

# Public Document Pack



## NOTICE OF MEETING

<b>Meeting</b>	Health and Adult Social Care Select Committee
<b>Date and Time</b>	Tuesday, 20th November, 2018 at 9.30 am
<b>Place</b>	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
<b>Enquiries to</b>	members.services@hants.gov.uk

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.

## **5. CHAIRMAN'S ANNOUNCEMENTS**

To receive any announcements the Chairman may wish to make.

## **6. PROPOSALS TO VARY SERVICES (Pages 13 - 44)**

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.

### **Items for Monitoring**

- 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
- NHS Guildford and Waverley CCG and Hampshire Partnership CCG: West Surrey Stroke Services – Update on Implementation; once the new service model has been fully embedded, to include monitoring information on the ambulance response times in the affected Hampshire area, and treatment times once patients have reached Frimley Park Hospital
- Hampshire Hospitals NHS Foundation Trust: Andover Hospital Minor Injuries Unit

### **Items for Information**

- Southern Health NHS Foundation Trust: Staffing Issues affecting Beaulieu and Poppy Older People's Mental Health wards

## **7. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES (Pages 45 - 252)**

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.

- Southern Health NHS Foundation Trust: Care Quality Commission Comprehensive Inspection Report
- Hampshire Hospitals NHS Foundation Trust: Care Quality Commission Comprehensive Inspection Report

**8. CQC LOCAL SYSTEM REVIEW - ACTION PLAN UPDATE** (Pages 253 - 268)

To receive an update on actions in the action plan that had a target to be achieved within the first 3 months.

**9. SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP - SYSTEM REFORM PROPOSALS** (Pages 269 - 316)

To receive an overview of proposals arising from the Hampshire and Isle of Wight Sustainability and Transformation Partnership.

**10. ANNUAL ADULT SAFEGUARDING UPDATE** (Pages 317 - 332)

To consider an annual update on Adult Safeguarding.

**Exclusion of the Press and Public**

To resolve that the public be excluded from the meeting during the following item of business, as it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present during this item there would be disclosure to them of exempt information within Paragraphs 3 and 5 of Part 1 of Schedule 12A to the Local Government Act 1972, and further that in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons set out in the report.

**11. SOCIAL INCLUSION WORKING GROUP OUTPUT** (Pages 333 - 418)

To receive the findings of the HASC Working Group on Social Inclusion, and consider the draft report due for consideration by the Executive Member for Adult Social Care and Health at her 5 December 2018 Decision Day.

**12. WORK PROGRAMME** (Pages 419 - 428)

To consider and approve the Health and Adult Social Care Select Committee Work Programme.

**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.

# 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,  
18th September, 2018

Chairman:

p Councillor Roger Huxstep

Vice Chairman:

p Councillor David Keast

p Councillor Martin Boiles  
p Councillor Ann Briggs  
p 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  
p Councillor Marge Harvey  
p Councillor Pal Hayre  
p Councillor Neville Penman  
a Councillor Mike Thornton  
p Councillor Jan Warwick

## **Substitute Members**

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

## **Co-opted members**

p Councillor Tina Campbell  
p 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

## **76. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Thornton and Forster. Councillor Hiscock, as the Lib Dem standing deputy and Cllr Quantrill, the Conservative deputy were in attendance in their place.

## **77. 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.

**78. MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 10 July 2018 were confirmed as a correct record and signed by the Chairman.

**79. DEPUTATIONS**

The Committee did not receive any deputations.

**80. CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made two announcements:

Dorset Clinical Services Review Update

The Chairman told the Committee how three Members on HASC had been taking part in a joint committee with colleagues in Dorset over the past few years to scrutinise proposals impacting on Bournemouth and Poole hospitals, used by some Hampshire residents on the border. In 2017, following consultation, the Dorset CCG agreed the option to centralise urgent care at Bournemouth Hospital, and planned care at Poole Hospital. The Hampshire Members on the JHOSC supported the CCG's planned option.

A member of the public initiated a judicial review of the proposals, so implementation of the changes had been on hold. The outcome of the judicial review was announced on the 5 September, in favour of Dorset CCG. The court confirmed that Dorset CCG had taken into consideration all the matters they were required to consider during the Clinical Services Review (CSR) and consultation processes. The High Court decision would now allow the planned improvements to health and care services in Dorset to be implemented without further delay.

It was anticipated that the JHOSC would meet again later in 2018 to review the implementation.

Sustainability and Transformation Partnership (STP) Working Group update

The Chairman confirmed that in 2017, the HASC agreed terms of reference for a working group to consider the STP plans for the Hampshire area. The group held its first meeting in December 2017, a meeting in March 2018 and was due to hold a further meeting at the end of September.

At the first meeting, the group received an overview of the position for both the Hampshire and Frimley STPs. At the March meeting, the group received a presentation from Lesley Stevens, Clinical Director, on the Mental Health Alliance work stream of the H&IOW STP. A presentation was also received from Jane Hogg, Integration and Transformation Director, giving an overview update on the Frimley STP.

At the September meeting, the group were due to receive an update from Frimley STP on their Urgent & Emergency Care programme, and from H&IOW STP on their New Models of Care work. The Working Group would continue as required, and report back to the HASC when relevant.

## 81. PROPOSALS TO VARY SERVICES

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.

Representatives from Hampshire Hospitals NHS Foundation trust (HHFT) and the Clinical Commissioning Group (CCG) presented a report on the re-provision of services (see report, Item 6a in the Minute Book).

Following previous discussion at the May 2018 HASC meeting, Members received updates on five points as detailed in paragraph 1.6 of the report. Five common issues had been established after a survey conducted primarily with Chase users, and these included transport, the expansion of the town and elements of choice for treatment, with the priority being the service existing as opposed to who it was provided by. Public transport continued to be a concern due to long journey times, and these were listed on page 23 alongside car journey times. The full survey results were attached as an appendix to the report.

The table in Section 5 of the report detailed the acute services along with the outcome of discussions and proposed new arrangements, which were all highlighted to the Select Committee.

In response to questions, Members heard:

- Non urgent X-ray appointments are generally met within six weeks, and the issues were not with the equipment available, but with the radiologists available to operate it. Talks were already in place with educational establishments to help with the national shortage of radiographers.
- Audiology appointment waiting times were long and this was an area already being looked into. Whilst some appointments across all services were being missed, these weren't generally down to transport issues.
- Whilst parking charges were high in some areas, this was to deter shoppers from using the car parks (i.e. in Winchester, where the High Street is relatively close to the hospital).
- Emergency X-rays were available sooner than the six week waiting time, but portable machines was something that could be looked at long term if the staff issue was addressed.

- It was anticipated that it would cost approximately £100,000 to get a bus funded on an existing route and acknowledged that developers could be approached more routinely to acquire funds for public transport links.
- The Health Hub was anticipated for 2020 and services would not move until it was complete. There would be a loss of service whilst waiting for the Hub to be established.
- Whilst important, the services being discussed at the meeting represented less than 20% of those offered at The Chase.
- Services relocated to GP surgeries were acute services operated by Royal Surrey hospital and therefore did not interfere with appointments nor the day-to-day running of the surgery and did not effect GP's based there.
- Transport would be an ongoing priority to be looked at along with voluntary organisations.

## RESOLVED

- a. The Committee agreed unanimously that the changes proposed constituted a substantial change
- b. The Committee were not convinced that the proposed changes were in the interest of the service users affected, and therefore requested further information as listed in resolution c)
- c. The Committee agreed the following recommendations to the NHS bodies concerned regarding taking proposals forward, with further updates to come back to the November meeting:
  - i. That further financial information be provided regarding the proposals, along with comparisons to bespoke public transport options
  - ii. Further information is provided regarding population projections
  - iii. More details are brought back regarding the development of the Health Hub and what is likely to be provided there
  - iv. A clinical response is provided by GP's regarding the acute services being relocated in local surgeries.

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.

Southern Health presented a briefing note to HASC (Item 6b in the Minute Book) regarding Adult Mental Health Services in Eastleigh Southern Parishes.

It was explained how the caseloads within the East Community Metal Health Team (East CMHT) were too high and recent relocation further into Southampton made it more critical that services to the Eastleigh Southern Parishes are moved to be delivered from the Eastleigh and Romsey Community Mental Health Team, where they can be better managed and in a more suitable location.



Lots of work was being done in preparation for the transfer, focussing on consistency with care and initiatives to recruit and retain staff going forward.

RESOLVED:

- a) The Committee agreed that this was not a substantial change
- b) It was agreed that the proposed change was in the best interest of users of the service
- c) The Committee requested an update as to the transferral in March 2019

NHS Guildford and Waverley CCG and Hampshire and Isle of Wight Partnership CCG: West Surrey Stroke Services.

This item was deferred to a future meeting due to Guildford and Waverley CCG not being present at the meeting.

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

*This item was taken last at the meeting. Councillors Briggs, Cartwright, Craig, Finlay and Harrison had left when this was considered.*

The Committee took the report as written and agreed any further questions regarding the report could be emailed to the Portsmouth Hospitals Trust after the meeting.

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

Care Quality Commission (CQC) Inspection of services – Portsmouth Hospitals Trust

Dr John Knighton from the Portsmouth Hospitals Trust (PHT) presented a report on the CQC inspection (see report, Item 7 in the Minute Book). It was acknowledged that the Trust had an overall rating of 'Requires Improvement' following the CQC Inspection.

Dr Knighton was pleased to confirm that some areas had seen significant improvement since the last inspection, including Critical Care, which was one of few areas to be awarded 'Outstanding'. Children's Services and End of Life Care had also performed well.

Maternity Services and Accident and Emergency had both been focuses for the new leadership team, with programmes for change already being implemented before the inspection. Despite some areas still needing further attention, it was a positive step that there had been no surprises arising from the inspection and areas of need had already been identified and a Quality Management Plan established, which would focus on medicines management and provision of safeguarding primarily.

In response to questions, Members heard:

- The matrix within the report confirmed overall scores, with 30 areas marked as 'Good' or above and 23 as 'Requiring Improvement' or 'Inadequate'.
- Whilst there were high standards of cleaning, the cleanliness as part of the inspection related to inconsistency with clinical cleaning, for example beds and bedside equipment and there was a risk standards could be jeopardised during busy periods.
- There had been a large increase in the requests for X-rays and scans and a national shortage of radiographers, but more imaging capacity was being provided via a temporary scanner for over the winter period.
- Part of the £2.8 million grant will go towards regenerating the A&E department at Queen Alexandra (QA) which was an old part of the building designed around the 1979 provisions and not updated during the 2009 work.
- Last year the QA hospital had been the most successful with preventing the spread of the Norovirus, with no beds being lost due to good infection control.
- A new role of 'Director of Integrated Governance' had been created, with a focus on openness and transparency and closer working with other colleagues and organisations.
- A separate bereavement suite had not yet been established, but there was a suitable area reserved for such incidences.
- Mental Health nurses were on the daily rota within the A&E department to assist with difficult behaviour, but it was acknowledged that such behaviour was not always a result of mental health problems.
- It took 8-10 years to train radiographers and difficult to know what the requirement would be for them over than length of time. Due to great cost, there had been a caution to not over train and have more than was needed, but this was a difficult balance to get as the sudden increase in demand could not have been predicted.
- There was a quiet space available for those who needed it, which could also be used by those with autism if required.

## RESOLVED

### The Committee:

- a. Noted the findings within the recent CQC inspection of Portsmouth Hospitals Trust;
- b. Noted the approach of the Trust to respond to the findings;
- c. Agreed that that an update would come back to Committee on progress made against the recommendations within the CQC report in six months time.

Care Quality Commission (CQC) re-inspection of services – Southern Health NHS Foundation Trust, and update on response to Mazars report on 'deaths of people with a learning disability or mental health problem in contact with Southern Health'

Dr Nick Broughton from Southern Health presented an update to the Committee regarding a re-inspection (Item 7b in the Minute Book).

It was confirmed to the Committee that the Trust had been fined £2 million in March 2018 due to past failures. As part of an overhaul, a new Board of Directors with the necessary expertise and experience was now in place to take forward the necessary transformation of the Trust. Good progress had already been made and the level of regulatory scrutiny had reduced due to adequate improvements.

A Service User Coordinator had been appointed with focus on better working with patients and carers. Quality improvement initiatives were now addressing recruitment and retention, as well as reducing pressure ulcers, improving access to therapies and reducing violence and aggression. There was also work being done to develop a new in-house low secure unit for young people.

A further inspection by CQC was done over the summer and a report with their findings was due in the autumn.

In response to questions, Members heard that:

- Training on autism was limited unless for staff who were specialised in the area, but this was standard across the NHS
- There was a lack of psychological treatment, but this was something that hoped to be expanded in the future.
- There were organisational barriers (i.e. between CAMHS and Adult services), which could make some cases and work areas difficult
- Recruitment and retention was one of the top priorities within Mental Health, as vacancies and the use of locums undermined the continuity of care for patients. Some medics hadn't felt valued by the organisation and it was important that was a focus.

Councillor Stallard informed the Committee that Public Health at HCC undertake an annual audit of suicides in Hampshire, which could be made available to the Committee.

RESOLVED:

The Committee:

- a) Thanked Dr Broughton for the update, which was noted;
- b) Agreed that an update be brought to the November or January 2019 HASC meeting, following receipt of the latest CQC report
- c) Made no further recommendations

## 83. **WORK PROGRAMME**

*Councillors Briggs, Campbell, Cartwright, Craig, Finlay, Harrison, Hayre and Warwick had left when this was considered.*

The Director of Transformation and Governance presented the Committee's work programme (see Item 8 in the Minute Book).

It was suggested that further information on Child and Adolescent Mental Health Service (CAMHS) assessments of children in schools and the change in provider come to a future meeting as an update. There was also discussion around autism and whether training would be beneficial to the Committee at a future meeting.

RESOLVED:

The Committee's work programme was approved, subject to the amendments above.

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Chairman,

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date of Meeting:</b>	20 November 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 Monitoring**

### **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 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. However, the Committee deferred making a decision on whether the remaining proposals constituted a substantial change in service and would be in the interest of the service users affected, subject to receiving further information.
- 2.5 At the September 2018 meeting, the Trust and CCG provided a further update. At that meeting the Committee agreed that the changes proposed constituted a substantial change. The Committee were not convinced that the proposed changes were in the interest of the service users affected, and requested further information on the following aspects:
  - That further financial information be provided regarding the proposals, along with comparisons to bespoke public transport options

- Further information is provided regarding population projections
- More details are brought back regarding the development of the Health Hub and what is likely to be provided there
- A clinical response is provided by GP's regarding the acute services being relocated in local surgeries.

### *Update*

- 2.6 A Report (see Appendix) has been received from the Clinical Commissioning Group and Hospital Trust providing an update. The HASC has a duty to consider 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:
- a) Whether the proposed change is in the interest of the service users affected
  - b) 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 **NHS Guildford and Waverley CCG and Hampshire and Isle of Wight Partnership CCG: West Surrey Stroke Services**

### *Context*

- 2.9 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.
- 2.10 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.

2.11 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*

2.12 An update was on the agenda for the September 2018 HASC meeting but was deferred. A report providing an update has been provided, see appendix.

#### **Recommendations**

2.13 That the Committee:

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

2.14 **Hampshire Hospitals NHS Foundation Trust: Andover Hospital Minor Injuries Unit**

#### *Context*

2.15 Hampshire Hospitals NHS Foundation Trust provide a Minor Injuries Unit (MIU) at the Andover War Memorial Hospital. In recent years the Trust has 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.

2.16 The HASC last received an update on the situation in July 2018. At that time the Committee heard that, with the agreement of West Hampshire Clinical Commissioning Group, the opening hours of the MIU had been reduced to 0830Hrs -1800Hrs (compared to commissioned hours until 10pm) for a period of 6 months from 4 June 2018. This was due to the MIU having 5 Emergency Nurse Practitioners (ENP) vacancies. Recruitment of (ENPs) continued to be difficult against a national shortage.

#### *Update*

2.17 An update was requested in 3 months time. A report providing an update has been provided, see appendix.



## **Recommendations**

- 2.18 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 for the March 2019 meeting.

## **3. Items for Information**

### **3.1 Southern Health NHS Foundation Trust: Staffing Issues affecting Beaulieu and Poppy Older People's Mental Health wards**

3.2 The Health and Adult Social Care Select Committee have been notified by Southern Health NHS Foundation Trust that they are experiencing difficulties staffing two Older People's Mental Health wards. In mid-October the Trust took the decision to temporarily suspend admissions to Poppy Ward, based at Gosport War Memorial Hospital and Beaulieu Ward based at The Western, Southampton, to help maintain a safe level of care to patients.

3.3 Since then, the Trust has re-opened Poppy ward to admissions. With regard to Beaulieu ward, the Trust are working with partners to discharge 4 of the 9 current patients. A report on the situation has been provided by the Trust, see appendix.

## **Recommendations**

- 3.4 That the Committee:
- a. Note the update on the position regarding staffing the Poppy and Beaulieu Older People's Mental Health wards.
  - b. Agree a suitable time for a further update on the position.

**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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# Whitehill & Bordon Health Campus and re-provision of Hampshire Hospitals NHS Foundation Trust services update

## 1. Purpose

- 1.1. This report provides an update on the development of a health hub in Whitehill & Bordon and sets out proposals from Hampshire Hospitals NHS Foundation Trust (HHFT) to re-provide outpatient services currently delivered in the local area. It also provides an update on the CCG's progress on sourcing alternative provision.

## 2. Development of a health hub

### 2.1. Background

South Eastern Hampshire CCG's publicly stated commitment since 2013 has been to ensure that residents in Whitehill and Bordon have access to a comprehensive range of health and well-being services. In 2014/15 the CCG worked with community representatives to develop the 'Chase Charter' which set out the type of services that would be provided from the Chase Community Hospital based on the health needs of local people.

At its meeting in January 2016 the Governing Body restated this commitment and agreed that the progression of a capital investment bid for the Chase Community Hospital was no longer a viable option and that the CCG should focus on working with local GPs and partner organisations to develop plans for a new health and well-being facility as part of the NHS England Healthy New Town programme in Whitehill & Bordon.

A Steering Group made up of community representatives (elected members from Hampshire County Council, East Hampshire District Council and the Town Council, Patient Participation Group representatives, voluntary sector colleagues, Southern Health NHS Foundation Trust, NHS Property Services, local GPs and the CCG's Lay Member for PPI) has been involved in the project and continues to meet regularly to discuss issues and make recommendations.

A range of engagement exercises have been carried out in the local area over the last five years and these have had three consistent themes – local people want to be able to access a range of high quality and accessible services in the local area; local people are supportive of the commitment to provide a range of services; and transport, including public transport, is a concern for the local community.

## 2.2. Population changes

Whitehill & Bordon has a current population of approximately 16,100. The table below details the current population for the area and the forecasted growth.

