this service was only temporarily funded. This service had resulted in a significant decrease in admissions for this patient group.
- The service treated concerns and complaints seriously. Complaints were investigated promptly and lessons learned were shared with all staff.

## Is the service well-led?

**Requires improvement** ● → ←

Our rating of well-led stayed the same. We rated it as requires improvement because:

- There was some evidence of managerial oversight of risk and performance but assurance systems were not fully developed or embedded. The service maintained a risk register which recorded known risks and rated them according to their potential impact. Details of actions already taken or planned to mitigate risks were not recorded.

# Urgent and emergency services

- The safety risks (and mitigation) associated with delayed ambulance handover, delayed initial assessment, delayed time to treatment, and prolonged waits for a bed (12 hour breaches were the most common cause of a serious incident) were not captured. The safety risks associated with poor record keeping (failure to consistently complete safety checklists) and falls (two serious incidents had occurred) had also not been captured.
- The service acknowledged that operational pressures had prevented them from examining the efficiency of safety systems and systems to improve patient flow.
- We noted some behaviours exhibited by a few senior nurses during our inspection which did not present a professional image to staff or visitors. We reported concerns about one particular nurse who we observed raising their voice to both a patient and, on another occasion, their colleagues. Although the majority of staff welcomed us in the department there was a small minority who were openly hostile and this did not go unnoticed by their colleagues.
- The service used the friends and family test to capture patients' feedback; however, response rates were low.

However:

- The leadership team appeared well informed and had a cohesive view of what needed to be done.
- Staff in different roles told us they enjoyed working in the emergency department. They felt well supported, valued and respected by peers and managers. Teamwork, peer support and camaraderie were cited by many staff as the reasons they enjoyed coming to work.
- There was good managerial oversight of complaints and incidents. The senior management team was supported by a governance coordinator and an administrator, who maintained a database of complaints and incidents, arranged for these to be reviewed by the management team and monitored the progress of investigations.
- There were a number of quality improvement projects which were underway in the emergency department.



# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

Medical services at Portsmouth Hospitals NHS Trust provides care and treatment for acute nephrology, audiology, cardiology, gastroenterology, general medicine, neurological rehabilitation, acute older people's care, respiratory medicine and stroke medicine. There are 580 medical inpatient beds located across 24 wards at Queen Alexandra Hospital.

The trust had 56,875 medical admissions from December 2016 to November 2017. Emergency admissions accounted for 25,511 (44.9%), 1,274 (2.2%) were elective, and the remaining 30,090 (52.9%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 18,755, down 6% compared to previous year
- Gastroenterology: 13,782, up 3% compared to previous year
- Rheumatology: 6,193, down 3% compared to previous year

We carried out inspections of the urgent medical pathway in February and March 2016, September 2016 and February and May 2017. During those inspections we inspected some areas of the trust medical services, but did not inspect them all. This current inspection is the first comprehensive inspection of medical services since 2015. Comparisons to previous ratings relate to the inspection carried out in 2015, unless otherwise stated.

During the inspection, we visited 23 wards (including surgical wards where medical patients were being treated), the discharge lounge, the endoscopy unit, the chemotherapy unit, the medical day unit at St Marys Hospital and attended a site bed meeting.

We spoke with 35 patients and/or their relatives, reviewed 48 patient records and observed and spoke with 82 members of staff. These included non-clinical staff, healthcare assistants, therapists, nurses, doctors and managers.

Before the inspection visit, we reviewed information we held about these services as well as information that we had received from the trust.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

## Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- The service did not consistently provide safe or effective care and treatment. Staff did not always identify risks to patients, and where staff identified risks there was often lack of guidance about how to lessen the risk. Patient records were not held securely and often had missing information. The records did not demonstrate staff always followed evidence based care pathways.
- Nursing and allied health care professional shortages increased the risk of patients receiving unsafe or inadequate care and treatment. There was a lack of assurance that staff had the necessary skill set to carry out their roles. There was a low rate of medical staff compliance with mandatory training and annual appraisals were below the trust target.

# Medical care (including older people's care)

- Across staff groups there was a lack of understanding and application of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.
- The service was not fully developed to meet the needs of the local population. The individual needs of patients with dementia were not fully considered. Some staff did not consider involving people, carers and their families as an important part of care.
- Staff did not consistently monitor and manage risks to patient safety and governance arrangements to identify shortfalls in performance and areas for improvement were not fully effective.
- Staff and managers had not developed and implemented a strong vision and strategy for the service.

However:

- The medical services used national audits to monitor and improve their services.
- Staff understanding about safeguarding vulnerable people had improved.
- There were some good examples of multidisciplinary working, on many of the medical wards.
- Staff commented that the new trust leadership team were visible. There was increased confidence in the trust leadership team.

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- Although overall nursing staff met the trust target for completion of mandatory training, there were low rates of compliance with some mandatory training. Medical staff did not meet the trust's target for completion of mandatory training.
- Staff did not always assess, monitor or manage risks to people who used the service. Staff did not always complete patient risk assessments and where assessment were completed, staff did not always act to lessen those risks. Trust audits showed staff did not always follow the national Early Warning Score (EWS) guidance to monitor patients at risk of deterioration. Although patients were screened appropriately for possible sepsis, staff did not always respond in a timely manner in administration of antibiotics.
- Nursing and allied health care professional shortages increased the risk of patients receiving unsafe or inadequate care and treatment.
- Staff did not always have the complete information they needed before providing care, treatment and support. Staff did not always fully complete patient records.
- Staff did not always follow best practice guidelines for storing and recording medicines.
- Safety concerns, such as staff shortages, were not always reported as an incident. Shared learning from incidents was not fully established.
- The service did not use safety monitoring results to support improvements.

However,

- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and they knew where to seek advice.

# Medical care (including older people's care)

- The service controlled infection risk well. Staff kept themselves, equipment and premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm, and to provide the right care and treatment.

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- Care and treatment did not always reflect current evidence based guidance or best practice standards.
- Care assessments did not fully consider patients nutritional and hydration needs or fully consider pain patients might be experiencing.
- There were gaps in management and support arrangements for staff such as appraisal, supervision and professional development.
- There was limited focus on prevention and early identification of health needs and staff were not proactive in supporting people to live healthier lives.
- Consent to care and treatment was not obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. Where appropriate, people's mental capacity was not assessed and recorded. When people over the age of 16 lacked capacity to make a decision, best interest decisions were not made in accordance with legislation.

However,

- Information about clinical outcomes was collected and monitored. Medical services took part in internal and external audits. The information was used to improve care and so they could benchmark performance against best practice and other similar services.
- Staff of different kinds worked together as a team to benefit patients.
- The service was working towards delivering a full seven-day service.

## Is the service caring?

**Requires improvement** ● ↓

Our rating of caring went down. We rated it as requires improvement because:

- Some staff did not consider involving people, carers and their families as an important part of care. People said that staff did not always explain things clearly to them.
- Some patients described experiences where staff had not kept them informed about their treatment plans. Some patients and their families had to ask for updates about their treatment plans, the information was not routinely provided to them. Staff did not always explain the assessments they were carrying out to the patient.

However,

# Medical care (including older people's care)

- Staff cared for patients with compassion
- Staff provided emotional support to people to minimise their distress.

## Is the service responsive?

**Requires improvement** ● → ←

Our rating of responsive stayed the same. We rated it as requires improvement because:

- The service did not plan and provide services to fully meet the needs of the local population.
- There were shortfalls in how the needs and preferences of different patients were considered. The service did not fully consider and meet the individual needs of patients living with dementia or who had a learning disability.
- Processes to support patient flow through and out of medical services were not yet fully embedded into the running of the service.
- Although the service treated concerns and complaints seriously and investigated them, but there was lack of process to ensure learning from complaints was communicated and shared across all staff groups.
- The referral to treatment time for general medicine, gastroenterology, dermatology, cardiology, geriatric medicine and neurology were all below (worse than) the England average

However,

- The referral to treatment time for rheumatology and thoracic medicine were all above (better than) the England average.

## Is the service well-led?

**Requires improvement** ● ↓

See guidance note AL5 then add your text after the standard text paragraph below (and delete this help text).

Our rating of well-led went down. We rated it as requires improvement because:

- Medical services did not have an established vision and strategy for the development of their services.
- Medical services' governance processes did not provide an effective systematic approach to identify areas for improvements and thus support improvements to the services.
- There was some evidence of managerial oversight of risk and performance but assurance systems were not fully developed or embedded. Not all risks had been identified and entered on the risk register
- The trust collected, analysed and used information to support all its activities, but there was lack of assurance that the information systems supported effective sharing of patient information.
- There was a limited approach to sharing and obtaining the views of people who used the service.

However,

- Managers across medical services had the skills, ability and commitment to run a service that was focused on improving patient experiences.

## Medical care (including older people's care)

- Staff commented that the new trust leadership team were visible. There was increased confidence in the trust leadership team.

# Surgery

Requires improvement   

## Key facts and figures

The trust provides surgical services at the Queen Alexandra Hospital. The surgical specialties offered at the hospital are urology, breast and plastics, lower and upper gastrointestinal, vascular surgery, bariatric and general surgery.

The trust is an orthopaedic centre, providing elective and emergency trauma surgery, with the head and neck clinical service centre at the trust also providing ophthalmic surgery, dental, maxilo-facial and oral surgery. Dermatology services which require minor surgical procedures are provided off site at St Mary's Hospital.

Surgical patients are cared for in the following wards:

- E1 - Surgical Assessment Unit - 28 beds
- E2 - General Surgery - 30 beds
- E3 - GS and colorectal - 34 beds
- E4 - Surgical High Care (SHCU) - 10 beds
- D1 - Trauma and orthopaedics (T&O) - 28 beds
- D4 - T&O acute head injury - 28 beds
- D5 - Trauma and orthopaedics (T&O) - 36 beds
- D6 - Trauma and orthopaedics (T&O) - 36 beds
- D7 - Urology and plastics - 36 beds – 18 for vascular and 18 for plastics
- D8 - Head and Neck and ENT - 28 beds

There is also a day surgery unit, and a private surgery ward (G5) with 13 beds.

The trust had 48,377 surgical admissions between December 2016 and November 2017. Emergency admissions accounted 13,126 (27%), 28,630 (59%) were day case, and the remaining 6,621 (14%) were elective.

*(Source: Hospital Episode Statistics)*

During our inspection, we spoke with approximately 75 staff members including doctors, nurses, allied health professionals, administration, and domestic staff. We also spoke with the clinical service leadership team and with 45 patients. We reviewed 20 sets of patient's records and we also reviewed 10 Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) records. We observed eight surgical procedures in theatres.

Our inspection was announced.

## Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- Safe was rated as “requires improvement” as there were areas of poor practice in respect of infection prevention, assessing and responding to patient risk, records and medicines management.

# Surgery

- Effective was rated as “requires improvement” which is down one rating from that given in 2015. This is largely due to poor practice in respect of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) and Mental Capacity Assessment (MCA) assessments and recording which still required improvement in decision making and in recording as required from the 2015 report.
- Caring was rated as “good” which was an improvement on its previous rating of “requires improvement”. This was because the service was meeting the standards expected.
- Responsive was rated as “good” which was an improvement on its previous rating of “requires improvement”. This was because the service was meeting the standards expected.
- For Well-led, while there were good systems observed, the fact remained that many of the policies, processes and procedures were in the course of being revised and introduced hence its rating as “requires improvement”.