YEAR	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029
0-4 Years	895	939	986	1,013	1,029	1,011	982	931	920	918	913	913	889
5 - 10 Years	1,416	1,422	1,408	1,425	1,449	1,443	1,466	1,467	1,475	1,472	1,445	1,412	1,361
11 - 15 Years	1,034	1,114	1,218	1,302	1,372	1,434	1,428	1,364	1,352	1,346	1,323	1,345	1,353
16-17	417	429	443	466	486	526	558	602	618	599	621	604	554
Adults 18- 64	9,747	10,155	10,729	11,227	11,766	12,088	12,282	12,238	12,465	12,728	12,897	13,079	13,026
65 -74	1,873	1,989	2,100	2,212	2,338	2,419	2,505	2,595	2,720	2,870	2,995	3,123	3,248
75-84	645	698	774	835	896	983	1,059	1,096	1,147	1,206	1,258	1,320	1,352
85+	87	79	75	77	82	86	93	95	104	116	126	142	157
<b>TOTAL</b>	<b>16,114</b>	<b>16,825</b>	<b>17,732</b>	<b>18,557</b>	<b>19,418</b>	<b>19,992</b>	<b>20,372</b>	<b>20,388</b>	<b>20,803</b>	<b>21,255</b>	<b>21,578</b>	<b>21,939</b>	<b>21,940</b>
Population impact of constraint													
Number of persons	616	612	806	720	756	466	277	-83	317	358	233	269	-88
Households													
Number of Households	6,541	6,822	7,181	7,523	7,883	8,153	8,371	8,464	8,691	8,937	9,131	9,337	9,412
Change in Households over previous year	275	281	359	342	361	269	218	93	227	247	194	206	75
Number of supply units	6,871	7,166	7,543	7,902	8,281	8,564	8,793	8,891	9,129	9,388	9,592	9,808	9,887
Change in over previous year	289	295	377	359	379	283	229	98	238	259	204	216	79

The population in this area is generally older than that of Hampshire and England. The predicted forecast for 2029 highlights that over 80% of the population for this area will be of adult age, the highest proportion of this group is in the age range 18 to 64. There are no significant increases in population predicted for the under 18 age ranges, however, in the 65 plus age category there is a significant increase which sees the age category of 65 to 84 double in population by 2026.

A recent housing strategic review estimates the population growth will be staggered over a number of years with:

- 31% of the population growth occurring between 2017 and 2020
- 21% between 2021 and 2022
- 48% between 2023 and 2027
- 53% of the new households are forecast to be three, four or five bed houses.

This is likely to mean new families moving into the town.

## 2.3. Developing plans for a new health hub

The CCG has been working with East Hampshire District Council (EHDC) and other partners to progress one of the core ambitions within the Healthy New Town Programme in Whitehill and Bordon – the development of a new town centre health facility to be delivered in 2020.

In 2017, the CCG commissioned Hampshire LIFT to produce a Strategic Outline Business Case (Post PID Option Appraisal) for Whitehill & Bordon, building on the findings and recommendations of an earlier study.

The Strategic Outline Case (SOC) considered a range of options to deliver the stated investment of objective of:

*“Co-locating general practice with existing and planned community health services and providing the capacity to deliver primary and community health services to the increased population.”*

The SOC concluded that the Preferred Option was for a new building in the town centre as part of the Healthy New Towns programme. The building would house both GP practices from the town; all services currently provided at Chase Community Hospital and have flexible space for other services. Under this option the CCG and partnering NHS bodies (GP practices, SHFT and other Trusts) would lease space within the new building.

This was agreed by the Governing Body in December 2017 and the SOC was subsequently submitted to NHS England. The CCG is now working with partners to develop an Outline Business Case.

#### 2.4. Next steps

There are a number of key next steps for the programme. These are:

- **Continuing to work with potential tenants**
  - Review and agree space requirements with tenants
  - Support potential tenants to understand the financial requirements
- **Development of the Outline Business Case**
  - Fully develop the outline business case for the CCG Governing Body to agree
- **Applying for planning permission**
  - Preparing planning permission application for December 2018
- **Development of full business case**
  - Agree/appoint development partners
  - Finalise service provision
  - Tenants' agreement to lease.

### 3. **Re-provision of Hampshire Hospitals NHS Foundation Trust services**

#### 3.1. Background

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 & Bordon. Outpatient and x-ray services run from Chase Community Hospital. This is also the base for the community midwifery team who provide services from the hospital as well as home visits.

The community midwifery service is in the process of transferring to Royal Surrey County Hospital NHS Foundation Trust which is already delivering this service locally.

In 2017/18 HHFT delivered a total of 602,457 outpatient attendances across all of its sites. 1.5% of this activity was for Whitehill & Bordon practices. Of this, the activity delivered at the Chase Community Hospital was 2,382 appointments, which represents about 0.39% of the Trust total.

In 2017/18 HHFT received 3,918 referrals from the GP practices in Whitehill & Bordon. For the 9,090 outpatient attendances from these referrals (both new and follow-up),

around 74% were seen at the Trust's main hospitals or locations other than Whitehill & Bordon. 26% were seen locally in Chase Community Hospital.

The outpatient services currently provided in Whitehill & 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.

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).

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.

HHFT's 'market share' (the percentage of new outpatient appointments for Whitehill & 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.

### 3.2. Financial implications and cost of transport

HHFT's costs to provide the 2,382 outpatient appointments and the 1,816 x-ray exams carried out in 2017/18 were £339,439. This cost includes medical, nursing, allied health professionals and non-clinical staff costs, equipment costs, materials, travel expenses, accommodation, and Trust overheads.

The CCG is responsible for commissioning patient transport for patients using an acute service and who meet the national eligibility criteria. This is provided on a cost by case basis which takes into account factors such as mileage, mobility and if an escort comes with or is provided for the patient.

During 2017/18 there were 2,824 journeys to or from the GU35 postcode area (Whitehill & Bordon) to hospitals. The majority of these were return journeys and were made by 182 patients. The total cost for these journeys was £146,000. The majority of these journeys (1,794) were made by renal patients, this cost £94,000.

As the provision of NHS transport is determined by national eligibility criteria rather than the clinic type we are unable to predict any changes in transport need. However, patients who meet the criteria will be provided with transport.

### 3.3. Views of local people

The Trust, with support from the CCG, sought the views of local people on the plans to re-provide these services.

The feedback received highlighted five clear themes:

1. **Strength of feeling about Chase Community Hospital:** The people of Whitehill & Bordon care passionately about the retention of local services and any proposal to relocate services away from Chase Community Hospital is seen as a further erosion of local health provision. The hospital is very much viewed as an under-



used public asset whose future is of great concern to the population of Whitehill & Bordon.

2. **Transport issues:** Whitehill & Bordon is poorly served and public transport to any hospital site is extremely difficult involving lengthy journeys and bus changes. Any additional requirement to travel to alternative sites would put pressure on existing travel options. Volunteer car services already feel under 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.
3. **The growing population:** 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 & Bordon.
4. **Lack of Choice:** Patients feel they are not given the choice to attend Chase Community Hospital where provision exists. This issue was common to all the services at the hospital, not just those provided by HHFT.
5. **Local provision is more important than who provides it:** Attendees felt strongly that local provision was more important than which organisation/provider actually delivers it.

There were 452 respondents to the survey and the key findings were:

- 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
- 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
- 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
- 76% of respondents drive their own car when accessing healthcare
- 88% of respondents would approve or strongly approve of the same service being provided by another provider.

### 3.4. Views of local clinicians

There have been discussions between the Trust and local GPs about the Trust's plans and these have been welcomed by local clinicians. Their view is that ensuring local provision of services for long-term conditions such as diabetes, respiratory and heart disease will make the biggest difference to the healthcare of local people. The local practices are already developing these approaches including having diabetes specialist consultants and the community diabetes team seeing patients locally. This approach improves early diagnosis, medicine optimisation and skill transfer between secondary and primary care health professionals.

They have also reflected that improving access to primary care services, through extended access, and improving the use of IT, for example being able to electronically

request an x-ray in Haslemere, supports a different way of working which benefits patients.

### 3.5. Potential alternative providers

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.

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).

Service / clinic	What does HHFT currently provide in Whitehill & Bordon?	How will this be re-provided by HHFT?	Could a different provider provide this in Whitehill & Bordon?	Will this service move to the new health hub?
ENT	HHFT have provided one clinic a month providing around 230 appointments a year	Patients can choose to be seen by HHFT in Alton, Basingstoke or Winchester or choose to be seen by RSCH in Haslemere	Alternative providers have confirmed that the activity is too low to deliver a sustainable service in Whitehill & Bordon.  HHFT will not relocate their service until March 31, 2019	This service will not move to the new health hub
Audiology	Around one audiology clinic a week providing around 260 appointments a year	Patients can choose to be seen by HHFT in Alton, Basingstoke or Winchester or choose to be seen by RSCH in Haslemere	The number of patients using this service is very low so alternative providers have confirmed that the activity is too low to deliver a sustainable service in Whitehill & Bordon.  However the provision of audiology will be subject to review in the near future.  HHFT will not relocate their service until March 31, 2019	This will be determined when the service provision is clarified
Maxillo Facial	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 in Whitehill & Bordon.  HHFT will not relocate their service until March 31, 2019	This service will not move to the new health hub

Service / clinic	What does HHFT currently provide in Whitehill & Bordon?	How will this be re-provided by HHFT?	Could a different provider provide this in Whitehill & Bordon?	Will this service move to the new health hub?
Paediatrics services (general paediatrics, hearing clinics, child development and physiotherapy)	These clinics provide around 20 new and 39 follow-up appointments each month	<p>Patients choosing HHFT as their provider will be offered an appointment in Alton, either in the Community Hospital or a GP practice, or Basingstoke / Winchester.</p> <p>General paediatric patients can choose to be seen by RSCH in Haslemere</p>	<p>Discussions are underway between HHFT, RSCH and the CCG regarding RSCH potentially providing general paediatrics.</p> <p>HHFT will not relocate their service until March 31, 2019</p>	This will be determined when the service provision is clarified
X-ray	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 in Whitehill &amp; Bordon.</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
Midwifery	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	<p>RSCH provides the pre and post-natal care for women from Whitehill &amp; Bordon who chose to give birth with them. This is being provided in the local community.</p> <p>There is a commitment from RSCH to keep the pre and post-natal care local (either at Chase Community Hospital or in GP surgeries)</p>	Yes as it will transfer either from Chase or with the GP services
Ophthalmology	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 or choose to be seen by RSCH in Haslemere	<p>RSCH provides an ophthalmology service from Badgerswood GP practice. Discussions are currently underway about whether this service could also be offered from Forest Surgery.</p> <p>HHFT will not relocate its clinics until March 31, 2019</p>	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 Haslemere	Southern Health NHS Foundation Trust now provides this service locally	Yes, with the service being provided at Chase Community Hospital	This will relocate to the health hub
Podiatry	Patients used to travel to Haslemere	Solent NHS Trust now provides this service locally	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 has procured a GP led, bookable service. This new service will replace the existing service in January 2019	Yes, with the service being provided in GP practices	Yes, as part of GP services

#### **4. Recommendation**

- 4.1. The Committee is asked to note the update on the development of the health hub and consider the further information provided on the re-provision of the HHFT services.

# Report for Hampshire Health and Adult Social Care Select Committee

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## Introduction and Background – Stroke Services Review

Following conclusion of the Surrey Stroke Review it was assessed that only West Surrey (covering NWS and G&W populations) and the Borders (covering North East Hampshire and Farnham, Surrey Heath populations and some patients living in South Eastern Hampshire) were ready to progress to delivery of the revised specification.

A public consultation, led by Guildford and Waverley (G&W) CCGs and North West Surrey (NWS) CCG was carried out in early 2017. A decision was made in September 2017, following this consultation, to proceed with mobilisation of the new pathways and service specification from April 2018.

Following the decision to mobilise the new pathways and service specification in the area described above, a Surrey Stroke Oversight Group was established to provide oversight of the mobilisation of the new pathway from April 2018 and to continue development of the stroke pathway across the wider Surrey footprint. The group is chaired by Matthew Tait, Joint Accountable Officer of Surrey Heartlands' CCGs and meets bimonthly. South Eastern Hampshire CCG has been invited to participate in these meetings due to the link with Frimley Health Foundation Trust Hyper Acute Stroke Unit. For the full scope of the group please see attached terms of reference (Appendix 1).

Now that the service and pathway redesign phase is over and the new pathways and service specification have been mobilised, contract monitoring and performance is part of the business-as-usual for the lead commissioners of the individual organisations involved. These are not the same commissioners that carried out the public consultation; instead they are South Eastern Hampshire CCG (for South Central Ambulance Service) and North East Hampshire and Farnham CCG (for Frimley Health NHS Foundation Trust).

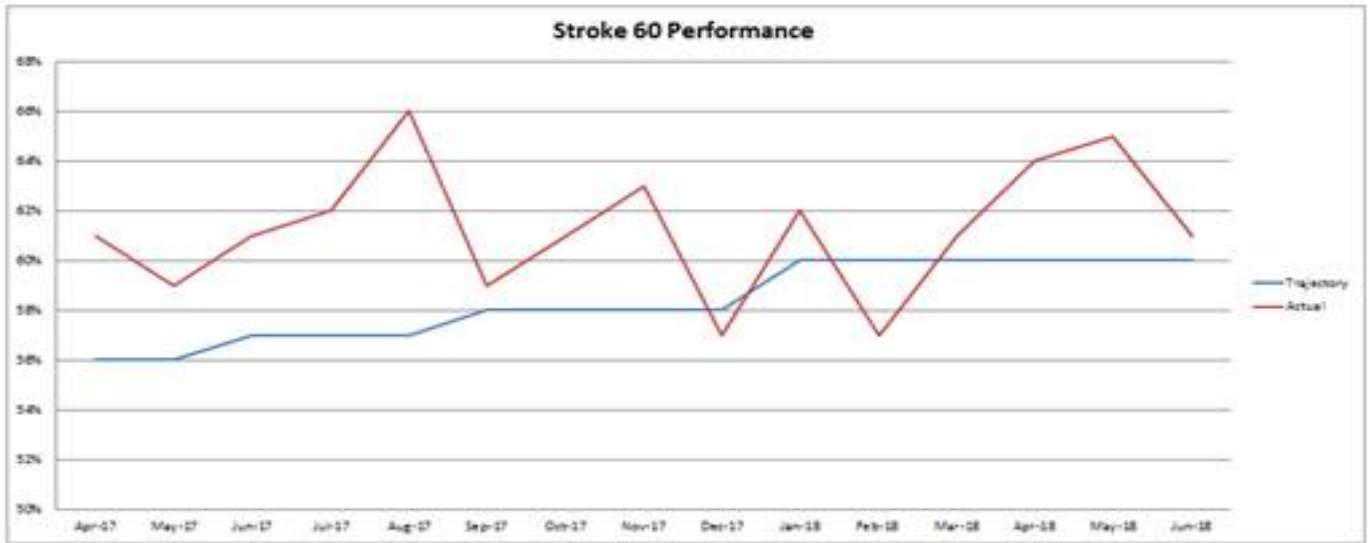
For the purposes of the Hampshire Health and Adult Social Care Select Committee this report will focus on the response times' performance of South Central Ambulance Service Foundation NHS Trust (SCAS), including for the population of Whitehill and Bordon.

Further, this report will provide information on Frimley Health NHS Foundation Trust's (FHT) stroke performance as measured and reported publicly through the Sentinel Stroke National Audit Programme (SSNAP).

## SCAS Response times

SCAS overall performance against Stroke 60 minutes target is shown below as well as the recovery trajectory to meet the standard.

Months:	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Trajectory	56%	56%	57%	57%	57%	58%	58%	58%	58%	60%	60%	60%	60%	60%	60%
Actual	67%	59%	61%	62%	66%	59%	67%	63%	57%	62%	57%	67%	64%	65%	61%



South Central Ambulance Service has improved their stroke 60 minute performance between April 2017 and June 2018 to above the trajectory target and is performing 3<sup>rd</sup> best out of all 11 Ambulance Trusts with performance in June 2018 at 61%.

New condition-specific targets are being introduced for Heart Attacks and Strokes setting out that by 2022, 9 out of 10 stroke patients should have appropriate management within 180 minutes of making a 999 call. NHS England is currently working on this new national target.

Between October 2017 and July 2018 SCAS reported that they conveyed 12 stroke patients from Whitehill and Bordon to Frimley Park Hospital. These patients will be a combination of those that are FAST positive (suspected stroke) to be transported to a Hyper Acute Stroke Unit (HASU) and those that have been identified as Stroke or Transient Ischemic Attack patients at some point on their care pathway, but fall outside of the FAST positive window.

### Of these 12 patients:

- 4 were from Liphook area
  - 3 patients being Category 2 responses and 1 patient being a Category 3 response.
  - The average response time for Liphook area patients from clock start to transporting resource on the scene was 01:04:56 (within Cat 3, but not Cat 2 mean response times target).
  - For clock start to first unit at Frimley Park Hospital was 2 hours 20 minutes (within the 180 minute proposed new national target).
- 8 were from Bordon area
  - 2 patients were a Category 1 response, five patients were a Category 2 response and 1 patient was a Category 3 response.
  - The average response time for Bordon area patients from clock start to transporting resource on the scene were 00:15:25 (within Cat 2 and 3 mean target, but not Cat 1).

- For clock start to first unit at Frimley Park Hospital was 1 hour 40 minutes (within the 180 minute proposed new national target).

For reference the response time targets for each of the performance categories above are:

- Cat 1 (life threatening calls)
  - Responded to in a mean average time of seven minutes and at least nine out of ten times within 15 minutes. In October 2018 SCAS met these targets.
- Cat 2 (emergency calls)
  - Responded to in a mean average time of 18 minutes and at least nine out of ten times within 40 minutes. Stroke patients falls into this category. In October 2018 SCAS met these targets.
- Cat 3 (urgent calls)
  - Responded to at least nine out of ten times within 120 minutes. Patients may be treated by ambulance staff in their own home. In October 2018 SCAS did not meet the target.
- Cat 4 (less urgent calls)
  - Responded to at least nine out of ten times before 180 minutes. Patients may be given advice over the phone or referred to another service. In October 2018 SCAS did not meet the target.

## Sentinel Stroke National Audit Programme

The Sentinel Stroke National Audit Programme (SSNAP) is the national stroke audit which measures the quality and organisation of stroke care in the NHS. It is the single source of stroke data in England, Wales, and Northern Ireland.

SSNAP measures both the processes of care (clinical audit) provided to stroke patients, as well as the structure of stroke services (organisational audit) against evidence based standards, including the 2016 National Clinical Guideline for Stroke. The overall aim of SSNAP is to provide timely information to clinicians, commissioners, patients, and the public on how well stroke care is being delivered so it can be used as a tool to improve the quality of care that is provided to patients.

### ***PERFORMANCE & DOMAINS***

The overall SSNAP Performance is shown as:

- SSNAP Level
- Case ascertainment (CA)
- Audit compliance (AC)
- Combined Total Key Indicator Level

The SSNAP measures of performance look at 10 domains of care:

- Domain 1: Scanning
- Domain 2: Stroke unit
- Domain 3: Thrombolysis
- Domain 4: Specialist assessments
- Domain 5: Occupational therapy
- Domain 6: Physiotherapy
- Domain 7: Speech and language therapy
- Domain 8: Multi-disciplinary team working
- Domain 9: Standards by discharge
- Domain 10: Discharge processes

Each domain is given a performance level (level A to E) and a key indicator score is calculated based on the average of the 10 domain levels for both patient-centred and team centred domains

Patient-centred (PC) domain scores (whereby scores are attributed to every team which treated the patient at any point in their care)

Team-centred (TC) domain scores (whereby scores are attributed to the team considered to be most appropriate to assign the responsibility for the measure to)



## SSNAP RESULTS

The SSNAP domain results a consistent colour code is used to represent each team's performance for specific domains and overall:

Colour	Level
Green	A
Dark Green	B
Yellow	C
Orange	D
Red	E

Changes between the latest period and the immediately previous reporting period are illustrated within the table by arrows. Upward pointing arrows indicate that the team has achieved a higher level this period than in the previous period; downward pointing arrows that the team has achieved a lower level this period than previously. The number of arrows represents the extent of the change.