## Is the service safe?

**Requires improvement** ● → ←

Our rating of safe stayed the same. We rated it as requires improvement because:

- While the service provided effective training in safety systems, processes and practices, completion rates for medical and dental staff failed to meet the 85% target with 79% compliance overall, although qualified nursing staff met the target with 91% compliance overall.
- While there were systems in place to prevent and protect people from a healthcare-associated infection staff did not always ensure hands were washed and that ward areas and equipment were kept clean to prevent the spread of infection.
- Staff had not completed and updated risk assessments for each patient. Comprehensive risk assessments had not always been carried out for people who used the services and risk management plans were not always developed in line with national guidance. The WHO checklists were not always fully carried out in theatres.
- According to the figures provided by the hospital the service did not have enough nursing staff in surgery, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- Staff did not always keep detailed records of patients’ care and treatment. Records were inconsistent in that not all were clear, up-to-date and easily available to all staff providing care. Records were not kept securely locked away when not in use.
- While medicines were stored securely and storage areas were kept clean and tidy. It was not possible to confirm whether medicines were stored in the recommended temperature range as not all of the fridge temperatures were correct. Some fridges contained expired medication, and there were medications stored for patients who had been discharged.
- There were concerns about the safety culture in theatres. This was due to the repeat occurrences of similar never events within the operating theatres as detailed below in Never Events.

However:

- Staff understood how to protect patients from abuse and staff had training on how to recognise and report abuse and they knew how to apply it.

# Surgery

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- We found 'Do not attempt cardiopulmonary resuscitation forms' (DNACPR) not properly completed, Deprivation of Liberty (DoLs) safeguards forms not properly completed, and both with missing or incomplete mental capacity assessments (MCAs).
- 81% of staff within surgery at the trust had received an appraisal. This did not meet the trust target of 85%. Medical and dental staff and other non-medical staff were the only two staff groups who achieved the 85% target.

However:

- Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Acute and emergency surgical services were available seven days a week across the trust.

## Is the service caring?

**Good** ● ↑

Our rating of caring improved. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

## Is the service responsive?

**Good** ● ↑

Our rating of responsive improved. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.



# Surgery

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- Whilst there were prompts across the surgical wards to support patients we did not see these consistently in use across these wards. While staff were aware of which patients were living with dementia we did not see evidence that dementia care was fully embedded in the way the wards carried out their day to day activities.

## Is the service well-led?

**Requires improvement** ● → ←

Our rating of well-led stayed the same. We rated it as requires improvement because:

A number of key well-led areas were in development and there were performance and safety issues that required addressing.

Areas that required urgent addressing included:

- Full compliance with the WHO 'five steps to safer surgery' procedure.
- An update of the CHAT CSC and Surgery CSC risk registers to better reflect real and current risks.
- While the surgery CSC was committed to improving services by learning from when things went well and when they went wrong, there was concern that a culture of safety was not yet fully embedded in theatres to eradicate the occurrence of 'never events'.
- Improvements are necessary to the recording and evidencing of DNACPR, of DoLS and of the provisions of the Mental Capacity Act.
- Some of the MUST actions we had raised at the last inspection of surgery in 2015 had still not been implemented.

However, there was evidence to demonstrate that the trust were making progress in this area:

- The new chief executive and director of nursing had made a significant impact. Staff at all levels told us they had seen or met the chief executive and the director of nursing and had noticed a positive change in leadership style.
- The surgical clinical service group had a business strategy for 2018/19 which was to be revised once the new vision for the Trust had been published.
- Most staff we spoke with felt that managers in the trust promoted a positive culture that supported and valued the staff, and that there was a sense of common purpose based on shared values. Staff on the surgical service group and in Theatres were proud to work at the hospital
- The trust was in the process of developing its systems for identifying risks. The trust told us enhanced training in risk management would be delivered during 2018 to ensure that all parts of the organisation had a better understanding of the importance of effective risk management.
- The surgery CSC engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

# Critical care

Outstanding   

## Key facts and figures

The trust has 11 clinical service centres (CSC) with critical care sitting in the Critical Care, Hospital Sterilisation and Disinfection Unit, Department of Anaesthesia and Theatres (CHAT) clinical service centre.

The trust's critical care service included a 24 bedded intensive care unit (ICU) and a critical care outreach service. The ICU included support from the critical care follow up team, the specialist nurse organ donation team and the bereavement support team. Neonatal critical care was reported in the children and young people's report.

The trust has 24 critical care beds across two adjoining units. Each unit has nine open beds and three side rooms.

The ICU has about 1500 admissions per year.

During our inspection, we spoke with 50 members of staff. This included the Clinical Director for critical care, the Matron and operational manager, junior and senior medical staff, trainee advanced critical care practitioners, junior and senior nursing staff, a physiotherapist, a pharmacist, a dietitian, administration staff and housekeeping staff. We spoke with three patients and three relatives. We observed care and treatment patients were receiving and reviewed six patient records.

Before and after the inspection we reviewed performance information from and about the critical care service.

## Summary of this service

Our rating of this service stayed the same. We rated it as outstanding because:

- People were protected from abuse and avoidable harm by a strong comprehensive safety system, with a focus on openness, transparency and learning from when things went wrong.
- People received excellent care, treatment and support which achieved good outcomes when compared with similar services, promoted a good quality of life based on the best evidence-based care and treatment.
- People were treated with compassion, kindness, dignity and respect. They were truly respected and valued as individuals and were empowered as partners in care received, practically and emotionally, by an exceptional and distinctive service.
- Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care.
- The leadership, management and governance of the critical care unit assured the delivery of high-quality and person-centred care, supported learning and innovation and promoted an open and transparent culture.
- The critical care unit had been rated as outstanding following our last inspection in 2015. However improvements had been made to the service since our last inspection. This included but not limited to: safety briefings increased to twice daily; a dedicated dietitian; increased physiotherapist staffing levels; new systems for improving patient flow; an improved and extended critical care outreach team that was now 24 hours a day seven days a week; an updated computer information system; introduced a relatives bleep system; and looked at ways to humanise the critical care environment to aid patient treatment and recovery.

# Critical care

## Is the service safe?

**Outstanding** ☆ → ←

Our rating of safe stayed the same. We rated it as outstanding because:

- There were comprehensive systems to keep people safe, which took account of current best practice. The whole team was engaged in reviewing and improving systems. People who used the service were at the centre of safeguarding and protection and discrimination. Innovation was encouraged to achieve sustained improvements in safety and continual reductions in harm.
- A proactive approach to anticipating and managing risks to people who used the services was embedded and is recognised as the responsibility of all staff. Staff were able to discuss risk effectively with people using the service.
- The systems to manage and share the information that is needed to deliver effective care, treatment and support, were coordinated, provided real-time information across the service and supported integrated care for people who use the service.
- Staff met good practice standards described in relevant national guidance. People received their medicines as prescribed. The service regularly reviewed people's medicines. Staff managed medicines consistently and safely. Medicines were stored correctly, and disposed of safely. Staff kept accurate records of medicines.
- Monitoring and reviewing activity enabled staff to understand risks and gave a clear, accurate and current picture of safety. Performance showed a good track record and improvements in safety.
- There was a genuinely open culture in which all safety concerns raised by staff and people who used the service were highly valued as being integral to learning and improvement. All staff were open and transparent, and fully committed to reporting incidents and near misses. The level and quality of incident reporting showed the levels of harm and near misses, which ensured a robust picture of quality. Learning was based on a thorough analysis and investigation of things that go wrong. All staff were encouraged to participate in learning to improve safety as much as possible.

However:

- The paediatric resuscitation equipment was located in the dedicated paediatric room. It did not lock or contain any anti-tamper tags. This trolley was checked once a week if no child was using the room. This was unsafe practice as although paediatric patients were not always on the unit, there could be children on the unit who had come to visit loved ones. This meant that the paediatric equipment could be needed at any time but staff could not be assured that equipment was still in situ.

## Is the service effective?

**Outstanding** ☆ → ←

Our rating of effective stayed the same. We rated it as outstanding because:

- There was a holistic approach to assessing, planning and delivering care and treatment to all people who used the service. This included addressing their nutrition, hydration and pain relief needs. The safe use of innovative

# Critical care

approaches to care and how it was delivered were actively encouraged. New evidence-based techniques and technologies were used to support the delivery of high-quality care. Where people were subjected to the Mental Health Act 1983 (MHA), their rights were protected and staff complied with the MHA code of practice. Any departure from the code of practice guidance was clearly justified.

- All staff were actively engaged in activities to monitor and improve quality and outcomes (including monitoring outcomes for people once they have transferred to other services). Opportunities to participate in benchmarking and peer review were proactively pursued, including participation in approved accreditation schemes. High performance was recognised by credible external bodies. Outcomes for people who used the service were positive, consistent and regularly exceeded expectations.
- The continuing development of the staff's skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, and share best practice.
- Staff, teams and services were committed to working collaboratively and had found innovative and efficient ways to deliver more joined-up care to patients who use the service. People's discharge and referral plans took account of their individual needs, circumstances, ongoing care arrangements and expected outcomes. People were mostly discharged at an appropriate time and when all necessary care arrangements were in place.
- Staff were consistent in supporting people once they had left the service including identifying those who needed extra support, through a targeted and proactive approach and used every contact with people to do so.
- Practices around consent and records were actively monitored and reviewed to improve how people were involved in making decisions about their care and treatment. When people aged 16 and over lacked the mental capacity to make a decision, best interests decisions were made in accordance with legislation. The use of restraint was understood and monitored.

However:

- There was no dedicated critical care psychologist.
- The new advanced critical care practitioner role, although seen as a valuable addition to the team, was not embedded in the unit yet, with the role and responsibilities unclear to some that worked on the critical care unit.

## Is the service caring?

**Outstanding** ☆ → ←

Our rating of caring stayed the same. We rated it as outstanding because:

We rated this service as outstanding because:

- Feedback from people who used the service and those who were close to them was continually positive about the way staff treated people. People thought that staff went the extra mile and their care and support exceeded their expectations. There was a strong, visible personal-centred culture.
- Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. Those relationships were highly valued by staff and were promoted by leaders.

# Critical care

- Staff recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account and found innovative ways to meet them. People's emotional and social needs were seen as being as important as their physical needs.
- People were always treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity was consistently embedded in everything that staff did, including awareness of any specific needs as these were recorded and communicated.
- People who used the service and those close to them were active partners in their care. Staff were fully committed to working in partnership with people. Staff communicated with people and provided information in a way that they could understand. People understood their condition and their care, treatment and advice. People and staff worked together to plan care and there was shared decision-making about care and treatment.