### Frimley Health NHS Foundation Trust SSNAP

In 2017/18 (latest data available), there were a total of 27 stroke patients from South Eastern Hampshire CCG seen at FHT (7.5% of all South Eastern Hampshire stroke patients). This compares to 5 in 2016/17.

The overall SSNAP level at FHT has been consistently at either B or A since January 2016 with the Stroke Unit (Domain C) having the lowest score of all. Across all acute trusts in Surrey providing stroke care none are performing above C. Domain 2 is determined by reporting against the following indicators:

- Proportion of patients directly admitted to a stroke unit within 4 hours of clock start
- Median time between clock start and arrival on stroke unit (hours:mins)
- Proportion of patients who spent at least 90% of their stay on stroke unit

Whilst this data relates to the last published SSNAP results from June 2018 FHT has consistently performed well across all domains.

Please see next page for SSNAP results summary for FHT.

Routinely Admitting Teams		Number of patients		Overall Performance				Patient Centred Data											
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level	
Frimley Health NHS Foundation Trust	1st Mar16	Frimley Park Hospital	110	104	A↑	A	A↑	A↑	A↑	C	B	B	B↓	A	C↑↑	B	A↑	B↓	A↑
	Apr-Jul16	Frimley Park Hospital	141	141	B↓	A	B↓	A	A	C	B	A↑	A↑	A	D↓	B	B↓	B	A
	Aug-Nov16	Frimley Park Hospital	131	120	A↑	A	A↑	A	A	C	C↓	A	A	A	C↑	B	B	A↑	A
	Dec16-Mar17	Frimley Park Hospital	178	155	A	A	B↓	A	A	C	A↑↑	A	A	A	B↑	B	B	B↓	A
	Apr-Jul17	Frimley Park Hospital	202	187	A	A	B	A	A	B↑	B↓	A	A	A	B	B	B	B	A
	Aug-Nov17	Frimley Park Hospital	226	204	B↓	A	B	A	A	C↓	A↑	A	C↓↓	A	B	B	B	B	A
	Dec17-Mar18	Frimley Park Hospital	236	195	A↑	A	B	A	A	C	B↓	A	B↑	A	B	B	B	B	A
	Apr-Jun18	Frimley Park Hospital	181	170	A	A	A↑	A	A	C	B	A	A↑	A	B	A↑	A↑	B	A

The FHT Stroke Service at Frimley Park Hospital (FPH) provides the entire stroke service specification, from hyper-acute care through to early supported discharge and review. The performance measures for the hyper-acute stages of the pathway include:

- Percentage of patients scanned within 1 hour of clock start (arrival at hospital);
- Percentage of patients directly admitted to a stroke unit within 4 hours of clock start;
- Percentage of eligible patients (according to the RCP guideline minimum threshold) given thrombolysis;
- Percentage of applicable patients who were given a swallow screen within 4h of clock start and
- Percentage of patients who were assessed by a nurse trained in stroke management within 24h of clock start

FHT records timelines for all admissions so that they can identify breach trends early and act accordingly. The clinical lead at FHT audits all thrombolysis and thrombectomy cases and reports the results to the local Stroke Clinical Governance Group. Co-dependencies i.e. Radiology, Emergency Department are also involved in breach reviews and feed back to this group.

As a result of the Surrey Stroke Review, FHT now provides a 6-day therapy service across 7 days. This is assisting with weekend discharges and earlier therapy assessments. Occupational Therapy and Physiotherapy have changed their timetables slightly so they are now able to assess more afternoon admissions. Six-month stroke reviews started in April 2018 for patients discharged on or after October 2017, the results of which are being recorded into SSNAP.

Further investment has been made into Clinical Neuropsychology, with a second person commissioned from Surrey and Borders Partnership NHS Foundation Trust (SABP) starting in October 2018. Their in-house Early Supported Discharge (ESD) team continues to accept 40+% of stroke patients and it regularly refers patients who live outside the area of this team to their own local ESD service.

Other investments have been made into a Stroke Nurse Consultant and a Stroke Pathway Coordinator, both of whom have enhanced the stroke pathway.

FPH has had a networked Acute Stroke Service with the Royal Surrey County Hospital NHS

Foundation Trust (RSCH) since January 2017. This is working very well and provides an excellent well-established stroke pathway. FHT is to formally commission 13 stroke beds from RSCH; the final financial and contractual arrangements are due to be signed off shortly. The networked service is holding an Away Day in November 2018 for patients and staff to review the current stroke pathway to see if it can be enhanced further. This is a good opportunity to act on patient feedback.

Whilst not reported by SSNAP, the next challenge identified by the service is to review the Transient Ischemic Attack (TIA) pathway. The latest clinical guidance requires **all** referred patients where TIA is suspected to be seen within 24hrs, rather than only patients identified as high-risk.

## Summary

Commissioners in both Hampshire and Surrey continue to work with relevant providers to ensure the benefits of the new stroke pathway are fully realised. This involves review and oversight at the Surrey Stroke Oversight Group coupled with contract monitoring and management focussing on achievement of relevant national indicators across the pathway.

As indicated above, South Central Ambulance Service has improved their stroke 60 minute performance recovery action plan target from April 2017 to June 2018 and are performing 3<sup>rd</sup> best out of all 11 Ambulance Trusts with performance in June 2018 at 61%. SCAS are meeting the proposed NHS England 2020 target for arrival time at Frimley Hospital for stroke patients.

In October 2018 SCAS were meeting the Cat 1 (life threatening calls) and Cat 2 (emergency calls) mean response times but not the Cat 3 and 4 mean responses (urgent and less urgent calls).

SECAMB ambulance response times are not within the national target and work continues to secure the transition to the new Ambulance Response Programme. Following review, SECAMB has received an investment of £10m in the current year to support improved performance.

Hampshire HASC is asked to note the report and the actions being taken to secure improved stroke care for this defined population.

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Appendix 1 Surrey Stroke Oversight Group

Terms of Reference (Final)

**Purpose**

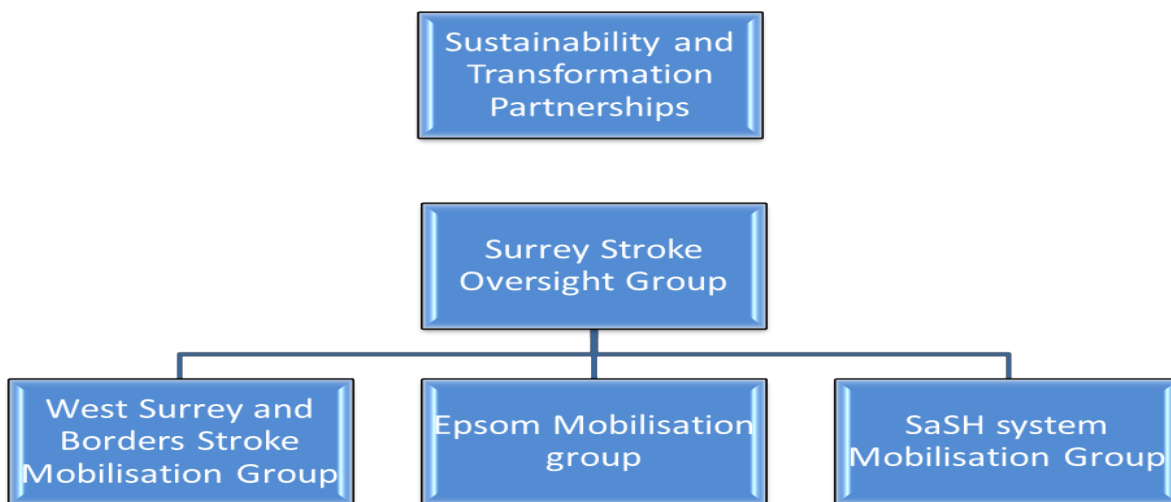
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The Surrey Stroke Oversight Group is drawn from the whole community with an interest in stroke service provision and will represent all CCGs, Trusts and key partners involved in the configuration of stroke services across Surrey in response to the Surrey Stroke Review. The group will provide strategic oversight of the mobilisation of stroke pathways across the three Surrey systems to ensure full benefits are realised and pathways are mobilised in line with the plans and delivering the desired outcomes.. The group will consist of a broad range of professionals (medical, nursing, allied health professionals, commissioners and managers).

### Accountability

Members of the group will be individually accountable to their respective employing organisations although their role on the group is to contribute their individual experience, knowledge and expertise as well as representing the position of their organisation.

### Governance



### Responsibilities

- To provide an effective interface between stakeholders across Surrey
- To review relevant data and highlight variations in practice and patient outcomes eg SSNAP
- To ensure that the Surrey stroke pathways are being robustly delivered
- To identify system interdependencies & risks and support risk management and resolution of risks and issues
- To consider workforce issues and opportunities to work in partnership to mitigate risk

### Expected Outcomes

- To ensure pathways are mobilised and delivered such that that all people living in Surrey who have had a stroke have access to high quality stroke services at all stages in the pathway, including longer term quality of life
- To ensure delivery of equitable provision of services and seamless transition in care across the whole patient journey
- A reduction in mortality rates
- A reduction in the average length of stay
- A reduction in stroke re-admissions
- Achievement of all key stroke targets and Key Performance Indicators (KPIs)
- Increase in the number of patients discharged to their normal place of residency

### **Membership**

**Chair:** Matthew Tait, Accountable Officer Surrey Heartlands' CCGs. **CCGs:**  
East Surrey CCG

Guildford & Waverley CCG North West Surrey CCG Surrey Downs CCG  
Surrey Heath CCG

North East Hampshire & Farnham CCG

### **Providers:**

Ashford & St Peters NHS Foundation Trust Epsom & St Helier University Hospitals NHS Trust Frimley Health  
NHS Foundation Trust  
Royal Surrey County Hospital NHS Foundation Trust Surrey & Sussex Healthcare NHS Trust  
CSH Surrey Virgin Care  
First Community Health and Care

South East Coast Ambulance Service

### **Other**

South East Clinical Network, NHS England

Additional representatives will be invited to join the meetings on an ad hoc basis as appropriate.

### **Frequency**

Meetings will be held for 2 hours on a bi-monthly basis. Meetings will rotate between sites across Surrey who will take it in turn to host the meeting. Additional meetings may be called by exception as required.

### **Secretarial Duties**

The Chair's administrative team will be responsible for preparation and circulation of the agenda, as well as the minuting and circulation of actions agreed at the meeting.

### **Quorum**

In order to be deemed quorate at least one representative from each system mobilisation group will need to be in attendance and the Chair or delegated deputy.

### **Conduct**

If any member has an interest in any matter, and is present at the meeting at which the matter is under discussion, he/she must declare that interest as early as possible and shall not participate in the discussions. The Chair will have the power to request that member to withdraw until the matter has been completed.

### **Review**

The Terms of Reference will be reviewed in 6 months and updated as necessary. The Oversight group will continue to meet until all stroke pathways across Surrey are fully mobilised.

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# HAMPSHIRE COUNTY COUNCIL

## Report

<b>Committee:</b>	Health and Adult Social Care (Overview and Scrutiny) Committee
<b>Date:</b>	20 November 2018
<b>Title:</b>	Update from Hampshire Hospitals NHS Foundation Trust (HHFT) on the Minor Injury Unit (MIU) at Andover War Memorial Hospital
<b>Report From:</b>	Alex Whitfield, Chief Executive Hampshire Hospitals NHS Foundation Trust

**Contact name:** Anna Thame

**Tel:** 01256 852619

**Email:** Anna.thame@hhft.nhs.uk

### 1. Purpose of Report

1.1 This paper updates the Scrutiny Committee on the Minor Injuries Unit (MIU) in Andover.

### 2. Minor Injuries Unit in Andover

- 2.1. The Committee was previously updated by HHFT in July 2018 on the progress it had made to manage the working hours of the Minor Injury Unit (MIU) at Andover War Memorial Hospital. This paper provides an update on the current situation.
- 2.2. Following the appointment of a Clinical Matron and the agreement with West Hampshire Clinical Commissioning Group (WHCCG) to reduce the operational hours and bring forward the closing time to 18:00hrs the MIU has continued to improve the quality of care it provides to patients. Despite the continued challenge to ensure adequate workforce the team have continued to achieve 99% compliance against the constitutional standard of 95% of patients seen and discharged within 4 hours.
- 2.3 Recruitment of Emergency Nurse Practitioners (ENPs) has been a principal focus in the Medicine Division. However, against a national shortage of ENPs, it has continued to be difficult to recruit to fill the organisational requirement and thus made it very difficult to maintain a safe service in accordance with the commissioned hours. The Trust has been actively growing its own capability but this is taking time to realise. To date, we have successfully trained six ENPs on an internal training programme. During the September 2018 recruitment we have enlisted a further three trainee's onto this programme. From December 2018 the MIU will have a vacancy of 3.75 WTE ENP's.
- 2.4 Following a review of the attendance profile of the MIU, a joint agreement was made between WHCCG and HHFT to amend the opening hours to

0830hrs – 1800hrs daily for 6 months, this agreement is due to end in December 2018. To date the Trust has not seen a significant impact on either Winchester or Basingstoke ED attendances as a result of this reduction in opening hours.

- 2.5 Noting the risk, and following the recent unsuccessful tender process to develop an Urgent Treatment Centre, the Trust has committed to collaboration with South Central Ambulance Service NHS Trust (SCAS) to trial the rotating paramedic initiative for a period of six months starting November 2018. HHFT continue to work with commissioners to agree the opening times of the Minor Injuries Unit.

### **3. Conclusion**

- 3.1. Hampshire Hospitals NHS Foundation Trust are committed to providing and developing the minor injuries service provided in Andover War Memorial Hospital and are actively working with partners and commissioners to develop a sustainable and deliverable solution.

We see this as a valuable and needed service for the population of Andover.

## HASC update on Staffing issues across our Older People's Mental Health services

We are still experiencing some challenges in maintaining our staffing levels across our Older People's Mental Health services and have been working hard to ensure we have consistent, experienced and appropriately trained staff in our services to care for our patients.

Patient safety and the health and wellbeing of our staff is always our priority and, due to these significant and sustained staffing challenges, action is now required to maintain safe care across our Older People's Mental Health services.

As you are aware, due to this ongoing issues regarding the safety of our staffing levels, in mid-October we took the decision to temporarily suspend admissions to Poppy Ward, based at Gosport War Memorial Hospital and Beaulieu Ward based at The Western, Southampton to help us maintain a safe level of care to our patients.

Poppy and Beaulieu wards were selected based on a careful analysis of both the current staff vacancy rate, and the quality of the ward environment, across all wards in our service. The aim is to ensure that wards with the best environments, and the least staffing challenges, remain open to admissions.

We are pleased to update you that, thanks to the hard work from our staff, we have managed to improve our staffing levels on Poppy ward and, as a result, have been able to re-open to patient admissions.

In regards to Beaulieu Ward we are still struggling to maintain safe staffing levels. We are currently doing everything we can to put measures in place to ensure this ward is safely staffed.

We currently have 9 patients being supported on Beaulieu ward, we have identified 4 of these patients who can be safely discharged. We are working closely with our colleagues in Adult Services, at Hampshire County Council, and at Southampton Clinical Commissioning Group to help put measures in place to ensure these patients, can be discharged in a safe and timely manner. All patients being supported on the ward are being reviewed to ensure that care plans and risk assessments are up to date and meet the patient needs.

Additional actions are being taken at organisational and system-level to resolve our staffing challenges across all our OPMH services to ensure that patients, who are ready, can be discharged safely. We are also working very closely with the recruitment team to develop a tailored recruitment plan for all our Older People's Mental Health services.

Please note, despite best efforts and significant system-wide support, further action cannot be ruled out at this stage.

Please find below an overview of the actions being taken. We will keep you fully updated with all developments and decisions made.

If you have any further questions, please feel free to contact Nicky MacDonald, Associate Director for Learning Disability and Older Persons Mental Health Service, by e-mail [nicky.macdonald@southernhealth.nhs.uk](mailto:nicky.macdonald@southernhealth.nhs.uk) or by telephone on 023 80874681.

## OUR VALUES



**Actions being taken to ensure safe services  
across our Older People's Mental Health services (OPMH)**

Patients	Staff
<p>All staff across all seven of our OPMH wards are currently looking at managing care plans and are working closely with adult services at HCC and the CCG to identify which patients can be safely discharged.</p> <p>Options include:</p> <ul style="list-style-type: none"> <li>- Appropriate care homes</li> <li>- Moving forward on Delayed transfers of care (DTC)</li> <li>- Discharge to community team</li> <li>- Possible Out of Area beds.</li> </ul> <p>We are working with patients and their families to keep people safe and expedite long term discharge plans with partners.</p> <p>Our Trust's Patient Experience Lead is enabling families to feedback their experience and our freedom of speak up guardian within the Trust has attended to provide opportunity for staff feedback.</p>	<p>Daily staffing calls are being held to help maintain safe staffing levels on the ward – these address staffing levels shift by shift and day by day.</p> <p>We are Working with our Trust's Safer Staffing Lead to help maintain safe staffing levels and a good skill mix.</p> <p>Agency and NHS Professional staff are used on both Beaulieu and Poppy wards however Beaulieu ward are finding it more difficult to fill their shifts.</p> <p>The senior team have cleared diaries to ensure that they can focus on staffing issues and expediting Detocs and are visible on both the wards on a daily basis to support staff on the wards.</p>
<p>Our OPMH Bed Manager and our Senior Management Team for the Trust is attending extraordinary meetings with HCC adult services and South East Clinical Commissioning Groups to try and see how they can provide additional support.</p>	<p>We are currently implementing a number of measures to help increased clinical leadership into Poppy and Beaulieu wards with clinical educators and increased operational /admin capacity provided.</p>
<p>There are currently some patients who are ready for discharge from our wards and the trust continues to work with commissioners and adult services to find suitable ongoing care packages for these patients as swiftly as possible.</p> <p>We are maintaining a steady flow of patients with organic needs through Elmwood at Parklands and Poppy ward at Gosport ward Memorial Hospital – this means that we can admit any new OPMH patients with organic needs to Elmwood or Poppy Ward, if appropriate, as opposed Beaulieu Ward.</p>	<p>Beaulieu ward has a new Matron and a new ward manager which should also help with the cultural issues.</p> <p>The organisational development team are also working with the service to organise sessions with the staff to support the changes required.</p>
<p>We are liaising with the psychiatric liaison services in the acute hospitals to ensure that only patients appropriate to be nursed on these wards, are transferred.</p>	<p>We are also working with system partners to ensure a joined up approach to resolve staffing challenges and ensure patients are able to receive the most appropriate care in the right setting as swiftly as possible, throughout this period.</p>
<p>A new model of care is currently being explored with Commissioners and the Trust have tasked their Graduate Trainee with business support to work on this alongside the consultant nurse and also consultant psychiatrist time.</p>	

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date of Meeting:</b>	20 November 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 – Southern Health NHS Foundation Trust	Southern Health NHS Foundation Trust (SHFT)  CCGs and partner organisations  CQC	The HASC has received regular updates on progress with actions following previous CQC inspections. The last update was heard in September 2018.	The CQC published a comprehensive report on 3 October 2018 following inspections carried out at the Trust in June and July 2018. The Trust have provided a paper (see Appendix) giving an overview of the findings from the inspection and the wider context for the trust.  The full CQC report is also included as an appendix.

### Recommendations:

That Members:

- a. Note the findings of the most recent CQC inspection of Southern Health NHS Foundation 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 report.
- d. Make any further recommendations as appropriate.

Care Quality Commission (CQC) Inspection of services – Hampshire Hospitals NHS Foundation Trust	Hampshire Hospitals NHS FT (HHFT)  CCGs and partner organisations  CQC	The HASC has received updates following previous CQC inspections. The last HHFT inspection was in 2015.	The CQC published a comprehensive report on 26 September 2018 following inspections carried out at the Trust in June 2018. The Trust have provided a paper (see Appendix) giving an overview of the findings from the inspection and the required actions.  The full CQC report is also included as an appendix.
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**Recommendations:**

That Members:

- a. Note the findings of the most recent CQC inspection of Hampshire Hospitals NHS Foundation 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 report.
- d. 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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## Summary

The trust continues to make progress in a number of key areas including the involvement of patients, families and carers, transformation and quality improvement, and further joining up mental and physical health services to improve patient care, aligning to the Sustainability and Transformation Partnership's emerging system reform proposals.

At the same time, the trust continues to tackle ongoing challenges, most notably the reliance on 'out-of-area' mental health beds, and staff recruitment and retention. These are complex and firmly established challenges which require sophisticated, long term plans, and considerable action is taking place in these areas alongside system partners. Sustainable improvements in measured engagement and satisfaction of trust staff and recent successful recruitment campaigns are encouraging signs that action is making an impact, and the vacancy rate across the trust is on an improving trajectory.

The Care Quality Commission published its comprehensive report in October, following a series of inspections earlier this year – the first report of its type since 2014. Whilst the trust overall rating remains one of 'requires improvement', significant and numerous positive changes have been recognised by the regulator and the overall picture is one of steady progress. Of particular note, our community services across Hampshire are now rated 'good' overall, and our learning disability inpatient services are rated 'outstanding' overall. Perhaps unsurprisingly, staffing levels were linked to most areas identified for improvement. The report has provided additional confidence that the organisation's approach is making headway, and the trust remains committed to building on this in the coming months and years.

Southern Health is working in partnership with other agencies across the system to prepare for winter. Our focus is on increasing our capacity and capability to support people to remain independent and at home wherever possible, and expediting safe and timely discharge from acute hospital for those admitted. A number of new schemes, initiatives and campaigns are now in place to enhance our ability to achieve this.

### Recent Care Quality Commission (CQC) comprehensive report

On 3 October the Care Quality Commission (CQC) published their comprehensive report into Southern Health NHS Foundation Trust. Whilst the Trust's overall rating remains as 'requires improvement', the CQC found many signs of progress across the organisation, with over 84% of service areas now rated as 'good or 'outstanding'. The inspection took place in June/July 2018 and is the first comprehensive report into the Trust since 2014. The Trust's community services have received a rating of 'good' overall and our inpatient services for people with a learning disability have been rated as 'outstanding' overall.

It also reflects the significant strides the trust has made to improve its relationship and involvement with the families and carers of our patients and service users, with the CQC feedback showing that: '*Staff had made a genuine commitment to engaging with patients.*'

### OUR VALUES



*We saw that they were patient and diligent in helping patients express their views and liaised with them in all aspects of their care. The feedback from patients and carers was clear that they felt they were not only listened to, but included and involved in their care.'*

The report describes how staff told inspectors they now feel more valued and supported, and that the CQC has seen a positive change in culture at Southern Health.

Whilst the report gives cause for optimism, clearly the trust has more work to do: particularly in relation to our staffing levels and ensuring there are enough trained staff to best support patients. The trust remains committed to continuously improving its services to deliver the best possible care.

The CQC's findings have been incorporated into a trust-wide quality improvement plan, which is themed across a number of areas. There is executive-level ownership for each theme, and it is hope that this approach will help staff and stakeholders better understand the improvements required and how progress is being made against each theme.

Below are the trust CQC 'scorecards' which show ratings for each domain (safe, effective, caring, responsive, well-led, and overall) against each core service from 2014 and the latest report from October 2018 (note, I=inadequate, RI=requires improvement, G=good, O=outstanding):

**2014:**

CORE SERVICE	Safe	Effective	Caring	Responsive	Well-led	Overall
	<b>2014</b>					
OVERALL PROVIDER RATING	RI	RI	G	G	RI	RI
Community health services for adults	RI	G	G	RI	G	RI
Community health services for children & young people	G	G	G	G	G	G
Community health inpatient services	RI	G	G	G	G	G
Community end of life care	RI	RI	G	G	G	RI
Urgent care	RI	RI	G	RI	RI	RI
Acute wards for adults of working age & PICUs	RI	RI	G	RI	RI	RI
Long-stay or rehab mental health wards	G	G	G	G	G	G
Forensic inpatient or secure wards	I	G	G	G	RI	RI
Child and adolescent mental health wards	RI	RI	G	G	G	RI
Wards for older people with MH problems	RI	G	G	G	G	G

**OUR VALUES**


Wards for people with a learning disability/autism	RI	RI	G	G	RI	RI
Community-based mental health services	G	G	G	G	G	G
MH crisis services / health-based places of safety	RI	RI	G	RI	RI	RI
Community mental health services for older people	G	G	G	G	G	G
Community services for people with a learning disability/autism	G	G	G	G	RI	G
Eating Disorder service (not inspected in 2018) *	G	G	G	G	G	G
Perinatal services (not inspected in 2018) *	O	O	O	O	O	O

\* These services were not included in the aggregation of the overall provider rating

**2018**

CORE SERVICE	Safe	Effective	Caring	Responsive	Well-led	Overall
	<b>2018</b>					
OVERALL PROVIDER RATING	RI	RI	G	G	RI	RI
Community health services for adults	G	G	O	G	G	G
Community health services for children & young people	G	G	G	G	G	G
Community health inpatient services	G	G	G	G	G	G
Community end of life care	G	RI	G	G	G	G
Urgent care	G	G	G	G	G	G
Acute wards for adults of working age & PICUs	RI	G	G	G	RI	RI
Long-stay or rehab mental health wards	G	G	G	O	O	O
Forensic inpatient or secure wards	G	G	G	G	G	G
Child and adolescent mental health wards	RI	G	G	G	RI	RI
Wards for older people with MH problems	RI	RI	G	I	RI	RI
Wards for people with a learning disability/autism	G	G	O	O	G	O
Community-based mental health services	G	RI	G	G	G	G

**OUR VALUES**


MH crisis services / health-based places of safety	G	RI	G	G	RI	RI
Community mental health services for older people	G	RI	G	G	G	G
Community services for people with a learning disability/autism	G	G	O	G	G	G
Eating Disorder service (not inspected in 2018)	G	G	G	G	G	G
Perinatal services (not inspected in 2018)	O	O	O	O	O	O

The full CQC report can be found here: <https://www.southernhealth.nhs.uk/news/cqc-finds-further-improvements-at-southern-health/>

### Changing Southern Health’s structure to enable more joined-up care

Providing both mental and physical health services brings opportunities to better integrate these services for the benefit of patients. Evidence also suggests that people with severe mental health problems have a shorter life expectancy and to a large extent this is due to physical health problems not being properly managed. People with long term physical health conditions are also more likely to experience mental health problems. So, the case for integration is powerful and Southern Health has a huge opportunity to do this.

Examples of more joined up care already happening include our diabetes service providing direct care into our medium secure mental health unit, and our psychological therapy service (italk) providing support to people with long term physical health problems.

The trust is now consulting on plans to create a new organisational structure which will further enable this more joined up way of working to flourish. Services will be planned and managed based on local populations (aligned to system-level footprints), ensuring mental, physical and learning disability health needs are met for patients in each area. The new structure will make more collaborative working between professions more straightforward, whilst maintaining professional skills and networks. It is expected that this new structure will be launched in the New Year, which will lay the foundations for ongoing improvements to integrated care: ultimately delivering better patient experience and outcomes.

### Involving patients, carers and families

Improving the way the trust works in partnership with people who use services, their families and carers is a strategic priority for Southern Health. A considerable amount of progress has been made in recent weeks following the appointment of an experienced head of patient engagement. One example is the new Working in Partnership Committee, which has been recently established and reports directly to the Trust Board. This committee is chaired by a carer and is attended by representatives from service user, carer, and family groups from across the organisation. It is hoped that this committee will give a greater voice to people using our services and result in tangible and meaningful improvements.

### Transformation and quality improvement



The trust is committed to carrying out large scale change to transform its services and to adopt proven quality improvement techniques to ensure this is carried out in the most effective way. The trust continues to train staff from across the trust in these techniques who are working with teams to carry out local quality improvement projects. Current projects underway include those aiming to improve recruitment processes, reduce violence and aggression on mental health inpatient wards, improve access to psychological therapy for older people, and improve the prevention of pressure ulcers. Over 200 staff, patients and carers recently attended the trusts first transformation conference where these projects were showcased.

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

Plans are progressing well to build a new learning disability residential unit (LDRU) at Tatchbury Mount, and to develop Woodhaven Hospital to provide additional and much needed beds for young people with severe mental health problems. Construction has begun on the LDRU, and the new unit and additional beds for young people are due to open in Winter 2019. Patients and families have been closely involved throughout, including on the design and layout of the new unit.

### **Suicide and self-harm awareness, reduction and prevention**

As a mental health provider the trust supports some of the most vulnerable people in Hampshire, many of whom are at a high risk of self-harm. The trust is part of local suicide prevention strategies and has signed up to the Zero Suicide Alliance. The trust is working hard to do all it can to reduce and ultimately prevent suicide amongst the people it supports. This includes training, awareness raising and ensuring it is adopting the best practice. In December the trust is joining forces with Solent NHS Trust to host a suicide reduction conference, to improve collaboration between professionals in both organisations and learning from national and international experts on this subject.

### **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. Thanks to these efforts we have reduced the trust's vacancy rate, and reduced the amount we spend on agency staff by £1m. However there remain specific areas of challenge including consultants, for which an ongoing campaign in national medical journals is taking place.

### **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.

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## OUR VALUES

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**Patients & people first**



**Partnership**



**Respect**

## Winter preparedness

The trust is working closely with system partners on joint plans to meet the demands of winter. A successful winter recruitment campaign has resulted in over two dozen new staff joining the trust in teams expected to face additional demands. New initiatives aimed at supporting people at home and preventing hospital admissions have begun, including a new frailty support service which has supported over 800 patients in the New Forest and prevented hospital admissions in 81% of cases. In Gosport, a new complex care team has been created, as well as multi-disciplinary long term condition hubs, which aim to improve access to specialist clinicians in local GP surgeries, and 'health connectors' who work with patients to help them find and access health and wellbeing services in their local area. The trust is working with system partners on public-facing campaigns to ensure people make informed decisions about how and where to access care during winter, and tips and guidance for staying well and independent. The trust has also launched two campaigns aimed at patients in our community hospitals – one 'End PJ Paralysis' encourages patients to get up and dressed to improve mobility, and another 'Why not home, why not today?' encourages patients and their families to discuss discharge plans with their clinicians.

## 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. It supports 280,000 individual patients each year, with over 1.5 million care contacts. Over 90% of people who rate their care with the trust say they would recommend it to their friends and family. The trust is rated as 'requires improvement' by the Care Quality Commission and its main challenge is staff recruitment and retention. The organisation has faced significant challenges in recent years and is working hard to make care better, more joined up, and to work more inclusively with patients, families and communities.

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### OUR VALUES





# Southern Health NHS Foundation Trust

## Inspection report

Headquarters  
Tatchbury Mount, Calmore  
Southampton  
Hampshire  
SO40 2RZ  
Tel: 02380874036  
www.southernhealth.nhs.uk

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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?	Good 
Are services responsive?	Good 
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

Southern Health NHS Foundation Trust is one of the largest providers of mental health, specialist mental health, community and learning disability services in the UK with an annual income of £321 million.

The trust provides these services across Hampshire.

It employs 5,967 staff who work from over 200 sites, including community hospitals, health centres and inpatient units as well as delivering care in the community. The trust has 648 inpatient beds.

The trust received foundation status in April 2009 under the name Hampshire Partnership NHS Foundation Trust. Southern Health NHS Foundation Trust was formed on 1 April 2011 following the merger of Hampshire Partnership NHS Foundation Trust and Hampshire Community Healthcare NHS Trust.

The majority of the board members, including the chair and chief executive, are new in post. The chief executive took up post in November 2017. The new board have wide range of experience and skills including extensive mental health expertise which was missing previously and includes members with a track record of bringing about improvements in organisations.

We undertook a comprehensive inspection of the trust in October 2014. The trust was rated overall as requires improvement following that inspection. The trust was rated as requires improvement in the safe, effective and well-led domain. It was rated as good in the caring and responsive domain. We have undertaken a number of focussed inspections of the trust since the last comprehensive inspection. In August 2015 we inspected the forensic inpatient/secure services. In January 2016 we inspected the child and adolescent mental health wards and the wards for people with a learning disability or autism. In September 2016 we inspected the provider. In July 2017 we inspected the community health inpatient services, community health services for adults, community based mental health services for adults of working age, community based mental health services for older people, urgent care services, wards for people with mental health problems and end of life care. In November 2017 we inspected the acute wards for adults of working age and psychiatric intensive care units. None of the services were rerated following our focussed inspections.

The trust has a well-publicised history of challenges and regulatory action, culminating in prosecutions by CQC and the HSE for failing to address known safety issues in a timely manner resulting in the avoidable death and significant harm of patients.

There was still some work to do in improving the image of the trust. The trust's name has become synonymous with the delivery of some unsafe, poor care, a poor experience for some patients and some families not being treated appropriately following the death or serious harm of a loved one'. However, the reputation of the trust had improved based on evidence in the latest friends and family results, patients surveys and statements from the trust's stakeholders.

## Overall summary

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



## 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?

# Summary of findings

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 inspected ten mental health core services:

- Acute wards for adults of working age and psychiatric intensive care units (PICU's)
- Long stay/rehabilitation mental health wards for working age adults
- Forensic inpatient / secure wards
- Child and adolescent mental health wards
- Wards for older people with mental health problems
- Wards for people with a learning disability or autism
- Community-based mental health services for adults of working age
- Mental health crisis services and health based places of safety
- Community-based mental health services for older people
- Community mental health services for people with a learning disability or autism

We did not inspect the perinatal service or the eating disorder service during this inspection.

We also inspected all five of the community health services:

- Community health services for adults
- Community health services for children, young people and families
- Community health inpatient services
- End of life care
- Urgent care

Although there have been a number of focussed inspections, where we have looked at specific issues in specific areas of the trust, since our comprehensive inspection in October 2014 we have not inspected all of the core services and not changed the rating since. Hence, on this inspection we looked at the quality of the services across the trust and have re-rated each key question (are services safe, effective, caring, responsive and well-led) in all of the services above and, in line with our ratings criteria amalgamated these to give an overall rating for the trust.

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. Therefore, we conducted an inspection of Southern Health NHS Foundation Trust's leadership team. Our findings are in the section headed Is this organisation well-led?

# Summary of findings

## What we found

### Overall trust

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

- We rated three of the key questions, 'are services safe, effective and well-led' as requires improvement. We rated two of the key questions, 'are service caring and responsive' as good.
- We issued a warning notice due to immediate concerns about the safety of young people on the child and adolescent mental health wards. There were not always sufficient levels of staff on the Bluebird House to ensure young people were protected from avoidable harm and not all shifts were covered and fell below the safer staffing level. This had resulted in observations, including physical observation not being carried out as needed and section 17 leave being cancelled. Ligation reduction work in Leigh House did not go far enough to ensure that young people were protected from the risk of unavoidable harm. We undertook an unannounced, focussed inspection on 18 July 2018 and found the trust had addressed all of the actions required, as such we lifted the warning notice.
- The trust faced significant financial challenges. The cost improvement programme was off track with the trust still having to find a £2 million saving. At the time of the inspection the trust had been concentrating on engaging staff, changing the culture and improving the quality of care. The trust were taking steps to reduce the financial risk posed by the slippage of the cost improvement programme.
- Staffing levels on the acute wards for working age and psychiatric intensive care units, and wards for people with mental health problems were not always being met.
- Care plans in the community based mental health services for adults of working age and the mental health crisis services and health based places of safety were not always person centred, holistic, recovery orientated and up to date. Care plans were not always stored correctly in either service.
- Supervision for staff on the wards for older people with mental health problems and the mental health crisis services and health based places of safety was not always being completed frequently or consistently.
- Medicines were not always appropriately managed in the community health services. In the inpatient services medicines were not always stored safely and in line with the manufacturers guidelines.
- Governance systems in the mental health crisis services and health based places of safety were not collating and using information to support the services activity. There were issues with the reliability of data used to provide assurance of the safety of services in the child and adolescent mental health services.

However:

- Within the trust, 29 core service domain ratings improved. We rated three of the core services as outstanding in the caring domain, and the remaining 12 as good.
- We rated long stay and rehabilitation wards for adults of working age and wards for people with a learning disability or autism as outstanding overall. We rated community health services as good overall.
- There was a positive, strong senior leadership team with the capability and integrity to continue to build on developments and improvements that had been progressively made over the last 12 to 18 months. The board was relatively new, including a new chief executive officer. There was now a wide range of experience and expertise and a clear programme of board and executive team development coupled with specific development for individuals.
- There were examples of positive leadership throughout the organisation. Leaders identified areas of improvement and had strategies in place to action these.

# Summary of findings

- The trust had clear vision and values. Staff are clear about the vision and signed up to it. The values are generally reflected throughout the organisation.
- The trust had developed a new governance system to provide assurance although some refinements was still required to ensure the trust board could be assured about the quality of care across the trusts.
- Staff felt respected, supported and valued and reported significant change in the culture and a developing sense of optimism over the previous 18 months. Frontline staff felt positive and proud of their work and said the trust was heading in the right direction.
- The majority of wards and facilities in the services we inspected in the mental health and community services were clean and well maintained.
- All the mental health services and community health services inspected had a range of suitably skilled healthcare professionals.
- Staff in the mental health services and community health services were knowledgeable about the needs of patients, patient risks and completed comprehensive assessments. The majority of care plans were holistic with patients and families having been involved in decisions about the care they received.
- Staff were respectful, compassionate and supportive towards patients. Staff demonstrated high levels of motivation towards patients and their families and carers.
- Patients and carers gave positive feedback about the care received. The trust had significantly improved how it used patients and families the views about their experience to improve care and services.
- There was a comprehensive serious incident reporting and investigation process in place and a culture of detailed examination and challenge over serious incidents and deaths. The appointment of a family liaison officer was a positive step in supporting family involvement in investigations.
- The trust had embarked on a significant programme of quality improvement (QI) training for staff. There was high profile given to research and development which complimented the trusts focus of wanting to be a centre of excellence.

## Are services safe?

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

- The Care Quality Commission issued a warning notice on 29 June 2018 due to concerns about the safety of young people using the service. At Bluebird House there were insufficient levels of staff on the wards to ensure that young people were protected from avoidable harm. The service had set the number of staff required per shift in accordance with Safer Staffing numbers but there was a shortfall of staff on several shifts per week. Bank and agency staff were not always available to cover unfilled shifts; this impacted on the ability of the staff to keep young people on the ward safe. There was a high number of incidents and observations and physical health monitoring, including physical health monitoring following rapid tranquilisation were not always being conducted as needed. Bluebird House was dealing with some extremely challenging situations at the time of the inspection which CQC escalated to NHS England as the commissioners of the service. NHS England recognised that it needed to support the service to help resolve and/or deal with the challenges (which are still ongoing) and made further funding available to increase staffing levels to help the service to deal with the challenges. We found a significant number of ligature risks at Leigh House that were not being managed appropriately. We required the trust to make significant improvements to the quality of care delivered in the service by 16 July 2018. We undertook an unannounced, focussed inspection on 18 July 2018 and found the trust had addressed all of the actions required, as such we lifted the warning notice.