## Is the service responsive?

**Outstanding**  

Our rating of responsive improved. We rated it as outstanding because:

- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which was accessible and promotes equality. This included people with protected characteristics under the Equality Act, people who may be approaching the end of life and people who were in vulnerable circumstances or who had complex needs.
- People's individual needs and preferences were central to the delivery of tailored services. There were innovative approaches to providing integrated person-centred pathways of care. The service was flexible and ensured continuity of care. Facilities and premises were innovative and met the needs of a range of people who used the service.
- People could access services when they needed them. Appointments in follow up clinics were booked in a way and at a time that suited people. Technology and systems were used innovatively to ensure people had timely access to treatment, support and care.
- People knew how to give feedback about their experiences and could do so in a range of accessible ways, including how to raise any concerns or issues. The service treated concerns and complaints seriously, investigated them in an open and transparent way and learnt lessons from the results which were shared with staff. The service used the learning from complaints and concerns as an opportunity of how they incorporated learning into daily practice.

However:

- There was no water cooler in the visitors waiting area.

## Is the service well-led?

**Outstanding**   

Our rating of well-led stayed the same. We rated it as outstanding because:

# Critical care

- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver sustainable care. There was a system of leadership development and succession planning. Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to deliver the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service and beyond.
- There was a clear statement of vision and values, driven by quality and sustainability. There was a realistic strategy and well-defined objectives that were achievable and relevant and were planned to meet the needs of the relevant population. Progress against delivery of the strategy was monitored and reviewed and there was evidence of this. Staff in all areas knew, understand and supported the vision, values and strategic goals and how their role helped in achieving them.
- Leaders had an inspiring shared purpose, and strove to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff. There was a strong organisational commitment to ensure there was an equality and inclusion across the workforce. Staff were proud of the service and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this. There was a strong collaboration, team-working and support across the service and a common focus on improving the quality and sustainability of care and people's experiences.
- Governance processes were robust, well established and effective. Governance arrangements were proactively reviewed and reflected good practice.
- There was a demonstrated commitment to best practice and risk management systems and processes. Issues were escalated to the appropriate committees and the board through clear structures and processes.
- The service invested in innovative and best practice information system and processes. The information used in reporting, performance management and delivering quality care was found to be accurate, valid, reliable, timely and relevant. There was a demonstrated commitment at all levels to share data and information proactively to drive and support both internal and external working and improvement.
- There were high levels of constructive engagement with staff and people who used the service. Constructive challenge from staff, people who use the service and the public was welcomed and seen as a vital way of holding the service to account and to make improvements. Services were developed with full participation of those who used them, staff and external partners as equal partners.
- There was a fully embedded systematic approach to improvement. The service was forward looking, promoted training and clinical research and encouraged innovations. The service made effective use of internal and external reviews and learning was shared effectively and used to make improvements. There was a record of shared working locally, nationally and internationally.

# Maternity

Requires improvement  

## Key facts and figures

Portsmouth Hospitals NHS Trust offers six places for women to give birth:

- Queen Alexandra Hospital, B8, a consultant led labour ward for women with high risk pregnancy or medical complications.
- A co-located maternity centre, B5, offering birth to low risk women, as well as antenatal and postnatal care, with four birthing rooms and two triage rooms
- Blake Maternity Centre, based in Gosport War Memorial Hospital, with two birthing rooms.
- Grange Maternity Centre based in Petersfield Hospital, with two birthing rooms.
- Portsmouth Maternity Centre based in St Mary's Hospital Portsmouth, with two birthing rooms.
- Home births.

The trust had 73 acute maternity beds at Queen Alexandra Hospital, located across four departments:

- Maternity assessment unit – five beds
- Antenatal ward B6 – 16 beds
- Labour ward B8 – 21 beds
- Postnatal ward B7 – 31 beds, with eight side rooms

From October 2016 to September 2017 there were 5,452 deliveries at the trust.

For this core service inspection, we visited the maternity unit at Queen Alexandra Hospital, including the alongside midwifery led unit (B5), and two of the three standalone midwifery led units; Blake, in Gosport, and the Portsmouth Maternity Centre. The Grange unit in Petersfield was not staffed when we visited as there was no planned activity on that day, so we did not view this location.

We last inspected this service, in combination with gynaecology services, in 2015, and we judged it as good overall, with a rating of good for safe, effective, responsive and well led. We rated it outstanding for caring. For this inspection on 17 – 19 April 2018, we inspected maternity services only, in line with our revised inspection process.

During our visit we spoke with 15 women and their partners and 41 members of staff. Staff included senior departmental staff, midwives and maternity support workers, non-clinical staff, doctors and managers. We also spoke with the lead for maternity engagement. We reviewed 10 sets of notes and a wide range of documents submitted by the trust.

## Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- There were gaps in the service's safety systems, such as monitoring training for obstetric medical staff, monitoring infection control, monitoring competency using equipment and monitoring medicines management.
- Staff created records which were not consistently person centred and with some omissions

# Maternity

- Staff did not always receive feedback when reporting incidents and some felt discouraged from reporting.
- In theatres, staff did not consistently follow the World Health Organisation (WHO) guidelines and the five steps to safer surgery.
- Some of the protocols and guidelines for the service had not been reviewed and updated against best practice and national guidance.
- The service did not use audit effectively to ensure the service delivered care in line with practices and implemented improvements where necessary.
- The leadership structures and processes were relatively new and there was not an embedded culture of effective teamwork across different disciplines.
- Women could not always give birth in the place of their choosing.
- The maternity IT system did not support comprehensive recording and analysis of data.

However

- Staff demonstrated care and compassion when caring for women.
- There was effective engagement with the local community and the wider health economy in developing services
- Women could access maternity services when they needed it, with access to 24/7 telephone guidance and prompt responses.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results.
- The service had good systems for training staff and was working towards providing improved arrangements for sharing learning.

## Is the service safe?

**Requires improvement** ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- The service provided mandatory training in key skills to all staff. The trust provided data on training compliance for midwifery staff but not for medical staff. Midwifery staff achieved over 90% compliance for 11 out of 16 training modules. However, we were not assured there was a robust process in place to monitor compliance with mandatory training across all staff groups.
- Midwifery staff understood how to protect women from abuse and the service worked well with other agencies to do so. Midwifery staff had training on how to recognise and report abuse and they knew to apply it, although fewer had completed training in safeguarding children level 3 than the trust target. We asked for training data for medical staff and this was not provided. We were not assured medical staff had competency in safeguarding procedures.
- There was a lack of assurance the service controlled infection risk effectively. We observed that staff kept themselves, equipment and the premises clean. The cleaning checklists were not consistently completed and this had not been identified through the audit process.
- For the most part, the service had suitable premises. The main exception was the Blake birth centre in Gosport where the birthing rooms required refurbishment. The trust told us there were issues with maintenance contracts for the peripheral sites and planned to review these in 2018/19



# Maternity

- There was inconsistent record keeping, with omissions and loose-leaf entries in the paper based records.
- There was a lack of assurance that staff were competent with the use of equipment.
- The milk fridge on the postnatal ward was not secured to prevent access by unauthorised persons.
- There was a shortage of some types of equipment within the community such as carbon monoxide testing equipment and bilirubin monitors (for a convenient assessment of the risk of jaundice).
- Theatre staff did not consistently follow the World Health Organisation (WHO) guidelines and the five steps to safer surgery.
- There was a lack of consultant medical cover on the delivery suite at weekends and the medical staffing model did not comply with the recommendations of the Royal College of Obstetricians.
- We identified some examples where medicines were not stored securely or at the correct temperatures.
- The systems for reporting and learning from incidents were not embedded and some staff said they received no feedback.

However, we also found

- Transfer arrangements were in place to transfer women and babies to the obstetric unit when necessary
- There was active recruitment to fill staff shortages.
- The service had set up governance meetings to review incidents promptly and respond to learning points.
- There was secure access to all the maternity units.

There was an established system for the maintenance and servicing of equipment.

## Is the service effective?

**Requires improvement** ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- Some of the service guidelines were not up to date and had not been reviewed against current best practice or national guidance.
- Although the service participated in national audits and undertook local audits, there was not a robust process to ensuring audits were completed and acted upon to improve practices.
- There was a lack of assurance that medical staff met the trust's target for completed appraisals.
- There was not a strong culture of multidisciplinary working amongst the different staff groups providing maternity care.

However

- Staff gave women enough food and drink to meet their needs.
- Staff assessed and monitored patients regularly to see if they were in pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them and had implemented service improvement programmes to meet nationally recognised recommendations.

# Maternity

- The appraisal rate amongst midwifery and support staff met the trust target for 85%
- Staff supported women to live healthier lives and helped them provide a healthy start in life for their babies.

## Is the service caring?

**Good** ● ↓

Our rating of caring went down. We rated it as good because:

- From December 2016 to December 2017 the trust's maternity friends and family tests (antenatal, birth and postnatal) performance (% recommended) was better than or in line with the England average.
- Staff cared for women with compassion. Feedback from most women was that staff treated them well and with kindness.
- Staff provided emotional support to women to minimise their distress.

## Is the service responsive?

**Requires improvement** ● ↓

Our rating of responsive went down. We rated it as requires improvement because:

- Women could not always give birth in the place of their choosing.
- The service took account of women's individual needs of people in vulnerable circumstances. The team to support vulnerable women was under review at the time of the inspection to determine how best to provide continuity of care.

However

- Services were planned in collaboration with the maternity services of neighbouring trusts.
- Women could access maternity services when they needed it, with access to 24/7 telephone guidance and prompt responses.
- Staff provided a range of information sessions for people and signposted them to resources on their intranet and on apps.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results.

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- There had been recent appointments to leadership roles in the service. Leadership roles and arrangements were not yet embedded, but staff felt better supported.
- The service recognised there was a need to improve the culture in some areas of the service and had initiated an external review of medical engagement.

# Maternity

- The service had recently revised its governance arrangements to reflect guidance on safer maternity care, and some of the governance committees and accountabilities were relatively new. The service recognised it needed to improve its approach to audit, reporting and improvement to support good governance.
- The trust had initiated systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. These were not fully effective, for example the risk register did not capture all risks.
- The maternity IT system did not support comprehensive recording and analysis of data.

However

- The service had good systems for training staff and was working towards providing improved arrangements for sharing learning.
- The trust engaged well with women, staff the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was in the process of developing and agreeing its vision and strategy with key stakeholders, including the wider health economy and women's representatives.
- Most staff recommended the service as a place to work, and they were supported to take their breaks.

# Services for children and young people

Good   

## Key facts and figures

The trust provides paediatric care to a population of approximately 100,000 children. The trust has 84 inpatient paediatric and Neonatal Intensive Care Unit (NICU) beds on one site (Queen Alexandra Hospital)

- Children's assessment unit (CAU) – 15 care spaces (11 beds and 4 trolleys).
- A7 (Starfish) – 24 beds.
- A8 (Shipwreck) – Nine inpatient beds and nine day surgery beds.
- Neonatal Intensive Care Unit (NICU) - Level three tertiary referral units with 31 cots of which there are 14 level 1 cots, 4 level 2 cots and 13 special care cots..

(Source: Routine Trust Provider Information Request (RPIR) – Sites Acute tab)

The trust had 5,989 spells from December 2016 to November 2017.

Emergency activity accounted for 85% of spells (5,077 spells), 14% of spells (829) were day case, and the remaining 1% (83 spells) were elective.

The neonatal unit provides a community neonatal nursing service to babies discharged from the unit and have continuing needs.

Children and young people are also cared for in other areas of the hospital for example theatres, adult outpatients, critical care and the emergency department.