# Summary of findings

- Safer staffing levels were not always being met on acute wards for adults of working age and psychiatric intensive care units safer staffing levels were not always being met. There were not always enough nurses to effectively manage higher acuity patients, leaving staff and patients unsupported. In addition, staffing levels on the wards for older people with mental health problems were often below the level assessed as required.
- Staff did not always manage or store medicines safely. This was the case in the community health services. In the inpatient services medicines were not always appropriately managed in the community health services. In the community inpatient services medicines were not always stored safely and in line with the manufacturers guidelines.
- The environment at Hythe radiology department did not demonstrate safe infection prevent and control practices. Patients were also scheduled to attend appointments at the hospital where a failure in the x-ray equipment meant not all patients were able to have diagnostic imaging undertaken.
- Improvements were required for the recording of patient information in medical notes, in particular the timings of entries and level of detail, in the end of life care services. The community adults service did not always have the most up to date patient information available.
- Not all wards for older people with mental health problems had female only lounges and on wards that did males frequently used those areas.
- Staff on the wards for older people with mental health problems did not always follow the trust policy for reporting safeguarding concerns and report them appropriately to the local authority.
- The temperatures of the clinic rooms on all of the wards for older people with mental health problems were too high and medications were stored at the wrong temperature.

However;

- The trust responded immediately to the concerns raised regarding the child and adolescent inpatient service and voluntarily agreed to suspend admissions until it had addressed the safety issues. The trust provided an action plan that set out how it would make the improvements required identified in the warning notice. We undertook an unannounced, focussed inspection on 18 July 2018 to check the trust had taken the actions identified in its action plan. We found that the trust had address all of the issues required and as such we lifted the warning notice.
- The majority of wards and facilities in the services we inspected in the mental health and community services were clean and well maintained.
- Staff assessed risk and these assessments were comprehensive.
- The majority of the services we inspected followed the trusts safeguarding policy.

## Are services effective?

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

- Care plans were not always of a high quality. In the community based mental health services for adults of working age and the mental health crisis services and health based places of safety we found care plans were not always person centred, holistic, recovery orientated and up to date. We also found in the community based mental health services for adults of working age patients did not have a copy of their care plan or were not involved in its development, some did not know if they had a care plan. It was not clear if patients had been offered a copy of a care plan.
- Care plans were not always stored correctly and consistently in the community based mental health services for adults of working age or the Mental health crisis services and health based places of safety. This meant staff did not always have access to up to date, accurate and comprehensive information about patients.

# Summary of findings

- Staff in the wards for older people with mental health problems and the mental health crisis services and health based places of safety did not receive regular supervision. The quality and frequency of supervision was inconsistent.
- Certain aspects of the Mental Health Act and the Code of Practice were always followed on the wards for older people with mental health problems and the mental health crisis services and health based places of safety. Records were not available that demonstrated patients had received their rights under the Mental Health Act on the wards for older people.
- There were three community teams who were below trust target of 60% competence for syringe driver training.
- DNACPR decisions were not always recorded appropriately in line with national guidance in the end of life care services.

However;

- The majority of services across the trust had a wide range of suitably skilled healthcare professionals who provided input and supported patients. These included medical staff, ward managers, qualified nurses, occupational therapists, healthcare support workers and activities coordinators.
- Policies and procedures were developed in line with national guidance across the mental health and community health services. They were accessible to staff to support their practice. A range of tools were used by staff to enable the effective delivery of treatment and care.

## Are services caring?

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

- We rated all the mental health services and community health services as good for the caring domain, with the exception of the wards for learning disability or autism, the community mental health services for people with learning disability or autism and the community health services for adults, which we rated as outstanding.
- All staff across the mental health and community health services were respectful, compassionate and kind towards patients. Staff were friendly, approachable and supportive. We saw positive interactions between staff and patients. Staff were highly motivated and provided care in a way that promoted patient's dignity.
- Patients and carers we spoke with gave consistently positive feedback about staff and said staff had a caring and respectful attitude. Staff involved families and carers in patients care and offered them support.
- Staff were knowledgeable about patients and demonstrated a good understanding of their needs. Staff were inclusive of patient's carers, families and representatives.
- Staff empowered both patients and carers to have a voice. There were community meetings in each of the mental health services. Patients were able to feedback on the service they received and input into the development of services, for example by being on interview panels for new staff.
- Staff worked hard to communicate effectively with patients who had communication needs. In the community mental health services for people with a learning disability or autism we saw staff were working innovatively to communicate with patients, for example learning Makaton and providing information in easy read formats.

## Are services responsive?

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

- The majority of services we inspected had a wide range of appropriate facilities to meet the needs of patients. The wards in the mental health services all had activity rooms, lounges, kitchens, quiet areas and patients could individualise their bedrooms. Patients had access to outdoor space and gardens.

# Summary of findings

- Information was widely available to patients and carers. Interpretation and translation services were available if required.
- Patients were informed of how to make a complaint and were provided with information about how to do so. Complaints were investigated and action taken where appropriate. Staff were familiar with the complaints process and could provide examples where complaints had influenced change.
- The trust were responsive to staff suggestions. For example, the trust had implemented a new community forensic team to ensure patients at Ashford unit had a smooth transition back into the community or other placements.
- Staff recognised patients' individual needs and made provision for religious and dietary requirements.
- Staff in the community health services recognised and acknowledged patients who had additional support needs associated with their illness or long-term health condition. Patients were supported by staff who understood how to meet these additional needs.
- Patients were encouraged to engage in the wider community. For example, the long stay rehabilitation wards had access to a variety of community based activities and were supported to attend these.

However;

- On the wards for older people with mental health problems activities and therapy rooms were limited.

## Are services well-led?

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

- We issued a warning notice due to immediate concerns about the safety of young people on the child and adolescent mental health wards. The trust did not have a real appreciation of how challenging and stressful the situation at Bluebird House had become for staff and what impact this was having on the care of young people. As such, it has not taken appropriate, timely action to address the challenges and had not escalated this as strongly as it should have to NHS England (the commissioners of the service). The trust did not have oversight of the staffing levels on the unit or have any knowledge of the issues with the reliability of data around restraint and seclusion. We received differing data sets on a number of occasions. The trust had not completed the anti-ligature work at Leigh House (identified as needed in previous CQC inspections) which posed a significant risk to young people and was not being adequately mitigated against.
- Governance systems did not always provide robust assurance to the trust board about issues within services. For example, we found the board were not cited on staffing issues in some services, low levels of staff supervision, poor compliance with care planning and an inability to provide accurate restraint data. The trust were in the early stages of improving governance processes, work was ongoing on new reporting systems to strengthen governance and assurance.
- There was still some work to do in improving the image of the trust. The trust's name has become synonymous with the delivery of some unsafe, poor care, a poor experience for some patients and some families not being treated appropriately following the death or serious harm of a loved one.' However, the reputation of the trust had improved based on evidence in the latest friends and family results, patients surveys and statements from the trust's stakeholders.
- The trust faced significant financial challenges. The cost improvement programme was off track with the trust still having to find a £2 million saving. At the time of the inspection the trust had been concentrating on engaging staff, changing the culture and improving the quality of care. The trust were taking steps to reduce the financial risk posed by the slippage of the cost improvement programme.

However;



# Summary of findings

- There was a positive, strong senior leadership team with the capability and integrity to continue to build on developments and improvements that had been progressively made over the last 12 to 18 months. The board was relatively new, including a new new chief executive officer. There was now a wide range of experience and expertise and a clear programme of board and executive team development coupled with specific development for individuals.
- The trust had clear vision and values which were communicated throughout the organisation. These were underpinned by detailed strategies which provided the framework for the operational plan. Quality, care and sustainability were the top priorities. Progress against the strategy was monitored and reviewed. The vision, values and strategy were robust and realistic, and were communicated throughout the organisation.
- Staff and stakeholders commented positively on the integrity of the board and senior leadership team. Feedback from stakeholders was that the senior leadership team had an open, honest and transparent approach. Staff said the leadership team were professional in approach and underpinned by the organisations values.
- Fit and proper person checks were in place. Employment records of all the appointed directors and non-executive directors met the requirement.
- Staff told us they felt respected, supported and valued. Staff reported significant change in the culture of the trust over the previous 18 months with the changes in and ongoing consolidation of senior leadership, as well as the outcome of the MAZAR's report. Frontline staff told us they felt positive and proud of their work and felt the trust was heading in a positive direction. Leaders identified areas of improvement and had strategies in place to action these.
- The senior team recognised that the governance systems and processes were previously not robust or effective. We were assured that the trust now had frameworks and the correct checks and balances in place to provide assurance despite still needing refinement.
- There was a comprehensive serious incident reporting and investigation process in place. The trust had created a culture of detailed examination and challenge over serious incidents and deaths.
- There was positive development work around quality assessments and peer reviews. key performance indicators (KPI) were being developed in conjunction with staff, and this was focused on improving patient care and developing robust ward to board reporting. The trust monitored this performance which fed into the board assurance framework. The trust utilised a reliable system which was smart and provided information in an accessible format and identified areas for improvement.
- There was a significant improvement in the use of people's views and experience. The trust had a structured and systematic approach to engaging with people who use services, including those with protected characteristics, and those close to them. There was improvement in transparency, openness and performance. Feedback was sought from patients, staff and carers on an on-going basis.
- The trust had embarked on a significant programme of quality improvement (QI) training for staff. The attendance at the training by the chair and chief executive also sent a clear message about how serious and important the trust believed this was in supporting improvement. There was high profile given to research and development which complimented the trusts focus of wanting to be a centre of excellence.

## Ratings tables

The ratings tables in our full report show the ratings overall and for each key question, for each service, and for the whole organisation. We inspected and rated all services provided by Southern Health NHS Foundation Trust. Our decisions on overall ratings also took into account, for example, the relative size of services and we used our professional judgement to reach fair and balanced ratings.

# Summary of findings

## Outstanding practice

We found examples of outstanding practice in the wards for people with a learning disability or autism and the community mental health services for people with a learning disability or autism.

For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including 20 breaches of legal requirements that the trust must put right. We found 74 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

## Action we have taken

We issued seven requirement notices to the trust. Our action related to breaches of 21 regulations in seven core services.

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

We found examples of outstanding practice in the following services:

### **Wards for people with a learning disability or autism**

Staff held regular and meaningful engagement meetings with patients. This had led to them introducing individualised plans about their care including how they would prefer their night time observations completed on Ashford unit. These plans of care were clearly displayed in patients' rooms and were displayed in a way that patients could understand. The schedules for patients' activities were focused on providing them with meaningful and helpful activities and therapy sessions to help them prepare for discharge.

Staff had made a genuine commitment to engaging with patients. We saw that they were patient and diligent in helping patients express their views, and liaised with them in all aspects of their care. This included seeking their views about new construction in the trust for a new ward for Ashford. The feedback from patients and carers was clear that they felt they were not only listened to, but included and involved in their care.

### **Community mental health services for people with a learning disability or autism**

The East Hampshire team had a health visitor that had been nationally recognised for improving the rates of annual health checks at local GP surgeries. The health visitor had written an article that was going to be published about the work they had done with GPs to improve patients access to regular health checks.

### **Long stay or rehabilitation mental health wards for working age adults**

The average length of stay on both wards was between six and nine months. Patients were supported back into community.

### **The trust**

# Summary of findings

Staff reported the freedom to speak up guardian was excellent. The trust had an independent Freedom to Speak up Guardian and staff had received guidance on how to use the speak up procedures. Staff welcomed the provision of a Freedom to Speak up Guardian and the openness this afforded them.

Staff reported that the trust promoted equality and diversity in its day to day work. The trust's equality and diversity lead delivered a Respect and Values course. This was to ensure staff were aware of the trusts policies and commitment to equality, diversity and human rights and 99% of staff had completed this training.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action the 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 services.

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

We told the trust that it must take action to bring services into line with legal requirement. This action related to seven core services.

### **Acute wards for adults of working age and psychiatric intensive care units (PICU's)**

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

The trust must ensure that the safer staffing levels are met on all the wards to ensure safe care and treatment of patients. This includes consistent medical cover across the wards. (Regulation 18).

The trust must ensure that all staff have access to supervision, team meetings and appraisals as is necessary for them to carry out the duties they are employed to perform. (Regulation 18).

### **Child and adolescent mental health wards**

Actions the trust **MUST** take to improve:

The trust must ensure the improvements made in response to the warning notice are maintained, that it has clear oversight and assurance of all risk issues and that timely action is taken as needed to ensure that young people using the service are kept safe (Regulation 17)

The trust must ensure that prone restraint is only used as a last resort and continue work on minimising the use of prone restraint. (Regulation 12).

### **Community-based mental health services for adults of working age**

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

The trust must ensure that patients have a current care plan, that is person-centred, holistic and recovery orientated. (Regulation 9).

### **Wards for older people with mental health problems**

Actions the trust **MUST** take to improve:

The trust must ensure that all wards have a dedicated female-only room which male patients do not enter. (Regulation 10)

The trust must ensure that staffing is at a safe level on Beaulieu ward at all times. (Regulation 18)

# Summary of findings

The trust must ensure that medication is stored at the correct temperature on all wards (Regulation 12)

The trust must ensure that staff apply the Mental Capacity Act if there is doubt about a patient's capacity to consent to admission (Regulation 11)

The trust must ensure safeguarding concerns are raised with the local authority (Regulation 13)

The trust must ensure patients have access to psychological therapies (Regulation 9)

The trust must ensure patients are supported to use their section 17 leave (Regulation 10)

The trust must ensure there are rooms available for patients to meet their visitors in private and ensure patients are able to make phone calls in private (Regulation 10)

## **Mental health crisis services and health based places of safety**

Action the trust MUST take to improve:

The trust must ensure that staff members from the health based place of safety service collects and uses information well to support all its activities. Senior trust members should have full access to information concerning the 24 breaches (patients, who have been not been given an extension by an approved person must not be detained more than 24 hours in the health based place of safety) exceeding the maximum detention period in the health based place of safety. They must ensure there are effective governance systems in place to ensure consistency in standards and work processes across the 136 suites. (Regulation 17)

The trust must ensure that staff members in the crisis teams ensure patients have care plans that are up to date and comprehensive. Staff members from the health and safety place of safety must ensure the ambulance provider working in the 136 suite has access to up to date, accurate and comprehensive information about patients in their care and treatment plans. (Regulation 9)

## **Community health inpatient services**

Action the trust MUST take to improve;

The trust must ensure all medicines are stored safely and in line with the manufacturers guidelines. (Regulation 12).

The trust must ensure all records are stored securely across all hospital sites. (Regulation 17).

The trust must ensure all staff are up to date with their basic and immediate life support. (Regulation 12).

The trust must improve the privacy and dignity of patients at Romsey hospital. (Regulation 10).

## **End of Life Care**

Action the trust MUST take to improve;

End of life care must ensure that all do not attempt resuscitation or DNACPR forms are fully completed.

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

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

## **Acute wards for adults of working age and psychiatric intensive care units (PICU's)**

Action the trust SHOULD take to improve:

The trust should ensure that all patients have access to therapeutic activities and engagement.

# Summary of findings

The trust should ensure that all the wards at Antelope House have clear seclusion records detailing which ward is using the seclusion room.

The trust should ensure that all staff on Kingsley are trained in physical interventions and restraint so that appropriate support can be provided on Melbury Lodge when needed.

## **Community-based mental health services for adults of working age**

Action the trust SHOULD take to improve:

The trust should ensure that all staff adhere to the safeguarding policy and raise safeguarding concerns with the relevant local authority.

The trust should ensure that the community mental health teams work with the local authorities to safeguard adults at risk.

The trust should ensure that the Southampton teams, who are due to re-integrate the team back with adult social services, clarify local processes with Southampton City Council to ensure staff follow correct procedures for raising a safeguarding concern.

The trust should ensure that staff always offer patients a copy of their care plan, and document they have done so.

The trust should ensure that care plans are easily accessible and that staff save them in the correct place in the electronic systems. In addition, the trust should ensure that when paper copies of patient records are used these are kept up to date.

The trust should mitigate the risk posed by the location of the clinic room at the Petersfield site.

The trust should ensure that in Southampton Central site, patient's medication records only contain the current medication prescription.

The trust should ensure that all patient's prescribed clozapine have a relevant medication care plan in line with trust policy.

The trust should ensure that relevant staff at the Southampton Central site receive regular clinical supervision in line with trust policy.

The trust should ensure that managers support staff to improve the quality of care plans and use electronic patient record systems appropriately.

The trust should ensure that the Basingstoke site can account for all patients currently on the waiting list and their allocation status.

The trust should ensure that mobile phones given to staff to use in the community are fit for purpose.

## **Community mental health services for people with a learning disability or autism**

Action the trust SHOULD take to improve:

The trust should address the waiting times of up to six months for specific interventions such as dementia assessments and physiotherapy in West Hampshire, art therapy and occupational therapy in Southampton.

The trust should record whether or not patients have been offered a copy of their care plans.

The trust should complete and document Mental Capacity Act assessments when they are required, for example, when making best interest decisions or providing treatment without a patient's consent.

The trust should ensure change is managed appropriately and minimise the impact of change on staff.

# Summary of findings

The trust should progress action to resolve information technology connectivity issues on two of the sites.

## **Community-based mental health services for older people**

Action the trust SHOULD take to improve:

The trust should ensure that staff always offer patients a copy of their care plan, and document they have done so.

The trust should ensure managers can clearly demonstrate that staff receive regular supervision.

The trust should ensure that patient risk assessments are regularly updated in patient records.

The trust should review the provision of psychologist input to the service to ensure this is equitable across the service.

The trust should review the provision of office space for the Gosport, New Forest East and Parklands CMHT.

The trust should ensure medicines are stored within temperatures according to manufacturer's recommendation.

The trust should review the pathway to access crisis response for this patient group.

## **Child and adolescent mental health wards**

Actions the trust SHOULD take:

The trust should ensure that staff are aware of how to assess mental capacity and are aware of Gillick Competency when working with young people.

The trust should ensure that all staff are supervised in line with trust policy.

## **Long stay/rehabilitation mental health wards for working age adults**

Action the trust SHOULD take:

The trust should review the input of psychologists on both wards.

## **Forensic inpatient / secure wards**

Actions the trust SHOULD take to improve

The trust should ensure care plans are personalised and ensure that staff involve patients in the care planning process. Care plans should be based on the patient's goals and a copy should be given to the patient.

The trust should ensure management supervision and yearly appraisals are recorded in line with trust's policy.

The trust should ensure that patients access to ground leave are assessed on an individual basis at Ravenswood House Medium Secure Unit and are not subject to blanket restrictions.

The trust should ensure there are adapted bathroom and toilet facilities for people with physical disabilities at both Ravenswood House Medium Secure Unit and Southfields Low Secure Unit for people.

The trust should ensure patients are offered a variety of food, taking account special dietary requirement such as veganism.