We also spoke with the research team, children's safeguarding team, some nurse specialists and a dietician.

Patients, and parents or carers, can access paediatric specialist services via their GP, the Emergency Department and other healthcare professionals (HCP) e.g. midwives. There is also open access for an identified group of chronic patients who have direct access to the ward using their 'Yellow Card'.

During our inspection, we spoke with 62 members of staff including doctors, nurses, allied health professionals, play therapists, administration, domestic staff and teachers. We also spoke with the directorate leadership team and 15 children and parents. We reviewed 18 patient records and many pieces of equipment.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

At the last inspection, we rated two or more key questions for the service at good so we re-inspected all five key questions.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

# Services for children and young people

- Staff were clear about their safeguarding responsibilities and if there was a concern about a child's wellbeing staff understood and followed safeguarding procedures. All staff we spoke with had completed the appropriate level of training in safeguarding, apart from the medical and dental staff who had not yet achieved above 85% training in levels two and three.
- There was openness and transparency about safety, and continual learning was encouraged. Staff were supported to report incidents, including near misses. Both units were secured both day and night.
- The service controlled infection control well.
- Staff used a paediatric early warning system for the early detection of any deterioration in a child's condition, and we observed children and young people's pain effectively assessed and treated.
- Services were provided seven days a week by medical and nursing staff. There was good multidisciplinary working evident across both units.
- Inpatient services were tailored to meet the needs of individual children and young people. Access and flow through all departments was very good and complaints were dealt with in a timely manner. Staff listened to feedback and complaints and responded to them in a timely manner.
- Staff planned and delivered care in line with evidence-based guidance, standards and best practice and met the individual needs of the child and family through the careful care planning. Staff followed care pathways on electronic, multidisciplinary patient records to support practice.
- Staff received annual appraisals and new staff were supported when completing their competency assessments, helping to maintain and further develop their skills and experience.
- Parents and children gave feedback about the care and kindness received from staff, which was positive. All children and their carers we spoke with were happy with the care and support provided by staff. We observed staff treated children, young people and their families with compassion, kindness, dignity and respect. Staff worked in partnership with children, young people and families in their care.
- Play staff ensured that children and their families were supported during their hospital stay and their interventions during procedures reduced the anxiety and worry for the children for example during blood tests.
- The children's unit had its own radiology department which provided specific 'child friendly' environments for children to wait and undergo investigations and worked closely with the play therapist team to reduce stress and anxiety during those procedures.

However:

- There was not enough nursing staff on the neonatal unit and medical staff on the children's unit with the right skill mix to provide safe care. The trust had reviewed staffing levels, and identified a shortage of medical and nursing staff. Recruitment to vacant posts was ongoing at the time of inspection. Nursing levels on the neonatal unit did not conform to the British Association of Perinatal Medicine (BAPM) standards and the medical staffing on the children's unit did not conform to the Royal College of Children's and Child Health (RCPCH).
- There was a risk children would be distressed in the maxillo facial (Max Fax) outpatient's clinics as they were treated alongside adult patients. Mandatory training rates for both medical and nursing staff were below the trust's target of 85% for nine mandatory training modules.
- The Children and Adolescent mental health service (CAMHS) did not cover weekend and evenings, therefore children requiring a review before discharge would have extended stays in hospital.

# Services for children and young people

- Adult trained nurses who had not completed child specific competencies worked with children and young people in the children's fracture clinic and ophthalmology clinic.

## Is the service safe?

**Requires improvement** ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- The service did not have enough nursing staff with the right qualifications, skills, training and experience. There were nursing vacancies on the neonatal unit, which did not meet British Association of Perinatal Medicine (BAPM) standards. However, there was no evidence this caused harm to any of the children, young people or their families.
- Medical staffing on the children's unit did not meet the Royal College of Children's and Child health (RCPCH) recommendations. There were not enough middle grade medical staff, which resulted in the consultants frequently undertaking aspects of the middle grade role, which had the potential to affect the consultant's ability to fulfil their own job plans.
- The service mostly followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time. However, cupboards in one of the children's wards contained expired medication and monitoring of fridge temperatures which stored chemotherapy medicines was not robust.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it, however, some mandatory training rates were under the trusts 85% completion rate for both nursing and medical staff.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Assessment of risks to children, young people and families were assessed, monitored and managed appropriately.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service

## Is the service effective?

**Good** ● → ←

Our rating of effective stayed the same. We rated it as good because:

# Services for children and young people

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.

However:

- Adult nurses without children's competency training were seeing children in the children's fracture clinics and children's ophthalmology clinic.

## Is the service caring?

**Outstanding** ☆ → ←

Our rating of caring stayed the same. We rated it as outstanding because:

- All staff cared for babies, children and young people with great compassion. Feedback from patients and their families confirmed that staff treated them very well and with exceptional kindness.
- Parents and children spoke positively about the care they received and the department sought feedback from children, young people and their parents/carers by using a range of multidisciplinary and different, age appropriate approaches in order that the service could review its performance and to improve where necessary.
- Staff involved patients and their family in decisions about the care and treatment. We observed caring and compassionate interactions between staff and CYP. Staff had a child centred ethos.
- There were very good relationships between staff and those using the services. Staff worked in partnership with parents, babies, children and young people in their care. This ensured all children and families were fully informed and involved in their care. Parents told us they and their children were treated with dignity and respect.
- Staff provided exceptional emotional support to babies, children, young people and their families to minimise their distress. Staff were committed to providing holistic, family centred care to children and their families.

# Services for children and young people

- The transitional care service enabled young people to feel empowered about their choices of medical and nursing care.

## Is the service responsive?

Good  

Our rating of responsive improved. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- The trust took into consideration the diverse needs of families and a translation service was available to them. This included leaflets in a number of different languages.

However:

- There were not adequate age appropriate facilities in some areas of the trust for babies, children, young people and their families. The maxi facial outpatients department did not have a separate waiting area for children.
- There were not adequate age appropriate facilities for young people. Young people would often be nursed with babies and toddlers.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

The leadership, governance and culture promoted the delivery of high quality person-centred care.

- Managers had the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the units promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- Both the NNU and children's unit were seen to actively participate in national and local research in order that long-term standards of care for children could be improved.
- Both units had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Both units collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.



# Services for children and young people

- Both units engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- Although some of the children's unit had a vision, the trust did not have a vision and strategy for the children's and neonatal unit.

# End of life care

Good ● ↑

## Key facts and figures

The trust provides end of life care at one of its sites, Queen Alexandra Hospital. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services. The trust had 2,166 deaths from December 2016 to November 2017

Since the last inspection the hospital palliative care team and the end of life team have merged, formed one team called the hospital palliative care team. The team have been able to extend their reach and will see any patient for general palliative care. The team receive about 2,400 referrals a year. These include patients who were on rapid discharge and did not die in the hospital.

End of life care is provided at Queen Alexandra Hospital under the Medicine for Older People, Rehabilitation and Stroke service (MOPRS). The hospital palliative Care team provides oversight of palliative and end of life care within the hospital. It is a consultant led service, supported by a small clinical nurse specialist team. The Specialist Palliative Care Team delivers a service from Monday to Friday, 8am to 6pm. Out of hours cover is provided by a local hospice. During weekend days, there is a duty matron available for support. The 'Hospital@Night' team, are available for patient advice.

## Summary of this service

During this inspection we visited some inpatient wards including stroke, elderly care, general medicine, surgery, oncology and the medical assessment unit. We also visited the mortuary, chapel, bereavement centre and Emergency Department (ED). We observed patient care and viewed care records where staff used the Achieving Priorities of Care (APOC) care plan. We noted the care and records of patients identified as nearing the end of their life. We spoke with patients, relatives, mortuary technicians, chaplains, porters, staff in the bereavement centre, nurses, doctors, health care assistants, paramedics, discharge team members, an occupational therapist, a physiotherapy assistant and a medical devices trainer. In total we spoke with 86 staff members. We also reviewed policies and procedures and reviewed performance information about the trust.

Our rating of this service improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

# End of life care

- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- The service mostly took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.

However,

- Not all staff had received an annual appraisal of their work, although the trust had plans to address this.
- The trust was not able to provide a seven day service. This was due to some long term sickness within the nursing team. Actions had been taken to mitigate the impact of this, freeing up nurses for clinical time on the ward. Cover arrangements had been put in place for out of hours. Patients received consistent end of life care because care was provided on the wards by staff across the trust.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service mostly controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.

# End of life care

- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- Most staff kept detailed records of patients' care and treatment. Records were mostly clear, up-to-date and easily available to all staff providing care. However, the Achieving Priorities of Care (APOC) did not include individualised nursing plans of care. Not all doctors accurately recorded time, date and bleep number.
- The service mostly had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. However, nursing staff shortages meant the specialist end of life care service could not be staffed at weekends. The trust was taking action to redress this.

## Is the service effective?

Good  

Our rating of effective improved. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff, within palliative care, understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- The service made sure staff were mostly suitably trained for their roles.

However,

- Not all staff had received an annual appraisal of their work, although the trust had plans to address this.
- The trust was not able to provide a seven day service. This was due to some long term sickness within the nursing team. Actions had been taken to mitigate the impact of this, freeing up nurses for clinical time on the ward. Cover arrangements had been put in place for out of hours. Patients received consistent end of life care because care was provided on the wards by staff across the trust.
- We found inconsistencies in the use of the mental capacity act by doctors when completing DNACPR forms.

# End of life care

## Is the service caring?

Good ● → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

Good ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- The service mostly took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

# End of life care

- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

# Outpatients

Good   

## Key facts and figures

Portsmouth Hospital NHS Trust outpatient services for adults are mainly provided at Queen Alexandra Hospital. Outpatient clinics are also held at satellite sites including at St. Mary's Hospital in Portsmouth, St Richard's Hospital in Chichester, Gosport War Memorial Hospital, Fareham Community hospital, Oak Park Havant and Petersfield Hospital. Each year this trust facilitates over 870,000 outpatient appointments.

There was a separate children's main outpatient department, which is reported under the children and young people core service. Some children were seen in regular outpatient clinics for ear nose and throat (ENT) at Queen Alexandra Hospital.

The trust provides consultant and nurse-led outpatient clinics across a range of specialities. Outpatient clinics are held from Monday to Friday 08:30am to 5pm. Some ad-hoc Saturday appointments were available dependant on speciality. Patients can make appointments through the centralised outpatient booking centre between 8:30am and 5pm Monday to Friday or directly with the department for some specialities.

During this inspection we spoke with 65 staff, including managers, doctors, therapists, nurses, healthcare assistants, cleaners and volunteers. We spoke with 26 patients and relatives. We looked at patient waiting areas, clinic environments and reviewed policies and procedures.

## Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- People were protected from avoidable harm and abuse.
- People had good outcomes because they received effective care and treatment.
- People were supported, treated with dignity and respect and involved in their care.
- People's needs were met through the way the service was organised and delivered.

However:

- The governance and culture did not always support the delivery of high-quality person centred care

## Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

The service provided mandatory training in key skills to all staff. The trust met the completion target for 10 of the 15 courses made available to nursing staff.