The trust should ensure there are enough staff on each shift to meet the needs of all patients. Patients should be able to participate in activities and use their leave even when staff are supporting other wards.

The trust should ensure that staff are provided a bully and harassment free working environment to work in.

## **Mental health crisis services and health based places of safety**

Action the trust SHOULD take to improve:

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# Summary of findings

Ensure that staff follow the requirements of the revised Mental Health Act 1983 Code of Practice 2015 and collect information about patient's ethnicity on monitoring forms. They should ensure staff members follow their own policy about the frequency of visits to the health based place of safety and complete a record of these visits to ensure patients safety.

Ensure the staff team seek feedback from patients who have used the health based place of safety.

Ensure patients have consistent access to psychiatry and psychology support and treatment.

Ensure staff members receive regular one to one managerial supervision in line with the trusts policy.

Ensure managers monitor the number of safeguarding referrals to the local authority.

Ensure the toilet door in the section 136 suite at Antelope house is replaced quickly.

## **Wards for older people with mental health problems**

Action the trust SHOULD take to improve:

The trust should ensure that once patients have received their rights, the records are maintained and accessible to staff.

The trust should ensure that patient privacy and dignity is prioritised at all times even if they do not have their own bedrooms (Regulation 10)

The trust should ensure all staff are issued with personal alarms.

The trust should ensure all staff are safely orientated to the ward.

The trust should ensure that equipment is maintained.

The trust should ensure that poor staff performance is managed effectively.

The trust should ensure that staff receive appropriate and effective supervision within the timescales of the trust policy.

The trust should ensure that complaints are investigated within the timescales set out by the trust.

The trust should continue to develop the dementia friendly environments on the organic wards.

The trust should monitor the use of the Mental Capacity Act.

## **Community health inpatient services**

Action the trust SHOULD take to improve;

The trust should ensure staff are always able to deliver safe care at night at Romsey hospital.

The trust should improve the collection of and complete the actions from clinical audit data results to improve the effectiveness of the service.

## **Urgent Care**

Action the trust SHOULD take to improve;

Undertake appropriate recording of stock checks of prescription forms.

Undertake appropriate recording of clinical competency books given to advance nurse practitioners.

Continue its plans to reconfigure the Minor Injury Unit at Petersfield Hospital.

## **End of Life Care**

Action the trust SHOULD take to improve;

# Summary of findings

End of life care should review recording of the prescribing and administration of medicines for patients receiving end of life and palliative care, to ensure that all medication is prescribed and administered following guidelines.

End of life care should ensure there are appropriate arrangements for collecting and reporting on safeguarding referral team's data for patients receiving palliative or care at end of life

End of life care should review governance of all mortuary fridge temperature checks to establish responsibility and ensure they take place regularly.

End of life care should review the arrangements for paper based end of life and palliative care guidance held by community and inpatient teams to ensure consistency.

End of life care service should review arrangements for syringe driver training to ensure compliance target set is achieved.

End of life care should review availability of bereavement advice and information leaflets, so that it is consistent and widely available for patients and their relatives in inpatient and community settings.

End of life care should review arrangements to gather effective feedback from patients and people receiving end of life or palliative care to ensure service is able to improve informed by patient need.

End of life care should review arrangements for non-executive representation at trust board level for end of life and palliative care.

End of life care should review arrangements for ensuring all staff are aware of who the leads for end of life care are.

End of life care should review arrangements for the reporting and governance of all meetings and decision making representing end of life and palliative care.

## **Community Health Service for Adults**

Action the trust SHOULD take to improve;

Continue their work to improve the access, completion and updating of patient records

Ensure service provision at Hythe Hospital can meet patient needs and the environment meets infection and prevention control guidelines

Continue their work to improve the timeliness of equipment provision with external providers

The investigation of complaints to be completed fully and complaints responded to in line with trust policy

## **Community Health Services for children, young people and families**

Action the trust SHOULD take to improve;

Ensure medicines are managed to a consistently high standard across all service areas.

Continue to ensure health reviews for children in care are completed in a timely way.



# Summary of findings

## 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.

We found positive, strong leadership team with the capability and integrity to continue to build on developments and improvements already made over the last 12 to 18 months. The board was relatively new with a new Chief Executive Officer, and there was a wide range of experience and a clear programme of board and executive team development coupled with specific development for individuals.

The trust had clear vision and values which were communicated throughout the organisation. These were underpinned by detailed strategies which provided the framework for the operational plan. Quality, care and sustainability were the top priorities. Progress against the strategy was monitored and reviewed. The vision, values and strategy were robust and realistic, and were communicated throughout the organisation.

Staff and stakeholders commented positively on the integrity of the board and senior leadership team. Feedback from stakeholders was that the senior leadership team had an open, honest and transparent approach. Staff said the leadership team were professional in approach and underpinned by the organisations values.

Fit and proper person checks were in place. Employment records of all the appointed directors and non-executive directors met the requirement.

Staff told us they felt respected, supported and valued. Staff reported significant change in the culture of the trust over the previous 18 months with the changes in and ongoing consolidation of senior leadership, as well as the positive actions implemented as a result of the MAZAR's report. Frontline staff told us they felt positive and proud of their work and felt the trust was heading in a positive direction. Leaders identified areas of improvement and had strategies in place to action these.

The senior team recognised that the governance systems and processes were previously not robust or effective. We were assured that the trust now had frameworks and the correct checks and balances in place to provide assurance despite still needing refinement.

There was a comprehensive serious incident reporting and investigation process in place. The trust had created a culture of detailed examination and challenge over serious incidents and deaths.

There was positive development work around quality assessments and peer reviews. key performance indicators (KPI) were being developed in conjunction with staff, and this was focused on improving patient care and developing robust ward to board reporting. The trust monitored this performance which fed into the board assurance framework. The trust utilised a reliable system which was smart and provided information in an accessible format and identified areas for improvement.

There was a significant improvement in the use of people's views and experience. The trust had a structured and systematic approach to engaging with people who use services, including those with protected characteristics, and those close to them. There was improvement in transparency, openness and performance. Feedback was sought from patients, staff and carers on an on-going basis.

# Summary of findings

The trust had embarked on a significant programme of QI training for staff. The attendance at the training by the chair and chief executive also sent a clear message about how serious and important the trust believed this was in supporting improvement. There was high profile given to research and development which complimented the trusts focus of wanting to be a centre of excellence.

However:

The trust collected large amounts of data, and the data collection was not always reliable.

## 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 ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 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 a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Good ↑ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018
Mental health	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018
<b>Overall trust</b>	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↑ Sept 2018	Good →← Sept 2018	Outstanding ↑ Sept 2018	Good ↑ Sept 2018	Good →← Sept 2018	Good ↑ Sept 2018
Community health services for children and young people	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018
Community health inpatient services	Good ↑ Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018
Community end of life care	Good ↑ Sept 2018	Requires improvement →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good →← Sept 2018	Good ↑ Sept 2018
Urgent care	Good ↑ Sept 2018	Good ↑ Sept 2018	Good →← Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018
<b>Overall*</b>	Good ↑ Sept 2018	Good ↑ Sept 2018	Good →← Sept 2018	Good ↑ Sept 2018	Good →← Sept 2018	Good ↑ Sept 2018

\*Overall ratings for community health services 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.

## Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↔ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018
Long-stay or rehabilitation mental health wards for working age adults	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018
Forensic inpatient or secure wards	Good ↑↑ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018
Child and adolescent mental health wards	Requires improvement ↔ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↔ Sept 2018
Wards for older people with mental health problems	Requires improvement ↔ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Inadequate ↓↓ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
Wards for people with a learning disability or autism	Good ↑ Sept 2018	Good ↑ Sept 2018	Outstanding ↑ Sept 2018	Outstanding ↑ Sept 2018	Good ↑ Sept 2018	Outstanding ↑↑ Sept 2018
Community-based mental health services for adults of working age	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018
Mental health crisis services and health-based places of safety	Good ↑ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018
Community-based mental health services for older people	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018
Community mental health services for people with a learning disability or autism	Good ↔ Sept 2018	Good ↔ Sept 2018	Outstanding ↑ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018
Eating disorder services (not inspected during this inspection or included in ratings aggregation)	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
Perinatal services (not inspected during this inspection or included in ratings aggregation)	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014
<b>Overall</b>	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018

Overall ratings for mental health services 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.

# Community health services

## Background to community health services

Southern Health NHS Foundation Trust is one of the largest providers of mental health, specialist mental health, learning disability and community health services in the UK. The trust provides these services across Hampshire.

The trust has an annual income of £309 million and provides services for approximately 286,811 out of a population of 1.5 million people per year. It employs around 6000 staff who work from over 200 sites, including community hospitals, health centres, inpatient and outpatient units as well as in the community.

The trust provides a diverse range of community health services providing support and treatment to both adults and children. Care is delivered in community hospitals, health centres, GP surgeries and in our patients' homes. They also provide a stop smoking service (Quit4Life).

The community services were managed as one Integrated Services Division (ISD) with four business units:

BU1 East Hampshire included community inpatient units in Gosport and Petersfield; community nursing & therapy services; Enhanced Recovery Service @ Home; The Willow Group GP practices and Same Day Access Service in Gosport (Better Local Care)

BU2 West Hampshire included community inpatient units in Lymington, Romsey and Fordingbridge; community nursing & therapy services; Enhanced Recovery Service @ Home; extended hours GP service in Lymington

BU3 Mid & North Hampshire included community inpatient units in Alton; community nursing & therapy services; Enhanced Recovery Service @ Home.

BU4 Children and Families Services covered Health Visiting and School Nursing services

Each of these business units had a management team which oversaw all of the services in their unit.

There were also a large number of specialist services across the Trust including podiatry, diabetes, Parkinson's, Multiple Sclerosis, pain, tissue viability, falls, MSK, continence, heart failure, phlebotomy, radiology, respiratory, rapid assessment and frailty.

At this inspection 21 to 24 May 2018 we inspected services provided for adults in the community inpatient wards and in the community setting i.e. people's homes and clinics. We also inspected service for children young people and families and the end of life care service.

## Summary of community health services

**Good** ●

Our rating of these services improved. We rated them as good because:

# Summary of findings

- The trust was actively working to recruit and retain staff. In general there were sufficient numbers of suitably trained staff to meet patients' needs. Further training opportunities were provided by the trust to allow staff to expand their skills and professional knowledge.
- There was a high level of compliance with training and staff reported having received a thorough induction.
- Staff understood how to protect people from abuse, how to work effectively with other agencies and what actions to take if they had concerns about people's safety. This included how to protect people from risks associated with infection control and the environment.
- The services generally controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- In the main services had suitable premises and equipment and looked after them well.
- The services mostly followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- There was a positive reporting culture within the trust, themes from patient safety incidents were identified monthly through the patient safety group and quality and safety committee.
- Staff followed professional guidance and applied this in their treatment to provide safe and effective care to patients. Policies and procedures were developed in line with national guidance, and were accessible to staff to support their practice.
- 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.
- The trust made sure staff were competent for their roles. Managers appraised staff's work performance with them to provide support and monitor their development.
- 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.
- Patients and those close to them told us they were treated with kindness, dignity and respect while they received care and treatment including during physical or intimate care. We saw staff show an encouraging, sensitive and supportive attitude to patients and those close to them who used the services.
- The trust planned and provided services in a way that met the needs of local people.
- The services took account of patients' individual needs. People could access the service when they needed it.
- The services generally treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.
- 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.

# Summary of findings

- 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.
- 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:

- In some areas equipment was not always available in a timely way to meet patient's needs.
- The investigation of complaints sometimes did not take place in a timely way leading to delays in responding to the complainant.
- Medicines were not consistently managed in a safe way in special schools. In the minor injury units the trust procedure for the monitoring of the use of prescription pads was not consistently followed.
- In some areas best practice had not be applied to maintain the environment in such a way to help reduce the risk of infection



# Community end of life care

Good  

## Key facts and figures

Southern Health NHS Foundation Trust (the trust) operates across Hampshire. We inspected trust provision of end of life and palliative care to adults in their own homes and on inpatient wards at the trust's community hospitals. We visited trust sites on 22, 23 and 24 May 2018. The trust also provides end of life care in mental health settings for older people, but this is much less frequent. We did not inspect end of life care in mental health.

End of life and palliative care is provided to patients in their own homes by the trust's district nurses and on inpatient wards at six community hospitals within Hampshire with a specialist palliative service based at a hospice within Hampshire. End of life care includes all care given to patients who are approaching the end of their life and following death. End of life care is also provided by other staff such as therapists. The care includes nursing and personal care, provision of equipment and bereavement support. Over 95% of the end of life care is delivered in this way.

End of life care is also provided by a specialist palliative care service commissioned from the trust solely in South East Hampshire based at Rowan's hospice in Waterlooville. The specialist team includes nurses, doctors, therapists and other staff such as administrative support. The primary purpose of this service is to provide evidence based specialist palliative care in the South East (Fareham, Gosport, Havant, Hayling Island, Waterlooville, Emsworth and Wickham). Care is through direct clinical healthcare of patients with complex palliative care needs and through support to other community services such as integrated community teams.

The care provided by the trust includes multidisciplinary working and there are links with various other local services such as acute hospitals, hospices, other voluntary sector providers, GPs and social care providers.

Community services for adults including inpatient hospitals are arranged into three 'business units' (localities). For example, Locality 1 – East includes Gosport War Memorial and Petersfield Hospitals; Locality 2 - West includes Romsey, Fordingbridge and Lymington New Forest Hospital; and Locality 3 – includes Alton Hospital. Each business unit has an integrated community team based at a hospital.

The care in the trust locations took place at various times in:

- 11 inpatient wards across six community hospitals'
- Within 198 inpatient beds. There are no dedicated inpatient beds for end of life care.
- Between 1 July 2017 and 30 June 2018 there were 17 deaths on OPMH wards and 243 on community hospital wards. The trust did not record how many patients had received care in the last year of life.

This inspection was announced (staff knew we were coming) to ensure staff were available to meet and talk with in the community services.

We previously undertook a comprehensive inspection of the trust in 2014 when we rated requires improvement overall. We undertook a further inspection in 2017 but did not re rate the service. We found that some improvements had been made but told the trust it must

- ensure that do not attempt cardiopulmonary resuscitation (DNACPR) forms are completed in line with national guidance
- improve appraisal rates for community nursing staff
- ensure that individualised care for patients at end of life is planned and delivered for patients cared for at home

# Community end of life care

- ensure that community staff have access to up to date information in the record of patients at end of life who are cared for at home
- ensure appropriate support is available to community hospital staff to respond to end of life care patients who deteriorate

We visited inpatient teams and community teams based at the following community hospitals

- Alton
- Petersfield
- Lymington
- Fordingbridge
- Gosport
- Romsey

We also:

- spoke with 58 staff including band 2 to band 8 grade nurses, admin, therapists doctors and chaplaincy. We held focus groups and reviewed staff questionnaires
- spoke with four patients receiving end of life and palliative care either in the community, as inpatients or attending trust services as outpatients, spoke with carers and reviewed comment cards
- reviewed seven sets of paper and electronic patient records in community hospitals and patients' homes.
- attended four multidisciplinary (MDT) team meetings. The meetings included patients being supported by community teams and for the trust hospice. The MDTs covered the care and treatment needs and planning for 27 patients
- reviewed recent inspection reports and information within the end-of-life care core service and provider sections of the inspection data pack
- assessed governance arrangements and assurance about quality
- observed care and treatment given in two patients homes in the community and in inpatient settings
- inspected two mortuaries.

- reviewed recent inspection reports and information within the end-of-life care core service and provider sections of the inspection data pack
- assessed governance arrangements and assurance about quality
- observed care and treatment given in two patients homes in the community and in inpatient settings

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?

# Community end of life care

- Is it responsive to people's needs?
- Is it well-led?

## Summary of this service

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

- Staff providing end of life and palliative care were appropriately trained and understood their responsibilities to keep people safe and what to do if they needed to raise a concern. There was improved oversight of end of life training and competencies.
- Caseloads in the specialist palliative care team were planned and reviewed to ensure people received safe care and treatment at all times.
- Risk assessments for care and treatment were used for patients receiving end of life and palliative care. There was timely access to advice, initial assessment care and treatment and, diagnosis or urgent treatment. Advice could be accessed at different times of the day.
- Staff prioritised care for vulnerable patients with the most urgent care needs.
- All wards and buildings we inspected were visibly clean. Staff followed infection prevention and control procedures and routine standards of cleanliness and hygiene were maintained.
- The trust had improved the quality of patient records since the last inspection in 2017 to ensure information was included in a person centred manner.
- There was a positive reporting culture within the trust, themes from patient safety incidents were identified monthly through the patient safety group and quality and safety committee.
- Policies and procedures were developed in line with national guidance, and were accessible to staff to support their practice. The trust had recently commenced The National Audit of Care at the End of Life a three-year internal audit, specific to end of life and palliative care.
- Improvements had been made in the use of individualised end of life care plans since our previous inspection and there were systems to record patients preferred place of death and to monitor outcomes.
- Staff worked together to deliver effective care and treatment through multi-disciplinary teams.
- Patients and those close to them told us they were treated with kindness, dignity and respect while they received care and treatment including during physical or intimate care. We saw staff show an encouraging, sensitive and supportive attitude to patients and those close to them who used the services.
- Staff communicated clearly and knowledgably with patients so that they understood their care, treatment and condition.
- Staff ensured that when a person was in the last days and hours of life they had an individual plan of care, which included food and drink and symptom control.
- The trust worked with several clinical commissioning groups to understand and plan end of life and palliative care.
- Some community hospitals had side rooms that could be used when available for patients at end of life such as Anstey ward at Alton community hospital.
- The trust had an interpreter system and sign language specialists available. All community hospital wards had 'dementia link' nurses and had undertaken dementia awareness training.

# Community end of life care

- Wherever possible, the trust ensured the same nurses visited the same patients to provide continuity of care to enable easier identification of changes in a patient's wellbeing.
- People who used the service knew how to make a complaint or raise concerns, and they were encouraged to do so.
- The leadership and culture of staff reflected the vision and values of the organisation. The trust had a vision to provide high quality, safe end of life care. The governance framework was clear. Quality, performance and risk was managed and leaders could identify the actions needed to address challenges to quality care.
- The strategy was aligned to the National Palliative and End of Life Partnership's Ambitions for palliative and end of life care and the values of the trust.
- Services had continuously improved since the last inspection. The trust had reviewed progress of the implementation of the four-year end of life strategy (2017).
- Staff felt respected and measures were taken to ensure staff were safe when lone working. Staff received support after working in distressing situations.
- Leaders we spoke with at all levels of the organisation described staff as passionate about end of life care and said staff provided high levels of care.
- Leaders prioritised the participation and involvement of most staff. Staff views and experiences were gathered by a series of 'your voice' staff engagement events.

However:

- When we reviewed seven sets of records we saw that do not attempt cardio pulmonary resuscitation or DNACPR decisions were still not always recorded appropriately and in line with national guidance.
- A number of improvements were still required for the recording of patient information in patient records, particularly related to timings of entries and level of detail in medical notes and clear rationale for prescribing decision.
- At May 2018 there were three community teams still below the 60% target set for syringe driver training and competence.
- Complaints received by the trust were not routinely able to be recorded under end of life care. The introduction to the electronic system for incidents of a means to do so was under review.
- The availability of information for patients and those close to them had been the subject of a thematic review which identified improvements were required in this area.
- There was no non-executive director lead for end of life and palliative care and the roles of leaders for end of life care were not clear from the intranet.
- Not all relevant staff felt engaged in creating the strategy for end of life care.
- The trust did not have a mechanism to explicitly gather experiences and opinions from those who had experienced the trust's end of life care provision.
- The trust did not participate in the Gold Standards Framework (GSF) Accreditation process.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because **Page 84**

# Community end of life care

- The specialist palliative care team were trained in the safety systems, processes and practices needed to deliver safe care. They understood their responsibilities to keep people safe and what to do if they needed to raise a concern.
- All wards and other buildings that we visited were visibly clean, and the design, maintenance and use of facilities and premises of most community hospitals kept people safe. Staff followed infection prevention and control procedures and routine standards of cleanliness and hygiene were maintained.
- Specialist technical and general equipment needed to provide care and treatment to people in their home was appropriate and fit for purpose. The trust was working with organisation that supplied equipment to improve the provision of equipment for patients.
- The staffing levels, skill mix and caseloads in the specialist palliative care team were planned and reviewed to ensure people received safe care and treatment at all times. Urgent medical attention, information and advice could be accessed if needed at different times of the day.
- Risk assessments for care and treatment were used in the community and inpatient setting for patients receiving end of life and palliative care. The trust had reviewed the pathway patients took from Romsey community hospital to a local acute trust if their condition deteriorated that was needed.
- The trust had improved the quality of patient records since the last inspection in 2017 to ensure information was included in a person centred manner. There was continuous oversight and monitoring of standards of record keeping.
- There was a positive reporting culture within the trust, which was an improvement on the findings of the inspection in 2017. Themes from patient safety incidents were identified through the monthly analysis and reporting to the patient safety group and quality and safety committee.

However:

- A number of improvements were still required for the recording of patient information in medical notes, particularly related to timings of entries and level of detail
- Prescribing at end of life had not been audited by the trust, and there was some evidence in the patient records, which did not make clear the reason for prescribed medicines.
- The layout of Romsey hospital did not support the safe care of patients during the night time as a result of reduced visibility.
- It was not clear who was responsible for mortuary fridge temperature checks at one hospital

## Is the service effective?

**Requires improvement** ● → ←

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

- The trust had been told they should monitor the uptake of staff training on syringe driver competency assessment in 2017.
- The trust had set community teams a target of 60% for syringe driver training and competence. in Autumn 2017. At May 2018 there were three community teams still below the 60% target.
- The trust had been told in 2017 they must ensure do not attempt cardiopulmonary resuscitation (DNACPR) forms were completed in line with national guidance.

# Community end of life care

- When we reviewed seven sets of records we saw that DNACPR decisions were still not always recorded appropriately and in line with national guidance.

However:

- Policies and procedures were developed in line with national guidance, and were accessible to staff to support their practice. A range of tools were used by staff to enable the effective delivery of treatment and care. This included nutritional and pain assessment tools, which helped staff to manage patient needs.
- The trust participated in local and external audits in order to assess the quality of its services.
- Improvements had been made in the use of individualised end of life care plans since our previous inspection.
- There were systems to record patients preferred place of death and to monitor achievement with these wishes.
- The specialist palliative care team staff had the right qualifications, skills, knowledge and experience to deliver treatment and care effectively. Staff were supported through the trust to develop further, and had access to performance reviews, training and development. There was improved oversight of end of life training and competencies.
- A new process had been designed by the learning and education department to enable improved oversight of end of life training and competencies across the trust.
- Staff, teams and services worked together to deliver effective care and treatment. Multi-disciplinary teams consisted of appropriate people.
- Community staff engaged in Gold Standards Framework (GSF) meetings with some GP practices and used a red, amber, green rating in other meetings when discussing patients.

## Is the service caring?

Good   

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

- Patients and those close to them told us they were treated with kindness, dignity and respect while they received care and treatment including during physical or intimate care. We saw staff show an encouraging, sensitive and supportive attitude to patients and those close to them who used the services.
- Trust staff provided care in a compassionate, timely and appropriate way to patients receiving end of life or palliative care.
- Staff ensured that when a person was in the last days and hours of life they had an individual plan of care, which included food and drink and symptom control. When we reviewed notes in patients' homes we saw that in all cases they were 'holistic' including relevant information.
- Staff communicated clearly and knowledgably with patients so that they understood their care, treatment and condition. Patients we spoke with had a good understanding of their care and treatment which was reflected in patient records.
- The trust had appointed a Family Liaison Officer to support families through the process of an investigation or serious complaint. Bereavement services were not commissioned by the clinical commissioning groups to be provided by trust services. Staff did however signpost the bereaved to supportive services in the local area.

However:

# Community end of life care

- The availability of information for patients and those close to them had been the subject of a thematic review which identified the improvements which had taken place but that improvements were still required in this area.

## Is the service responsive?

Good   

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

- The trust worked with five clinical commissioning groups to understand and plan for the needs of the local populations needing end of life or palliative care. Specialist palliative care services were commissioned from the trust only in the South East of Hampshire.
- Over 95% of end of life care was delivered by community hospital and community team staff to patients at home and on wards at the trust's community hospitals.
- Staff prioritised care for patients with the most urgent care needs. There was timely access to advice, initial assessment care and treatment and, diagnosis or urgent treatment through trust services for patients approaching the end of life.
- Some community hospitals had side rooms that could be used when available for patients at end of life such as Anstey ward at Alton community hospital.
- Staff had access to the trust's communication team who provided staff with documents to aide communications, including large print documentation.
- The trust had an interpreter system and sign language specialists available. All community hospital wards had 'dementia link' nurses and had undertaken dementia awareness training.
- Wherever possible, the trust ensured the same nurses visited the same patients to provide continuity of care to enable easier identification of changes in a patient's wellbeing.
- People who used the service knew how to make a complaint or raise concerns, and they were encouraged to do so. Patients had access to the customer experience team and could raise any concerns they had regarding their care and treatment.

However:

- There was variability for facilities to enable people, and those close to them, nearing the end of their life to be cared for and to die in private and with dignity.
- Complaints received by the trust were not routinely able to be recorded under end of life care. The introduction to the electronic system for incidents of a means to do so was under review.

## Is the service well-led?

Good   

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

- Clinical leadership of the majority of end of life care was through a community matron with other matrons leading end of life care during 'business as usual'.

# Community end of life care

- Leadership of end of life care in South East Hampshire was through a consultant who was part of the end of life steering group. The chaplain chaired the trust end of life steering group
- The governance framework was clear. Quality, performance and risk was, managed and leaders could identify the actions needed to address challenges to quality care.
- The trust had a vision to provide high quality, safe end of life care. The leadership and culture of staff reflected the vision and values of the organisation and provided effective leadership.
- The trust four year end of life strategy (2017) was aligned to the values of the trust and the National Palliative and End of Life Partnership's Ambitions for palliative and end of life care.
- The trust had reviewed progress of the implementation of the end of life strategy and improvements made with a thematic review completed September 2017- February 2018.
- The culture of end of life care enabled people to receive care where they wished.
- Staff felt respected and measures were taken to ensure staff were safe when lone working.
- Staff were offered face to face debrief and remote support when they had deal with distressing situations.
- Leaders we spoke with at all levels of the organisation described staff as passionate about end of life care and said staff provided high levels of care.
- The trust had recently commenced The National Audit of Care at the End of Life a three-year internal audit, specific to end of life and palliative care.
- There were arrangements for identifying, recording and managing risks. There was alignment between the recorded risks and what staff said was 'on their worry list'.
- Leaders prioritised the participation and involvement of most staff. Staff views and experiences were gathered by a series of 'your voice' staff engagement events.
- Staff were focused on continually improving the quality of care and services had continuously improved since the last inspection.

However:

- There was no non-executive director lead for end of life and palliative care and the roles of leaders for end of life care were not clear from the intranet.
- Not all relevant staff felt engaged in creating the strategy for end of life care.
- Staff who provided specialist palliative care said their assessments for equipment provision by the external provider were not always accepted at 'face value'.
- The trust did not have a mechanism to explicitly gather experiences and opinions from those who had experienced the trust's end of life care provision.
- The trust did not participate in the Gold Standards Framework (GSF) Accreditation process.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.



# We inspected Community health inpatient services

Good   

## Key facts and figures

Southern Health NHS Foundation Trust has 198 community adult inpatient beds at six hospitals across Hampshire:

- Lymington New Forest Hospital - 64 beds
- Romsey Hospital -19 beds Ward
- Gosport War Memorial Hospital - 40 beds
- Alton Hospital -Antsy Ward - 18 beds
- Fordingbridge Hospital - 15 beds
- Petersfield Hospital - 42 beds

The service provides: sub-acute care, (between acute and chronic) treatment and rehabilitation. Lymington New Forest Hospital is the largest site and has four wards, including a stroke rehabilitation unit and a medical admissions unit.

The trust divides all its services across three localities or business units. Locality 1 – East includes Gosport War Memorial and Petersfield Hospitals, Locality 2 - West includes Romsey, Fordingbridge and Lymington New Forest Hospitals and Locality 3 which includes Alton Hospital

The community inpatient core service was previously inspected in 2014 and rated Good overall, but required improvement in safe. The service was re-inspected but not re-rated in 2017 as the trust was going through a significant period of change during the time of this inspection

We inspected community inpatients services for adults as part of our new phase of our inspection methodology. We gave the service a short period of warning prior to our inspection.

We inspected all six hospitals that provide community adult in-patients and asked, were services safe, effective, caring, responsive and well led?

During the inspection visit the inspection team

- spoke with 49 nurses and allied health professionals, band three and above, three pharmacists, two house keepers, one ward clerk, one GP and three consultants
- facilitated one focus group, which was attended by eight staff
- spoke with 21 patients and 14 relatives/carers
- reviewed 14 sets of inpatient records and 36 medication records.

## Summary of this service

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

- Staff across all sites followed professional guidance and applied this in their treatment to provide safe and effective care to patients.

# We inspected Community health inpatient services

- The trust was taking action to recruit and retain staff to ensure sufficient numbers of suitably trained staff were either employed or about to start at the trust to meet patients' needs. There were effective selection, deployment and support processes in place along with succession planning.
- Staff had completed training and were knowledgeable about responding to and treating risk. There were effective handovers at shift changes and safety briefings to ensure that staff could manage risks to people who used the services.
- Safeguarding adults, children and young people at risk was given sufficient priority.
- People's care and treatment was planned, delivered and monitored in line with current evidence-based guidance, standards, best practice, legislation and technologies. People had assessments of their needs, which included pain relief, mental health, physical health and wellbeing, and nutrition and hydration needs.
- Expected outcomes were identified and care and treatment reviewed and updated. Appropriate referral pathways were in place to make sure patients' needs were addressed. The service monitored the effectiveness of care and treatment and used the findings to improve.
- Staff were consistent and proactive in supporting people to live healthier lives. There was a focus on early identification and prevention and on supporting people to improve their health and wellbeing.
- The leadership, governance and culture promoted the delivery of high-quality person-centred care.

However:

- At Romsey hospital the geography of the wards did not facilitate the delivery of safe care and treatment at night time.
- At Romsey hospital the privacy and dignity of patients was not always maintained as bed spaces were less than the recommended guidelines.
- Safe records management was not consistent across all the hospitals. In some ward areas at Lymington hospital records were stored in an ununlockable drawer.
- Medicines management was not always provided safely. In some areas medicines were not stored safely in line with the manufactures guidelines and in some cases reused which was not in line with hospital policy

## Is the service safe?

**Good** ● ↑

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

- Staff were regularly updated in safety systems, processes and practices and the number of staff completing mandatory training had improved since the 2017 inspection.
- There were systems in place to prevent and protect people from healthcare-associated infections. Staff followed infection control procedures in all aspects of their practice. This was reflected in the low number of infections across the hospitals.
- There were systems in place to assess and monitor patient risks and risk assessments were developed in line with national guidance. The records we reviewed all included multidisciplinary risk assessments which were up to date.
- Multidisciplinary team working was embedded across the hospitals and hospitals had access to onsite speech and language therapists and social workers.

# We inspected Community health inpatient services

- The trust had systems in place to assess the acuity and dependency of their hospitals and allocated their staff accordingly.
- The hospitals had good working plans both internally and externally to facilitate system-wide resilience to ensure the safe running of the hospitals in times of pressure/challenge. These had been implemented during the recent bad weather and showed how effective the plans worked to maintain the service.
- There was a culture of reporting incidents, staff told us that there was an increase in the reporting of minor harms which is indicative of a positive health reporting culture

However:

- Staff told us and we saw how Romsey hospital had a layout that made the delivery of safe care at night time a challenge. Spaces between beds at Romsey hospital were less than ideal, compromised patient's privacy and dignity and posed a manual handling risk for staff.
- Recruitment of staff continued to be a challenge, there were vacancies across all the hospitals, some more than others. However, the executive and seniors team were working hard to remedy this.
- Some ward areas did not lock their records safely away.
- Medicines were not always stored in line with manufacturers' guidelines or used in line with hospital policy.
- 

## Is the service effective?

Good   

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

- The service provided patient care based on the best available evidence. We saw how the latest National Institute for Health and Care Excellence (NICE) information and updates flowed through all the community hospitals.
- Patients who had long-term conditions, complex needs or were receiving care and treatment, had clear personalised care plans. Care records were up to date and in line with relevant good-practice guidance with identified outcome goals from the multidisciplinary teams.
- The trust made sure that its staff had the skills, knowledge and experience to deliver effective care, support and treatment. This was monitored through annual appraisals - 94% of staff in the service had received an appraisal at the time of the inspection.
- Information about the outcomes of patients and treatment was routinely collected and monitored. This showed that intended outcomes for patients were overall being achieved for example, the Sentinel Stroke National Audit Programme showed Lynton hospital was within the expected range for post stroke mortality.
- Professionals across the service worked well together to deliver effective care and treatment. Occupational therapists, physiotherapists, social work and speech and language teams met daily to facilitate safe care and treatment and a safe discharge.
- Patients were supported to live healthier lives, empowered to manage their own health, care and wellbeing and to maximise their independence. Across all the hospitals we saw examples of this, such as, exercise and befriending classes and groups all aimed to promote health, mental health and staying fit.

However

# We inspected Community health inpatient services

- In some areas the collection of clinical audit data to monitor the effectiveness of services was not thorough and learning could not always be evidenced. There were gaps in the collection of data and action plans in some areas were not completed.

## Is the service caring?

Good ● → ←

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

- Staff were highly motivated and inspired to offer care which was compassionate. Staff took the time to interact with patients who used the service and those close to them in a respectful and considerate way.
- Patient satisfaction was high. Responses to the Friends and Family Test showed 98% positive responses.
- Staff understood the impact that a patient's care, treatment or condition had on their wellbeing and on those close to them, both emotionally and socially. Well-being coordinators were employed in some of the hospitals to implement specific activities devised by therapists, such as brunch clubs.

However:

- Whilst staff worked hard to maintain patient's privacy and dignity this could not always be achieved. For example, at Romsey hospital where beds were very close together.

## Is the service responsive?

Good ● → ←

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

- The importance of flexibility, informed choice and continuity of care was reflected in the services. People's needs and preferences were considered. Patients were encouraged to make choices and staff provided care according to these choices wherever possible.
- Care and treatment was coordinated with other services and other providers and this included liaising with families and carers.
- People knew how to raise concerns or complaints about their experiences and could do so in a range of accessible ways.
- The service used the learning from complaints and concerns as an opportunity for improvement. Staff could give examples of how they incorporated learning into daily practice.
- Hospitals worked proactively to maintain patients' access to the right care and treatment. Individual wards had clear admission criteria for the service's they provided.
- The trust was proactively working to reduce the length of stay of their patients. Regular meetings to discuss patient's length of stay and discharge destinations were held internally and with other local trusts.

# We inspected Community health inpatient services

## 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. Local nursing leaders at ward level were experienced and knowledgeable about the needs of the patients they treated.
- Leaders were visible and approachable. Staff were complimentary about their ward coordinators and ward managers. Staff felt able to escalate concerns and were confident the concerns would be addressed.
- There were effective selection, deployment and support processes in place along with succession planning. The trust had a clear development programme for staff that were new in their roles and recognised how investing in their staff's education encouraged recruitment and retention.
- Managers monitored performance and used the results to help improve care. All staff identified risks to good care and the service acted to eliminate or minimise risks.
- Leaders were knowledgeable about issues and priorities for the quality and sustainability of their services. They understood what the challenges were and acted to address them.
- Nursing managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values
- The board and the service levels of governance functioned effectively and interacted with each other appropriately. Structures, processes and systems of accountability, were clearly set out, understood and effective.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Urgent care

Good ● ↑

## Key facts and figures

Southern Health NHS Foundation Trust operates across Hampshire. Southern Health NHS Foundation Trust provides two nurse led minor injury units (MIUs), one at Lymington New Forest Hospital and one at Petersfield Hospital. The MIU at Lymington New Forest Hospital serves the residents of South West Hampshire and one at Petersfield Hospital serves the residents of North Hampshire.

The minor injury units operate in business units, each of which has their own senior team. All localities have a general manager, clinical director and associate director of nursing. Heads of nursing support this senior team who in turn have area matrons, service leads and matrons reporting to them. Each MIU is led by a clinical lead (nurse practitioner) who provides the link to and are directly responsible for the minor injury unit and staff.

The MIU staff see, assess and treat people presenting with minor injuries, they do not treat people who are unwell or children under the age of two years at Lymington and one year at Petersfield. Both units provide a 7 day a week service 365 days of the year. At Lymington, the MIU is open from 8am to 9pm and at Petersfield, the MIU is open from 8am to 6pm. At Lymington on average 1579 patients attended the service per month and at Petersfield this average was 680 patients per month.

We last inspected the service in March 2017 but did not rate the service. We had previously rated the service as requires improvement following our comprehensive inspection in October 2014 with the ratings of 'good' in caring. The service was rated 'requires improvement' in safe, effective, responsive and well-led.

During our inspection in March 2017, we told the trust it should:

- Ensure all staff report incidents.
- Implement across both MIUs an audit plan on the use of national guidance locally.
- Develop children's waiting area at Petersfield MIU to provide visual and audible separation from the adult waiting areas.
- Develop systems to ensure complainants are responded to in a timely manner.
- The trust should ensure staff across the urgent care provision are informed of the trust plans for the service, including those arising from discussions with the CCGs
- Review the governance reporting framework for the Petersfield MIU.
- Ensure there is clear support structure in place with clear lines of accountability for the MIU in Petersfield.
- Review the staffing levels at the MIU in Petersfield to ensure they are able to offer a safe service at all times.
- Review the ability to ensure there are sufficient numbers of staff trained in the care of a sick child, on duty at all times in MIUs. .

We visited both minor injury units as part of the inspection of the trust.

## Summary of this service

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

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# Urgent care

- Patients at both MIUs were seen quickly, assessed, treated and discharged within the national set target of 4 hours.
- The service had enough staff with the right qualifications and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff treated patients and those close to them with dignity and respect. Patients felt supported and provided positive feedback.
- Staff responded compassionately to pain, discomfort and emotional distress in a timely and appropriate way.
- The trust board had determined and kept under review the information it required to monitor performance, set priorities and make decisions through a local reporting system.
- Safety was a priority at all levels. Staff took an active role in delivering and promoting safety, learning and improvement.
- Safety performance included waiting times for assessment and treatment, adverse incidents, complaints and compliments, which were monitored continuously and were reported to the board. We reviewed safety data from April 2017 to March 2018 and found no serious issues.
- There was a positive culture and a very good supportive team working amongst staff. Staff at both MIU spoke enthusiastically about their department and the support they received.