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

# Outpatients

- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- Systems and procedures were in place to assess, monitor and manage risks to patients.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Medicines were stored securely and suitable emergency medicines were regularly checked, appropriately stored and available.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- The service did not always have suitable premises. Some outpatient waiting areas in the eye department and renal outpatients were not suitable for the volume of patients attending clinics.
- Records were not always stored securely in all outpatient areas.
- Daily fridge temperature checks were not always recorded and prescription stationery was not always tracked and audited to reduce the likelihood of misuse.

## Is the service effective?



Currently we do not rate effective, however we found:

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff ensured patients had enough food and drink during their visit to outpatients.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff were proactive in supporting people to live healthier lives.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

## Is the service caring?

Good  

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# Outpatients

Our rating of caring stayed the same. We rated it as good because:

- Staff cared for patients with kindness, dignity, respect and compassion.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff provided emotional support to patients to minimise their distress.

## Is the service responsive?

**Good** ● → ←

Our rating of responsive stayed the same. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of patients' individual needs. Staff were aware of how to provide additional support for patients with a learning disability or living with dementia.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However,

- Some waiting areas were cramped for the number of patients visiting the clinics.

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- There was no overarching governance structure for outpatient services. Outpatient services were managed under clinical service centres (CSCs) specific to the clinical specialities.
- Although the trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. We found that not all risks identified by staff were on the risk register.
- The trust did not have a strategy for outpatient services.
- There was a poor culture where staff concerns were not always taken seriously and low staff morale in some outpatient areas.
- Some departments did not have regular team meetings.

However,

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- Most managers across the trust promoted a positive culture that supported and valued staff.

# Outpatients

- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage services appropriately.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

# Diagnostic imaging

Good 

## Key facts and figures

The Portsmouth NHS Trust provides a wide range of diagnostic imaging services, principally at its Queen Alexandra Hospital site based in Cosham, Hampshire.

These services include;

- X-rays
- Computed Tomography (CT) scanning
- Magnetic Resonance Imaging (MRI)
- Ultrasound
- Nuclear medicines
- Screening/Fluoroscopy
- Interventional radiology
- Mammography
- Cardiac catheterisation laboratories (managed by Cardiology).

The trust also offered services at three other trust hospitals, these include;

- Gosport War Memorial Hospital
- Fareham Community Hospital
- Petersfield Community Hospital

Portsmouth Hospitals NHS Trust provides District General Hospital services to a local population of 675,000 across South East Hampshire, and additionally some tertiary services to a wider catchment in excess of two million people.

The Queen Alexandra Hospital site includes 1200 beds including cots, 28 theatres, two purpose built interventional radiology suites, two fluoroscopy, three MRI scanners and three CT scanners. They also have six digital x-ray rooms in the main department; two digital x-ray rooms in the radiology day case unit (a nine bedded unit for in-patients); two digital x-rays and an ultrasound room in the paediatric department; 12 ultrasound scanning rooms; three digital x-ray rooms which included a dedicated paediatric room in the emergency department; and six digital MobileDaRT machines (a mobile X-ray system) and three digital mammography rooms with a mobile screening unit. The trust also has pathology laboratories and critical care facilities.

During our inspection we spoke with 45 members of staff including the deputy medical director, radiology service leads, imaging services manager, radiographers, radiologists, sonographers, student radiographers, radiography assistants, radiation protection advisor and the head of the imaging physics group.

# Diagnostic imaging

We spoke with four patients and two relatives asking for their experiences when using the diagnostic imaging services, reviewed ten patient care records, reviewed policies and procedures as well as documents relating to the running of the diagnostic imaging services including the risk register. We also asked the trust to provide information regarding customer feedback and reviewed analysis of 'Comments, complaints and concerns' feedback slips which had been gathered within the diagnostic imaging departments.

Despite requests being made the trust did not respond by providing us with evidence of their complaints investigations therefore we could not assess the effectiveness of their complaints process.

We inspected nine different departments across four hospitals, Queen Alexandra, Fareham, Petersfield and Gosport War Memorial Hospital, assessing their design, safety and ability to meet patients' needs. During the inspection we were present throughout a number of pre, during and post imaging interactions between staff and patients.

This was an announced inspection. The trust was given four weeks' notice of our inspection to ensure key staff were available to be spoken with. During this inspection we reviewed the following five key questions;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?, and
- Is the service well led?

The service was previously inspected in July 2017 where failings were found within the X-ray department at Queen Alexandra Hospital (QAH). The inspection did not result in a rating being provided to the trust, however the failings identified were found to warrant the imposition of conditions upon the trusts conditions. These conditions and whether or not the provider was meeting these was reviewed as part of this inspection. The conditions included;

- The Registered Provider must take evidenced based appropriate steps to resolve the backlog of radiology reporting using appropriately trained members of staff. This must include a clinical review, audit and prioritisation of the current backlog of unreported images, (including those taken before January 2017); assess impact of harm to patients, and apply Duty of Candour to any patient adversely affected.
- The Registered Provider must ensure they have robust processes to ensure any images taken are reported and risk assessed in line with Trust policy.

The inspection team consisted of a lead inspector, an inspector and a specialist advisor (diagnostic radiographer).

## Summary of this service

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Staff had completed training which allowed them to undertake their role effectively. Further training opportunities were provided by the trust to allow staff to expand their skills and professional knowledge.
- Staff took appropriate action to minimise the risk of cross infection between patients.
- Staff followed professional guidance and working practices during investigation to keep patients safe.
- Risk to patient safety due to the type of investigation being undertaken were identified and managed appropriately

# Diagnostic imaging

- Patients received care from staff who treated them as individuals and ensured their physical and emotional wellbeing needs were met
- Waiting times for investigation were similar or better than the national average identifying patients received the right investigation at the right time.
- Staff felt valued and supported in their role enabling them to provide high quality care. Patient feedback confirmed this was happening.
- Innovative practice was supported and promoted by staff who took responsibility to explore options to increase the quality of patient care

However

- The trust did not consistently meet the national and trust target of 48% of patients entering the emergency department with a suspected stroke receiving a CT scan within an hour of arrival.
- The Queen Alexandra Hospital environment did not fully support patients to move around the hospital independently. Environmental design did not always support those with a sensory loss such as vision impairments to negotiate the hospital whilst transferring between departments.
- Steps taken by staff to ensure a patient's individual needs could be met appropriately were not always followed consistently. Information about particular additional needs or patient support was not always passed between teams to ensure these needs could be met prior to investigation.
- The investigation of complaints did not take place in a timely way leading to delays in responding to the complainant. The service did not complete investigation of, respond to, and close complaints within agreed timescales

## Is the service safe?

**Good** ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The service provided mandatory training in key skills to all staff. Completion rates of most training subjects exceeded the trust target of 85% compliance with most areas reaching 100%. Where completion rates did not meet trust targets, staff were aware, and could describe the actions they would take when facing a situation which matched these training areas.
- Most staff members had completed safeguarding training on how to recognise and report abuse to the required level. This included training to safeguarding children level two, with a senior staff receiving additional safeguarding children level three training to act as points of reference for staff.
- The service controlled infection risks well. Staff kept themselves, equipment and the premises clean. Control measures to prevent the spread of infection were available and practiced by staff, patients and visitors. Patients and relatives visiting the departments were routinely asked to sanitise their hands.
- The service had suitable premises and equipment available to meet patient's needs safely. A rolling programme of maintenance and a financial replacement programme was in place to ensure the ongoing availability of equipment for use.
- We observed clear signage of radiation hazard for control areas throughout the departments.

# Diagnostic imaging

- The service had had a full set of Ionising Radiation (Medical Exposure) Regulations 2000 procedures and standard operating procedures available to staff, evidence showed these were being followed to maintain patient safety.
- The trust ensured there were enough radiographers and radiology department assistants with the right qualifications, skills, training and experience to keep people safe and to provide the right care. Regular agency staff were used to ensure consistency and knowledge of the trust's working practices. A dedicated radiation protection advisor was available supported by sufficient radiation protection supervision skills.
- The service safely managed patient's individual risks when using the service. Staff followed individualised and detailed risk assessment information to keep patients safe.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Robust processes were in place to ensure medicines used were ordered, delivered, stored and disposed in a safe way. Systems were in place to ensure the right patients received the right medication at the right time by the right route.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However;

- Six out of 56 members staff had not completed training in safeguarding children level two however, staff we spoke with could describe the appropriate actions to take if they suspected abuse of any kind.
- The trust had not ensured all staff had completed four core training subjects, including adult basic life support, medicines management training, fire safety and conflict resolution to reach their compliance target of 85%.
- Resuscitation equipment was not immediately available for children whilst in the paediatric ultrasound and x-ray area to manage any rapid health decline.
- The trust did not always ensure staff were aware when a patient receiving treatment had a Do not Attempt Cardio Pulmonary Resuscitation order in place. This meant a seriously deteriorating patient may receive care they do not wish or may impact on the quality of their life.

## Is the service effective?

**Good** ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- During this inspection care and treatment was delivered in line with legislation, standards and evidence based guidance. Managers checked to make sure staff followed guidance provided to support them in their role.
- People had sufficient fluid available to them pre, during and post treatment to ensure their hydration needs were met.
- Pain relief, if required was available for patients although not routinely required.

# Diagnostic imaging

- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers monitored competence through appraisals, sharing learning and providing support for development. Trust data showed appraisal rates were above/below the trust target for all staff groups working within diagnostic imaging services.
- Staff felt part of the trust and worked together as a team to benefit patients.
- The trust ensured patients had access to services at times which suited their needs and offered seven days a week emergency access to service.
- Patients were supported with access to literature and advice to support health and wellbeing needs.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However;

- The trust did not consistently meet the national and trust target of 48% of patients entering the emergency department with a suspected stroke receiving a CT scan within an hour of arrival.
- Despite a request being made the trust did not provide evidence all registered radiographers had an in date health care professional registration and where therefore fit to practice.
- Staff working within diagnostic imaging often felt they were seen as an independent unit and were not always asked to participate in multidisciplinary meetings.
- Nursing staff had not meet any of the three core training subjects for DoLs, Mental Capacity Act Levels one and two. The trust target was 85% however nursing staff only achieved a 70% completion rate.

## Is the service caring?

**Good** ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Staff cared for patients with compassion. Observations and feedback from patients confirmed staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Staff showed awareness of the emotional impact a patient's care, treatment or condition would have on their well-being.
- Staff involved patients and those close to them in decisions about their care and treatment.

However;

- Information regarding the use of chaperones was not clearly displayed to patients advising them of their right to be accompanied during their investigation.

# Diagnostic imaging

## Is the service responsive?

**Good** ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The trust planned and provided services in a way which met the needs of local people. The department offered a variety of services over four hospital sites which enabled patients to access investigations at their chosen hospital where possible.
- There was a facility within the computerised radiology information system (CRIS) to flag specific need of patients such as those with a visual impairment or learning disability. This helped staff ensure they had the capacity to support such patients more fully.
- Staff had access to a number of resources in order to aide communication with patients who required additional support such as those with learning disabilities or patients who could not communicate in English.
- People could access the service when they needed it. Waiting times from referral to treatment and reporting on investigations were, on average, better than the England average.

However;

- The Queen Alexandra Hospital environment did not fully support patients to move around the hospital independently. Environmental design did not always support those with a sensory loss such as vision impairments to negotiate the hospital whilst transferring between departments.
- Steps taken by staff to ensure a patient's individual needs could be met appropriately were not always followed consistently. Information about particular additional needs or patient support was not always passed between teams to ensure these needs could be met prior to investigation.
- The investigation of complaints did not take place in a timely way leading to delays in responding to the complainant. The service did not complete investigation of, respond to, and close complaints within agreed timescales

## Is the service well-led?

**Good** ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Staff felt supported and valued in their role by their managers and had access to their executive board.
- There were various methods of communication across the teams, including whiteboards and daily staff handovers. Staff said they were involved in developing the services visions and values. Staff said the trust's vision was focusing on the quality of care and treating patients with respect and dignity.
- Staff told us they were happy with their work and enjoyed working for the trust. All the staff we spoke with said positive patient experiences drove their enthusiasm for their role. Staff felt listened to and said they worked well as a team. There was a positive culture for delivering high quality care.



# Diagnostic imaging

- The service used a systematic approach to continually improving the quality of its services whilst maintaining standards of care. A governance structure was in place which was effective and promoted staff confidence.
- The trust took action to proactively identify risks to the service which could impact on the quality for the care required. All staff took responsibility to ensure risks were minimised wherever possible without compromising care quality
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged with patients seeking feedback to improve the quality of the services provided. Staff told us the trust sought their feedback involving them in the direction of the service and the completion of staff surveys.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training and innovation.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

#### Regulation

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

#### Regulation

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

#### Regulation

Treatment of disease, disorder or injury

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

#### Regulated activity

#### Regulation

Treatment of disease, disorder or injury

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

#### Regulated activity

#### Regulation

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

### Regulated activity

### Regulation

Treatment of disease, disorder or injury

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

### Regulated activity

### Regulation

Treatment of disease, disorder or injury

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

## Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

# Our inspection team

The inspection team was led by Mary Cridge, Head of hospital inspections and Caroline Bishop , Inspection manager. The team overall consisted of two inspection managers, 16 inspectors, a range of specialist advisors and two experts by experience..

The well led inspection was supported by two executive reviewers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.

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**Hampshire County Council**  
**Health and Adult Social Care Select Committee**  
 September 2018

**Summary**

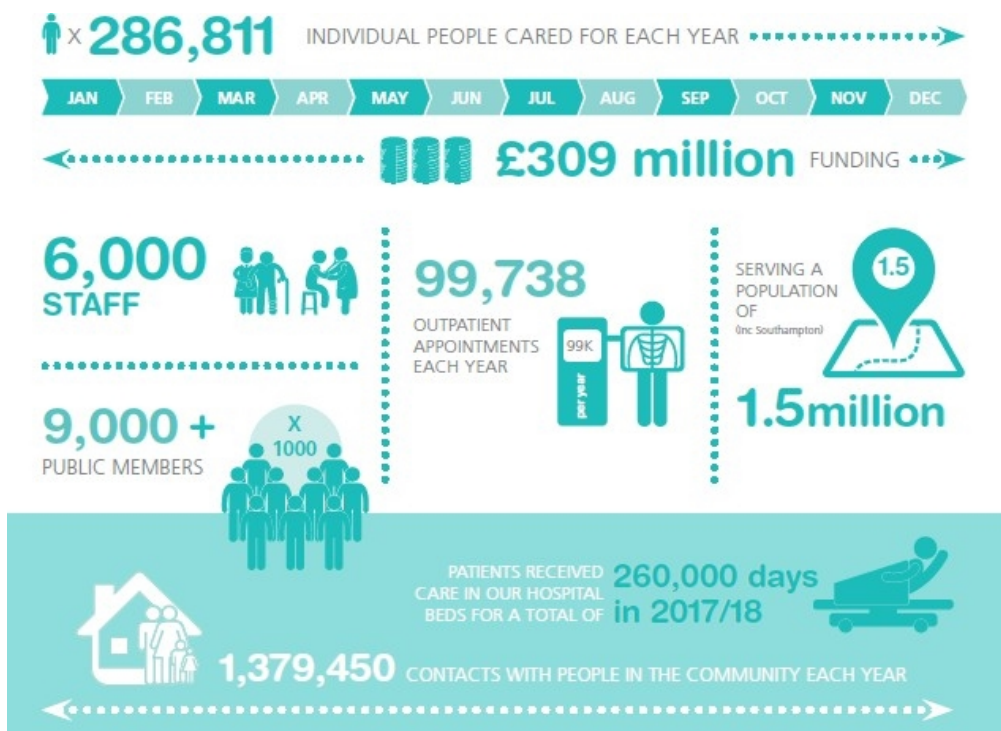
Since the last update provided to the HASC committee in November 2017, there has been significant progress at Southern Health. Notable developments include the appointment of new, substantive, senior leadership, the lifting of regulatory undertakings in relation to the Mazars Report, and increasing evidence that the trust has 'turned a corner' in terms of its culture and practices. The trust has also faced challenges, not least of which was receiving a £2m fine following prosecution for health and safety failings, but also endemic issues such as recruitment and retention, and pressure on beds, which affect the wider NHS.

Continuing to improve and transform services remains the organisation's highest priority. It recently co-produced a compelling case for change document setting out remaining areas for the trust to address.

Looking ahead the trust has ambitious plans to instil a culture of evidence-based quality improvement across the organisation, develop its provision of secure mental health services in Hampshire, and create a step-change in how the trust involves patients, service users, and families in all aspects of its services.

**About the trust**

Southern Health NHS Foundation Trust provides mental health, learning disability and community health services across Hampshire. Employing 6,000 staff and with funding of £309m, it is one of the larger providers of these types of services.



**OUR VALUES**



Our plan on a page:

**Our vision:**  
 To provide high quality, safe services which improve the health and wellbeing, independence and confidence of the people we serve\*



Our strategic priorities for 18/19

**Quality**

- Provide good quality care
- People are able to access the care they need, when they need it
- Patients, families and the public are more involved in decisions about their care and their local services
- A single, proven approach to improving quality adopted across the whole trust

**Transformation**

- Patients have better access, experience, and outcomes as a result of transformed, joined up services
- Expansion and improvement of specialised mental health services for adults and young people are well underway

**People**

- Increased recruitment and retention of staff, leading to a more stable workforce
- Strong leadership throughout the organisation
- Staff feel involved, motivated and proud to work at Southern Health
- The size, shape and skills of our workforce can meet current and future care needs of the people we serve.

**Money**

- Make every penny count towards patient care and service improvement
- Future delivery and improvements to care safeguarded through sound financial planning

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\*Please note, we will be refreshing our vision in 2018/19, in partnership with staff, patients and carers, to better reflect the aspirations we have for the future.

## New leadership

The senior leadership team at Southern Health has been strengthened and transformed. A new Chair and Chief Executive have been appointed, as well as a number of Non-Executive and Executive Directors. A new Chief Operating Officer and Director of Nursing and Allied Health Professionals have also recently taken up their posts. The leadership team now incorporates greater clinical leadership, mental health expertise, and includes leaders who have joined us from outstanding NHS organisations. The current leadership structure chart is enclosed with this briefing.

## Progress against previous challenges

The publication of the Mazars report in 2015 rightly criticised the trust for the way it reported and investigated patient deaths, and how it involved families in this process. The report was a watershed moment for the trust and led to a series of changes to meet the report's recommendations and restore confidence in the organisation. During 2017 independent auditors were tasked with assessing our progress and found that, to a large extent, the recommendations had been met and changes had taken place in the trust. The auditors also noted a changes in culture and practices at the trust. Following this, in June 2018, the regulator NHS Improvement lifted the enforcement undertakings which had been in place

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since the Mazars report was published. This is encouraging evidence that the trust is improving.

### **Prosecution by the Health and Safety Executive**

In March 2018 Southern Health appeared in Oxford Crown Court and was fined £2m in relation to health and safety failings following the deaths of two patients in 2012 and 2013. The trust fully accepted the failings and apologised again to the families. Whilst the fine will not impact critical front-line services, it will affect the pace and scale of planned changes and improvements.

### **Working with patients and families**

The trust continues to work alongside a small group of families and individuals who have lost loved ones whilst in the trust's care or been otherwise affected by the organisation. The trust thanks these families for their ongoing courage, insight, and dedication to change. In partnership with these families a number of initiatives have taken place, including the creation of a compelling case for change document (enclosed with this briefing), which is a frank assessment of why the trust must continue to develop and improve its services.

Southern Health is also adopting a more collaborative approach to considering previous investigations which have impacted on these families and recently wrote to the Secretary of State for Health and Social Care on this matter. Looking ahead the trust has ambitious plans to involve patients, families and carers much more comprehensively in the design and delivery of services, and indeed this work is already taking place. The recent appointment of a Head of Patient Engagement will ensure this activity is coordinated and evaluated, and a patient engagement strategy is in the process of being finalised, in partnership with patients and service users.

### **Recent Care Quality Commission (CQC) inspection**

In 2017 the CQC inspected the trust and reported that, whilst there were still areas for improvement, the organisation had 'turned a corner'. In June / July 2018 the CQC carried out a comprehensive inspection of all the trust's core services (the first time this has taken place since 2014), as well as a specific inspection against the domain of 'Well-Led'. Initial feedback from the inspections of core services have been largely positive. Inspectors have reported further improvements in culture, visibility of leadership, care planning and risk assessments. The inspectors have highlighted some areas for improvement, including around staffing levels – which is an area we are already working hard to address. The full report is expected in September 2018.

### **Transformation and quality improvement**

The trust has partnered with Northumberland, Tyne and Wear NHS Foundation Trust, an organisation rated 'Outstanding' by the CQC, to develop and implement a quality improvement methodology across the organisation. This involves training colleagues in proven quality improvement approaches who can then work with front-line teams and support services to increase efficiency, quality, and consistency of care. Training has already begun and a number of major transformation projects are already underway to tackle the most pressing issues we face. One such project is to improve our recruitment processes, and another is to improve access to community mental health services, where a series of

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workshops have taken place with patients, families and carers. The trust is confident that this approach will lead to improved services, better patient experiences and outcomes, and further improve the culture within the trust. Indeed, a factor in common with most outstanding NHS trusts is the presence of well-developed transformation and quality improvement programmes.

### **Integration of mental and physical health**

Providing both mental and physical health services brings opportunities to better integrate these services for the benefit of patients. There is now increasing local confidence amongst commissioners that Southern Health is best placed to continue providing community, as well as mental health services, to the population of Hampshire. With this clarity of direction the trust has now begun plans to create integrated mental and physical health services based around identified geographies and populations, aligned with developing 'integrated care partnerships'. While specialist clinical areas will remain, having an integrated management structure will enable better, more joined up care and less duplication, referrals and other issues which can lead to delays and frustrations for patients.

### **Secure Services re-provision**

There is a national shortage of beds for young people requiring secure mental health treatment. Responding to this need, Southern Health is expanding its provision of low secure Child and Adolescent Mental Health Services (CAMHS) in Hampshire. Additional capacity will mean that more young people from Hampshire will be able to receive care closer to home. The trust is delighted that £3m towards this development has been made available as part of the Secretary of State for Health and Social Care's recent investment in NHS capital expenditure, which demonstrates its importance. The trust is also exploring future provision of secure services for adults, recognising that the current building at Ravenswood House, Fareham is no longer fit for purpose and that the current mix of services does not represent the current level of need. Further engagement will be carried out on these projects as they take shape.

### **Gosport War Memorial Hospital**

Southern Health is currently the landlord for the Gosport War Memorial Hospital and provides a number of services there, alongside other NHS providers. The trust was therefore deeply concerned to read the key findings of the recent Gosport Independent Panel publication into historical practices at the hospital. The trust is confident that the hospital today provides good, safe care, evidenced by a 'Good' rating by the CQC and very positive patient feedback scores. We are also confident that systems, training, whistleblowing and other practices have changed significantly across the NHS in the years since the events in the report. At the same time, we will consider the findings of the report very carefully alongside our commissioners, NHS England and the Department of Health to see if there are any other actions required to ensure the practice described in the report cannot happen again. In the meantime we are offering support and reassurance to patients and families who use the hospital, as well as our staff who have in many cases been deeply affected by the report's publication and the public spotlight on their hospital.

### **Improving complaints processes**

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The trust has taken steps to improve the timeliness and quality of its response to complaints and has been carrying out a detailed action plan which is now almost complete. In 2017/18 the trust received 363 complaints (a reduction of 6% on 2016/17) and 5,305 compliments (an increase of 66%, largely due to improved reporting). Key areas of improvement include a steady reduction in the time take to acknowledge complaints (95% are now acknowledged in 3 working days). The median time taken to resolve complaints is also falling. Whilst this is encouraging there is more to be done and this remains a priority area.

Key challenges:

**Recruitment and retention**

Along with the wider NHS, staff recruitment and retention are challenging. The scale of the problem for the trust is broadly in line with that faced by other NHS organisations.

Significant efforts are underway and ongoing to attract and retain our workforce, including a new workforce strategy which is now being implemented, and an increased focus on social media campaigns and passive recruitment.

**Out-of-area mental health placements**

The trust continues to place some Hampshire patients out-of-county for inpatient mental health care in cases where no suitable bed can be made available in Hampshire. This is far from ideal for the patients and their families and is also not the best use of resources. Many attempts have been made to tackle this challenge, with varied success, but it remains a key problem. This complex problem requires a multifaceted solution, the trust is now seeking the involvement of our staff and patients on this matter, under the leadership and fresh perspective of our new medical director.

**Antelope House**

Intensive support is being provided to ensure quality and safety at this mental health unit in Southampton, after a cluster of incidents was reported, focussed on a particular ward.

Additional clinical leadership, staffing, changes to the building, and an external review have taken place and the trust board is monitoring the situation closely. Staff at the unit are reporting that this additional support has been valuable at a time of significant pressure and demand.

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# The Trust Board

## July 2018

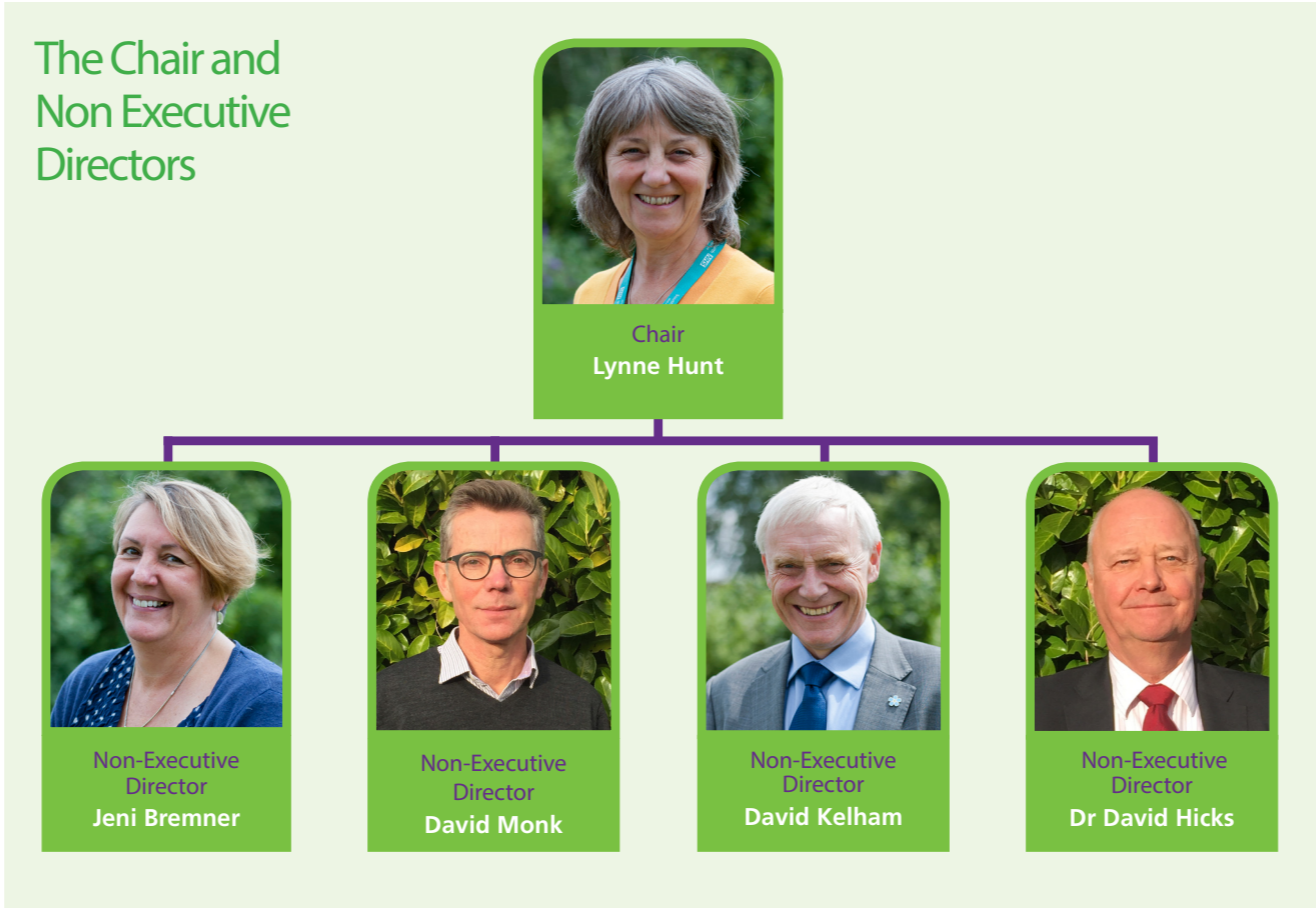
The Board is made up of our Executive Directors and Non-Executive Directors. They're responsible for our Trust's performance and our plans for the future. They hold regular board meetings and anyone can attend the meetings held in public.

[www.southernhealth.nhs.uk/about](http://www.southernhealth.nhs.uk/about)



**Southern Health**  
NHS Foundation Trust

- Patients & people first
- Partnership
- Respect



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# The case for change at Southern Health

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**As a new board we are planning for the future and thinking about the organisation we aspire to become. What does outstanding care look like and how do we get there?**

**Before we can answer this question we need to clearly understand where we are now, and be honest with ourselves about the scale and breadth of change required. This can sometimes make for difficult reading but only with a frank and accurate assessment of our current state can we set realistic and achievable goals for the future.**

In making this assessment we have:

- Reflected on past failings, most recently highlighted by the prosecution of the Trust but also our wider work with families.
- Looked at changes already made over recent years to improve, in many cases in response to failings or serious incidents, but also as part of other change programmes
- Examined the findings of the staff survey and other feedback from our workforce.
- Examined feedback we have had from patients, carers, and families
- Taken findings and guidance from key sources such as inspection reports and national reports aimed at improving care in the NHS\*
- Considered how we compare with the best NHS Trusts in the country
- Considered our values of Respect, Partnership, and People & Patients First

There is evidence that changes have happened and are making an impact: it's important to recognise this. We thank colleagues who have worked hard to deliver these changes so far, and the patients, carers, families and others who have shared their time, expertise, and experiences to help us improve. We have also seen real examples of excellent practice happening across Southern Health. Furthermore, we are very confident that the vast majority of our 6,000 staff are compassionate and dedicated people who have chosen to work in the NHS because they want to make a difference.

This is a strong foundation upon which to build.

Whilst progress has been made, we have identified that significant further change is needed in a number of key areas:

## **Improving quality, safety, and consistency of care**

- Past health and safety failings have resulted in avoidable deaths in our care. We must keep striving to ensure our services are as safe as possible.
- There is too much variation in quality and approach between different parts of the trust – this leads to a variation in outcomes and experience for patients.

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- We don't have a consistent, evidence-based approach to quality improvement embedded across the whole organisation.

### **Involving people**

- We do not consistently involve and work in partnership with people who use our services, their families and carers, and other people affected by what we do.
- Many staff do not feel actively involved in decisions about the trust and their services.
- We must challenge ourselves to be as open and transparent, yet accessible, as possible

### **Joining up care**

- Although we provide both mental and physical health services, we are only scratching the surface of what integrated care can bring to patients.
- We are not working as effectively as we could with other organisations that support the same population.

### **Supporting our workforce**

- We don't do enough to support the health and wellbeing of our colleagues, and to create the environment where employees feel comfortable speaking out if they have concerns. Not all our staff feel that we operate a just culture.
- More needs to be done to retain our staff and make Southern Health an attractive place for prospective employees to come and build their careers.

### **Transforming care pathways**

- We have opportunities to improve every part of our patients' journey – from prevention to crisis care. By making this better we can tackle long-standing issues such as the placement of some patients in hospitals far from home and supporting health and social aspects of recovery.

Meeting these challenges will require more than discrete, incremental changes. We must go beyond this and seek to fundamentally transform the way we do things. This won't be easy. It will take time. But we are convinced it is the best way to truly deliver the outstanding care our patients deserve.

### **Next steps**

We are developing a new vision and strategy for Southern Health which will describe how we will address the challenges set out above. In the meantime we are keen to hear any feedback you may have on our case for change.

**The Board of Southern Health NHS Foundation Trust**

**June 2018**

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#### **OUR VALUES**



**Patients & people first**



**Partnership**



**Respect**



**\*Key references:**

- [Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, Robert Frances QC, 2013](#)
- [Review into the quality of care and treatment provided by 14 hospital trusts in England, Professor Sir Bruce Keogh, 2013.](#)
- [A promise to learn – a commitment to act: Improving the safety of patients in England, 2013](#)
- [Learning from Deaths in the NHS, NHS Improvement, 2017](#)
- [Valued care in mental health: Improving for excellence, NHS Improvement, 2018](#)
- [Driving Improvement: Case Studies from seven mental health NHS trusts, Care Quality Commission, 2018](#)

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## HAMPSHIRE COUNTY COUNCIL

### Report

|                         |  |
|-------------------------|--|
| <b>Committee:</b>       | Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC) |
| <b>Date of meeting:</b> | 18 September 2018  |
| <b>Report Title:</b>    | Work Programme   |
| <b>Report From:</b>     | Director of Transformation and Governance                                    |

**Contact name:** Members Services

**Tel:** (01962) 845018

**Email:** [members.services@hants.gov.uk](mailto:members.services@hants.gov.uk)

#### 1. Purpose of Report

1.1 To consider the Committee's forthcoming work programme.

#### 2. Recommendation

That Members consider and approve the work programme.

**WORK PROGRAMME – HEALTH AND ADULT SOCIAL CARE SELECT OVERVIEW & SCRUTINY COMMITTEE: 2018/19**

| Topic  | Issue  | Link to Health and Wellbeing Strategy  | Lead organisation               | Status   | 18 Sept 2018  | 20 Nov 2018                               | 16 Jan 2019 |
|--|--|--|---------------------------------|--|---|---|-------------|
| <p align="center"><b>Proposals to Vary Health Services in Hampshire</b> - <i>to consider proposals from the NHS or providers of health services to vary health services provided to people living in the area of the Committee, and to subsequently monitor such variations. This includes those items determined to be a 'substantial' change in service.</i></p> |  |  |                                 |  |   |   |             |
| <b>Andover Hospital Minor Injuries Unit</b>  | Temporary variation of opening hours due to staff absence and vacancies  | Living Well<br><br>Healthier Communities   | Hampshire Hospitals<br>NHS FT   | Updates on temporary variation last heard in July 2018 (via electronic briefing)<br><br>Next update to be considered Nov 2018  |   | Update to be considered<br><br><b>(E)</b> |             |
| <b>Dorset Clinical Services review</b><br><br><b>(SC)</b>  | Dorset CCG are leading a Clinical Services review across the County which is likely to impact on the population of Hampshire crossing the border to access services. | Starting Well<br><br>Living Well<br><br>Ageing Well<br><br>Healthier Communities | Dorset CCG / West Hampshire CCG | First Joint HOSC meeting held July 2015, CCG delayed consultation until 2016.<br><br>Last meeting August 2017 to consider consultation outcomes. Decision made by CCG in line with Option B 20 September, which HASC supports. | Verbal update to be received once next meeting has been held.<br><br><b>(M)</b> |   |             |

| Topic   | Issue   | Link to Health and Wellbeing Strategy   | Lead organisation                                     | Status  | 18 Sept 2018 | 20 Nov 2018                    | 16 Jan 2019 |
|---|---|---|---|---|--------------|--------------------------------|-------------|
| <p><b>North and Mid Hampshire clinical services review</b></p> <p><b>(SC)</b></p> | Management of change and emerging pattern of services across sites  | <p>Starting Well</p> <p>Living Well</p> <p>Ageing Well</p> <p>Healthier Communities</p> | HHFT / West Hants CCG / North Hants CCG / NHS England | <p>Monitoring proposals for future of hospital services in north and mid Hampshire since Jan 14.</p> <p>Status: last update May 2018. Requested further update Autumn 2018 once proposals for acute reconfiguration available</p> |              | To be considered<br><b>(M)</b> |             |
| <p><b>Move of the Kite Unit</b></p>   | Move of neuropsychiatric inpatient unit from St James Hospital, Portsmouth, to Western Community, Southampton | <p>Living Well</p> <p>Ageing Well</p>   | Solent NHS Trust                                      | <p>Considered March 2017 and support provided by Committee.</p> <p>Monitoring update received Summer 17. Monitoring update received May 2018 (by email 18 May 2018).</p>  |              |                                |             |

| Topic                              | Issue  | Link to Health and Wellbeing Strategy | Lead organisation        | Status   | 18 Sept 2018                                   | 20 Nov 2018 | 16 Jan 2019 |
|------------------------------------|--|---------------------------------------|--------------------------|--|--|-------------|-------------|
| <b>West Surrey Stroke Services</b> | Review of stroke services  | Living Well<br>Ageing Well            | NE and SE Hampshire CCGs | To be considered once the consultation has closed<br><br>Heard at June 2017 mtg, where Committee supported proposals. Monitoring heard Nov 17. To be next considered September 18. | Next update to be considered<br><br><b>(M)</b> |             |             |
| <b>Spinal Surgery Service</b>      | Move of spinal surgery from PHT to UHS (from single clinician to team) | Living Well<br>Ageing Well            | PHT and Hampshire CCGs   | Proposals considered July 2018. Determined not SC. Requested update on engagement Sept 2018. Implementation update timing tbc at Sept meeting.                                     | Update to be considered<br><br><b>(E)</b>      |             |             |

| Topic                           | Issue  | Link to Health and Wellbeing Strategy | Lead organisation       | Status   | 18 Sept 2018                | 20 Nov 2018 | 16 Jan 2019 |
|---------------------------------|--|---------------------------------------|-------------------------|--|-----------------------------|-------------|-------------|
| <b>Chase Community Hospital</b> | Hampshire Hospitals NHS FT - Outpatient and X-ray services: Reprovision of services from alternative locations or by an alternative provider | Living Well<br>Ageing Well            | HHFT and Hampshire CCGs | Item considered at May 2018 meeting. Deferred decision on substantial change pending further information. Next update due Sept 2018 when engagement completed. | Update to be considered (M) |             |             |

**Issues relating to the planning, provision and/or operation of health services – to receive information on issues that may impact upon how health services are planned, provided or operated in the area of the Committee.**

|  |   |  |                         |  |   |  |  |
|--|---|--|-------------------------|--|---|--|--|
| <b>Care Quality Commission inspections of NHS Trusts serving the population of Hampshire</b> | To hear the final reports of the CQC, and any recommended actions for monitoring. | Starting Well<br>Living Well<br>Ageing Well<br>Healthier Communities | Care Quality Commission | To await notification on inspection and contribute as necessary.<br><br>PHT last update received May 2018. Next due Nov 2018 or when comprehensive report published.<br><br>SHFT – next update Sept 18 | SHFT update<br><br><b>(M)</b><br><br>PHT update<br><br><b>(M)</b> |  |  |
|--|---|--|-------------------------|--|---|--|--|

| Topic  | Issue  | Link to Health and Wellbeing Strategy  | Lead organisation | Status   | 18 Sept 2018 | 20 Nov 2018    | 16 Jan 2019 |
|--|--|--|-------------------|--|--------------|----------------|-------------|
| <b>CQC Local System Review of Hampshire</b>  | To monitor the response of the system to the findings of the CQC local system review, published June 2018. | Ageing Well<br><br>Healthier Communities   | AHC at HCC        | Update received at July 2018 meeting. Requested update to Nov 2018 meeting on progress 3 months in to Action Plan.   |              | Update due (M) |             |
| <b>Sustainability and Transformation Plans: one for Hampshire &amp; IOW, other for Frimley</b> | To subject to ongoing scrutiny the strategic plans covering the Hampshire area                             | Starting Well<br><br>Living Well<br><br>Ageing Well<br><br>Healthier Communities | STPs              | H&IOW initially considered Jan 17 and monitored July 17 and 18, Frimley March 17<br><br>STP working group to undertake detailed scrutiny – updates to be considered through this.<br><br>Next update at formal meeting March 2019. |              |                |             |



| Topic   | Issue  | Link to Health and Wellbeing Strategy                                | Lead organisation   | Status   | 18 Sept 2018 | 20 Nov 2018 | 16 Jan 2019      |
|---|--|--|---|--|--------------|-------------|------------------|
| <b>Overview / Pre-Decision Scrutiny</b> – <i>to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme</i> |  |  |   |  |              |             |                  |
| <b>Budget</b>   | To consider the revenue and capital programme budgets for the Adults' Health and Care dept | Starting Well<br>Living Well<br>Ageing Well<br>Healthier Communities | HCC Adults' Health and Care<br><br>(Adult Services and Public Health) | Considered annually in advance of Council in February  |              |             | Pre scrutiny due |
| <b>Older People and Physical Disability Day Services</b>  | To consider prior to decision the outcomes of the OPPD consultation                        | Living Well<br>Ageing Well<br>Healthier Communities                  | HCC Adults; Health and Care   | Considered February 2018. Update on re-provision for service users and staff outcomes received July 2018 |              |             |                  |

| Topic   | Issue   | Link to Health and Wellbeing Strategy                                | Lead organisation                       | Status   | 18 Sept 2018                                   | 20 Nov 2018 | 16 Jan 2019 |
|---|---|--|---|--|--|-------------|-------------|
| <b>Scrutiny Review</b> - <i>to scrutinise priority areas agreed by the Committee.</i>   |   |  |   |  |  |             |             |
| <b>STP scrutiny</b>   | To form a working group reviewing the STPs for Hampshire          | Starting Well<br>Living Well<br>Ageing Well<br>Healthier Communities | STP leads<br><br>All NHS organisations  | ToR agreed September 2017  | Verbal updates to be received when appropriate |             |             |
| <b>Real-time Scrutiny</b> - <i>to scrutinise light-touch items agreed by the Committee, through working groups or items at formal meetings.</i> |   |  |   |  |  |             |             |
| <b>Adult Safeguarding</b>   | Regular performance monitoring of adult safeguarding in Hampshire | Living Well<br><br>Healthier Communities                             | Hampshire County Council Adult Services | For an annual update to come before the Committee.<br><br>Update Nov 17, next due Nov 18 |  | Update due  |             |

| Topic         | Issue  | Link to Health and Wellbeing Strategy                                | Lead organisation | Status   | 18 Sept 2018 | 20 Nov 2018                     | 16 Jan 2019 |
|---------------|--|--|-------------------|--|--------------|---------------------------------|-------------|
| Public Health | To undertake pre-decision scrutiny and policy review of areas relating to the Public Health portfolio. | Starting Well<br>Living Well<br>Ageing Well<br>Healthier Communities | HCC Public Health | Substance misuse transformation update heard May 2018.<br><br>0-19 Joint Procurement |              | 0-19 joint proc item<br><br>(M) |             |

**Key**

- (E) Written update to be received electronically by the HASC.
- (M) Verbal / written update to be heard at a formal meeting of the HASC.
- (SC) Agreed to be a substantial change by the HASC.

**CORPORATE OR LEGAL INFORMATION:****Links to the Strategic Plan**

|   |     |
|---|-----|
| <b>Hampshire maintains strong and sustainable economic growth and prosperity:</b> | No  |
| <b>People in Hampshire live safe, healthy and independent lives:</b>              | Yes |
| <b>People in Hampshire enjoy a rich and diverse environment:</b>                  | No  |
| <b>People in Hampshire enjoy being part of strong, inclusive communities:</b>     | Yes |

**Section 100 D - Local Government Act 1972 - background documents**

**The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)**

Document

Location

None

## **IMPACT ASSESSMENTS:**

### **1. Equality Duty**

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

**Due regard in this context involves having due regard in particular to:**

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. **Equalities Impact Assessment:** This is a document monitoring the work programme of the HASC and therefore it does not therefore make any proposals which will impact on groups with protected characteristics.

### **2. Impact on Crime and Disorder:**

2.1 This is a forward plan of topics under consideration by the Committee, therefore this section is not applicable to this report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

### **3. Climate Change:**

3.1 How does what is being proposed impact on our carbon footprint / energy consumption?

This is a forward plan of topics under consideration by the Committee, therefore this section is not applicable to this report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

3.2 How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

This is a forward plan of topics under consideration by the Committee, therefore this section is not applicable to this report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

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