However:

- The Petersfield MIU was small with two clinical areas and was not fit for purpose due to the workload and this had been acknowledged by the trust. There were plans in place to reconfigure the area to increase to five clinical spaces. The present arrangements did not breach the privacy or dignity of patients.

## Is the service safe?

**Good** ● ↑

- Our rating of safe improved. We rated it as good because:
- The service had enough staff with the right qualifications and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Most records were clear, up-to-date and available to all internal and external medical and care staff providing patient care.
- The service assessed and responded to risks to people so they were supported to stay safe.
- There were reliable systems in place to prevent and protect patients from healthcare-associated infections. Systems, processes and practices regarding cleanliness, infection control and hygiene were developed, implemented and communicated to staff.
- The service had suitable premises and equipment which was maintained to ensure it remained safe for use.
- Medicines were stored and disposed of safely.
- The service provided mandatory training in key skills to all staff.
- Staff recognised potential safeguarding concerns and understood their role in reporting these to keep patients safe.

# Urgent care

- The service assessed their performance against targets to identify performance and patient risk. The service used this information to improve the quality of the service provided.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with their teams and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

Good  

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

- Care and treatment was delivered in line with legislation, standards and evidence based guidance. Managers checked to make sure staff followed guidance.
- People were offered the right pain relief at the time it was required to manage their wellbeing.
- The service monitored the effectiveness of care and treatment provided through a process of auditing and monitoring. These findings were used to improve patient services.
- The service made sure that staff were competent for their roles. Managers monitored competence through appraisals, sharing learning and providing support for development.
- Patients received care from staff who worked closely with other health care staff to ensure their needs were met.
- Patients were supported with access to literature and advice to support them making positive health decisions.
- 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.

## Is the service caring?

Good   

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

- Highly motivated staff were inspired to offer compassionate care and ensured the continuing wellbeing of the patients. Patient feedback was extremely positive of the care provided.
- Staff offered emotional support to patients and their family members. They interacted in a respectful and considerate manner that left patients reassured.
- Services were planned in partnership with patients. Staff sought innovative methods of communication of seeking patient views.

## Is the service responsive?

Good   

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



# Urgent care

- Patients at both MIUs were seen quickly, assessed, treated and discharged within the national set target of 4 hours.
- The service planned and delivered services to meet individual needs. Staff were aware of patients' differing individual needs and took steps to accommodate these.
- Staff recognised and acknowledged patients who had additional support needs. Patients were supported by staff who understood how to meet these additional needs.
- Patients could access the right care and support at the time it was needed.
- There was a clear process in place for managing complaints. Lessons were learned from complaints to help make improvements to the service.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- The leadership, governance and culture promoted the delivery of high-quality person-centred care. Local nursing leaders at minor injury units were experienced and knowledgeable about the needs of the patients they treated.
- Medicines were stored and disposed of safely.
- The service 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 community.
- Managers across the service promoted a positive culture that supported and valued staff creating a sense of common purpose based on shared values.
- The service had a systematic approach to continually improve quality and safeguard high standards of care and treatment by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks and planning to eliminate or reduce them. The service collected performance data via the quality dashboard, which provided the board with an overview of how the service was comparing to its key quality indicators.
- The service collected, analysed, managed and used information well to support all of its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff and the public to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Staff were given opportunities for further learning and development. Several staff members described how they had developed and progressed within the organisation.

## Areas for improvement

We found areas of improvement at this service. See the Areas for Improvement section above.

# Community health services for children and young people

Good   

## Key facts and figures

Southern Health NHS Foundation Trust provides community services to children and young people and their families in Hampshire. It offers a range of services including health visiting, breast feeding advice, school nursing, family nurse partnership, services for children in care (CiC) and supporting services such as safeguarding. The services are designed to deliver the Healthy Child Programme (HCP), helping families and children stay healthy from birth to age 19. The HCP sets out the recommended framework to promote health and wellbeing, by offering health reviews, screening tests, support and information. Staff provide these services at people's homes, in local clinics, in schools and GP practices.

The service was made up of nine school nursing teams, with one area manager and 19 health visitor teams with three area managers. There were three special school nursing teams, with one area manager, and two family nurse partnership teams.

For this inspection we talked with 90 staff, including managers, health visitors, school nurses, specialist leads, nursery nurses and support staff including administration staff. We also spoke with 30 parents and 12 children and young people. We observed a range of clinics in local settings and accompanied staff on home visits. We visited three schools including a special school for children with physical disabilities. In addition, we reviewed a wide range of trust documents and records for 23 children.

We last inspected the service in 2014 and we rated the service as good across the five domains of safe, effective, caring responsive and well-led, and good overall.

## Summary of this service

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

- There were sufficient numbers of skilled staff to deliver the service and staff had regular appraisals and training.
- Staff completed and updated records of people's care and treatment, and delivered care based on best practice guidance.
- The service had systems for reporting incidents, complaints and risks and staff used these to improve care and practices.
- Staff showed kindness and compassion and were committed to providing a good service to children, young people and families in the community.
- There was an effective leadership and governance structure and a positive culture within the service. Staff understood the service aims, priorities and performances.
- Staff understood the needs of the families in the local areas where they worked. They monitored non-attendance at appointments and acted to engage people who might be vulnerable.

## Is the service safe?

Good   

# Community health services for children and young people

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

- The service provided mandatory training key skills to all staff and made sure they completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- 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.
- Staff completed and updated risk assessments relating to children and young people. They asked for support when necessary.
- 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 available to staff providing care.
- The service generally followed best practice when storing, prescribing, giving and recording medicines, so that people received the right medication at the right dose at the right time.
- 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 people honest information and suitable support.

However,

- Records did not flag risks relating to Multi-Agency Safeguarding Hub (MASH) notification records. A public protection notice flagged on a relative's record was not flagged on the child's record, which meant there was a risk to the coordination of the child's care.

## Is the service effective?

Good   

Our rating of effective stayed the same. 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.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervisions meetings with them to provide support and monitor the effectiveness of the services.
- Staff of different kinds worked together and coordinated care across services to benefit children, young people and families.
- The service was commissioned to promote healthy lifestyles and wellbeing in the six high impact areas.
- Staff understood how and when to assess whether a person had the capacity to make decisions about their care. They followed the trust policy and procedures when people could not give consent.

# Community health services for children and young people

## Is the service caring?

Good ● → ←

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

- Staff cared for children and young people with compassion. Feedback confirmed that staff treated them well and with kindness.
- Staff provided emotional support to children and young people.
- Staff involved women, children and young people 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:

- Children's services planned and provided services in a way that met the needs of the local people.
- Staff understood the needs of the families in the local areas where they worked. They monitored non-attendance at appointments and acted to engage people who might be vulnerable.
- People could access the service when they needed it. Staff monitored and reported on the key milestones in the HCP and NMP.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results. They shared lessons learnt with staff.

However;

- There were delays in carrying out the health reviews for children in care, and the team had stopped carrying out health assessments for children based in Hampshire, but under the care of a different local authority, and had stopped delivering training to foster carers.

## 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 service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the service 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.

# Community health services for children and young people

- 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.
- The service collaborated with partner organisations effectively and engaged well with children and young people to plan and manage appropriate services.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Areas for improvement

We found areas of improvement at this service. See the Areas for Improvement section above.

# Community health services for adults

Good  

## Key facts and figures

Facts and data about this service and this trust.

Southern Health NHS Foundation Trust provides a range of specialist services across Hampshire in South East England.

The trust offered a number of health specific services to support people to live well in the community including, and not limited to, tissue viability support, diabetes, multiple sclerosis, parkinson's disease, occupational and physiotherapy teams. These services supported patients to remain at home, preventing hospital admissions and provided guidance to allow patients to support their own health and wellbeing. Referrals were triaged by staff upon receipt and appointments allocated in accordance to patient need.

The services provided included;

- Community therapists
- Community nursing teams
- Podiatry
- Diagnostic and rehabilitation clinics
- Clinical nurse specialists
- Phlebotomy
- Chronic pain
- Tissue viability
- Orthotics
- Frailty services
- Hospital admission avoidance teams

We inspected community health services for adults as part of the new phase of our inspection methodology. The service was given a short notice period of seven working days prior to our inspection to enable us to observe routine activity, to ensure staff were available to be spoken with and home visits with patients could be arranged.

During our inspection we visited 10 community hospitals and four locations where community services were based. We observed staff providing patient care, at operational clinics and during outpatient clinics and accompanied community nursing staff on visits.

The inspection team consisted of four inspectors, a bank inspector, a bank medicines inspector, an assistant inspector and four specialist advisors who provided professional guidance. Their job roles consisted of a community matron, a nurse, occupational therapist and a nurse team manager.

# Community health services for adults

We spoke with 153 members of staff including clinical and operational service leads, nursing staff, health care assistants, team coordinators and support staff. We spoke with 20 patients and a patient's relative and reviewed 17 sets of patient care records. We also observed staff team handovers and multidisciplinary meetings and reviewed performance information and data from, and about the trust, including meeting minutes, audit data, actions plans, risk registers, personnel and staff training records.

We last inspected the service in March 2017 but did not rate the service. We had previously rated the service as requires improvement following our comprehensive inspection in October 2014 with the ratings of 'good' in effective, caring and well-led. The service was rated 'requires improvement' in safe and responsive.

During our inspection in March 2017 we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to community health services for adults. The trust was issued with requirement notices in relation to these breaches and told they must take action to improve. We also told the trust it must:

- Ensure all staff understand and recognise safeguarding concerns
- Ensure all staff escalate safeguarding concerns following the trust and local authority safeguarding procedures
- Ensure all medicines at Alton intravenous clinic are stored securely and that only staff who need to access the medicines
- Ensure it works with commissioners to improve wheelchair provision for community service patients
- Ensure all staff understand their responsibilities towards the Mental Capacity Act (2005)
- Ensure all patient records are accurate and up to date

During this inspection we reviewed the action taken to ensure the trust was now meeting the identified requirements. We found the service was complying with the fundamental standards.

## Summary of this service

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

- Sufficient numbers of suitably trained staff were deployed to meet patients' needs. Further training opportunities were provided by the trust to allow staff to expand their skills and professional knowledge.
- Staff followed professional guidance and applied this in their treatment to provide safe and effective care to patients.
- Patients received outstanding care delivered by staff who took exceptional care to ensure their emotional and wellbeing needs were met.
- Staff recognised and acknowledged patients who had additional support needs associated with their illness or long-term health condition. Patients were supported by staff who understood how to meet these additional needs.
- The trust was led by a strong executive team who demonstrated a visible presence to staff. Staff spoke positively of the service leadership saying they promoted a patient centred culture which was focused on improving the lives of the patients they supported.

However:

# Community health services for adults

- One team did not have access to the trust's 'Store and Forward' record keeping system on their laptops. This meant not all patients had up to date information available in their homes for other health and social care professionals to follow.
- 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  

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

- The service had enough staff with the right qualifications and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.
- The service provided mandatory training in key skills to all staff. 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 the areas where training had not yet been undertaken.
- Staff recognised potential safeguarding concerns and understood their role in reporting these to keep patients safe.
- Overall the service controlled infection risks well. Staff kept themselves, equipment and premises clean. Control measures to prevent the spread of infection were available and practiced by staff.
- The service had suitable premises and equipment which were maintained to ensure they remained safe for use.
- The service monitored the effectiveness of care and treatment provided through a detailed process of auditing and monitoring. These findings were used to improve patient services
- The service had enough staff with the right qualifications and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.
- The trust had processes in place to ensure when medicines were used they were 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 assessed their performance against targets to identify performance and patient risk. The service used this information to improve the quality of the service provided.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with their teams and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However;

- The environment at Hythe radiology department did not demonstrate safe infection prevent and control practices. Fabric changing room curtains had not been cleaned for four years leading to an increased risk of patients being exposed to cross infection concerns.
- Staff continued to report inconsistencies with equipment provision. However, we saw that the trust was continuing to liaise with the external provider to improve the quality of the service provided.



# Community health services for adults

- One team did not have access to the trust's 'Store and Forward' record system on their laptops which had resulted in patient's paper records stored in their home address not having the most up to date information available.

## Is the service effective?

**Good** ● → ←

Our rating of effective stayed the same. 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.
- Staff supported patients to eat and drink sufficiently to maintain their health and wellbeing. Patients risks associated with eating and drinking were documented and care plans in place to manage these risks.
- People were offered the right pain relief at the time it was required to manage their wellbeing.
- The service monitored the effectiveness of care and treatment provided through a detailed process of auditing and monitoring. These findings were used to improve patient services.
- The service made sure staff were competent for their roles. Managers monitored competence through appraisals, sharing learning and providing support for development.
- Patients received care from staff who worked closely with other health and social care staff to ensure their needs were met.
- Patients were supported with access to literature and advice to support them making positive health decisions.

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.

## Is the service caring?

**Outstanding** ☆ ↑

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

- Staff often worked over and above what was expected of them to ensure the continuing wellbeing of the patients they supported were met. Patients feedback was extremely positive of the care provided.
- Staff demonstrated a very clear understanding or the importance of offering genuine emotional support when needed to patients and their family members. Staff met these needs exceptionally well leading to very positive outcomes for patients.
- Services were planned in conjunction with patients and those close to them to meet patient's individual needs. Staff sought alternative methods of communication to ensure patients understood their care and treatment.

## Is the service responsive?

**Good** ● ↑

# Community health services for adults

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

- The service planned and delivered services to meet individual needs. Staff were aware of patients' differing individual needs and took steps to accommodate these.
- Staff recognised and acknowledged patients who had additional support needs associated with their illness or long-term health condition. Patients were supported by staff who understood how to meet these additional needs.
- Patients could access the right care and support at the time it was needed. Services provided twilight and overnight support for patients to access in an emergency.

However;

- The investigation of complaints did not always take place in a timely way leading to delays in responding to complainants. The trust did not always work within their 30 working days timescale for responding to complaints.
- Patients continued to be scheduled to attend appointments at Hythe hospital where a failure in x-ray equipment meant not all patients were able to have all their clinical needs met for diagnostic imaging services.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. 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.
- Staff said the trust's vision was to provide high quality care to improve the wellbeing of patients across the communities they served. Staff told us the trust board and managers put patient care first which aligned with their own personal visions of working within the service.
- Most 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.

The trust had structures, processes and systems of accountability to support the delivery of high quality care and these worked well in across the service. Regular quality assurance meetings were held across the service to ensure risks, where identified, were discussed, raised for action where required and subsequent learning shared with staff.

The service acted to proactively identify risks which could impact on the quality for the care required. These were escalated appropriately and the trust responded as needed to support the service. All staff took responsibility to ensure risks were minimised wherever possible without compromising care quality.

- The service collected, analysed, managed and used information to support its activities using secure electronic systems.

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 patient and staff experiences promoting research and innovation.

# Community health services for adults

## Areas for improvement

**We found areas for improvement in this service. See the Areas for Improvement section above.**

# Mental health services

## Background to mental health services

Southern Health NHS Foundation Trust is one of the largest providers of mental health, specialist mental health, learning disability and community health services in the UK. The trust provides these services across Hampshire.

The trust has an annual income of £309 million and provides services for approximately 286,811 out of a population of 1.5 million people per year. It employs around 6000 staff who work from over 200 sites, including community hospitals, health centred, inpatient and outpatient units as well as in the community.

In November 2017 a new chief executive was appointed for Southern Health NHS Foundation trust.

The trust provides the following mental health services:

Acute wards for adults of working age and psychiatric intensive care units (PICU's)

Long stay/rehabilitation mental health wards for working age adults

Forensic inpatient / secure wards

Child and adolescent mental health wards

Wards for older people with mental health problems

Wards for people with a learning disability or autism

Community-based mental health services for adults of working age

Mental health crisis services and health based places of safety

Community-based mental health services for older people

Community mental health services for people with a learning disability or autism

Eating disorder services

Perinatal services.

We inspected and rated all core services. We did not inspect the specialist eating disorder or perinatal services.

## Summary of mental health services

**Requires improvement**   

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

- We issued a warning notice due to immediate concerns about the safety of young people on the child and adolescent mental health wards. There were not always sufficient levels of staff on the Bluebird House to ensure young people

# Summary of findings

were protected from avoidable harm and not all shifts were covered and fell below the safer staffing level. This had resulted in observations, including physical observation not being carried out as needed and section 17 leave being cancelled. Ligature reduction work in Leigh House did not go far enough to ensure that young people were protected from the risk of unavoidable harm.

- Safer staffing levels were not always being met across all services There were not always enough nurses to effectively manager higher acuity patients, leaving staff and patients unsupported.
- Staff on some wards did not always follow the trust policy for reporting safeguarding concerns and report them appropriately to the local authority.
- The temperatures of the clinic rooms in some areas were too high and medications were stored at the wrong temperature.
- Care plans were not always person centred, holistic, recovery orientated and up to date. We also found patients did not always have a copy of their care plan or were not involved in its development, some did not know if they had a care plan. It was not clear if patients had been offered a copy of a care plan. Care plans were not always stored correctly and consistently. This meant staff did not always have access to up to date, accurate and comprehensive information about patients
- Staff in some areas did not receive regular supervision. The quality and frequency of supervision was inconsistent.
- Certain aspects of the Mental Health Act and the Code of Practice were not always followed on some wards. Records were not available that demonstrated patients had received their rights under the Mental Health Act on the wards for older people.

However;

- The wards and facilities in the services we inspected were clean and well maintained.
- There was a high level of compliance with training and staff reported having received a thorough induction.
- Staff undertook risk assessments which were comprehensive.
- The majority of services were familiar with and followed the trusts safeguarding policy.
- The mental health services had a wide range of suitably qualified healthcare professionals who supported patients.
- All staff were respectful, compassionate and kind towards patients. Staff were friendly, approachable and supportive. We saw positive interactions between staff and patients. Staff were highly motivated and provided care in a way that promoted patient's dignity.
- Patients and carers gave consistently positive feedback about staff and said staff had a caring and respectful attitude.
- Staff involved families and carers in patients care and offered them support.
- Staff were knowledgeable about patients and demonstrated a good understanding of their needs. Staff were inclusive of patient's carers, families and representatives.
- Staff empowered both patients and carers to have a voice. There were community meetings in each of the mental health services. Patients were able to feedback on the service they received and input into the development of services, for example by being on interview panels for new staff.
- Staff worked hard to communicate effectively with patients who had communication needs.
- The majority of services we inspected had a wide range of appropriate facilities to meet the needs of patients.

# Summary of findings

- Information was widely available to patients and carers. Interpretation and translation services were available if required.
- Patients were informed of how to make a complaint and were provided with information about how to do so. Complaints were investigated and action taken where appropriate. Staff were familiar with the complaints process and could provide examples where complaints had influenced change.
- Staff recognised patients' individual needs and made provision for religious and dietary requirements.
- Patients were encouraged to engage in the wider community.

# Long stay or rehabilitation mental health wards for working age adults

Outstanding  

## Key facts and figures

The long stay or rehabilitation mental health wards for working age adults provided by Southern Health NHS Foundation Trust are part of the trust's adult services divisions. There are two wards both of which admitted both men and women.

Hollybank is a standalone rehabilitation unit for men and women. Hollybank is located in Havant on a purpose built site. Hollybank had 15 beds and a one-bedroom rehabilitation flat.

Forest Lodge is an 18 bed rehabilitation unit for men and women. Forest Lodge is located in central Southampton. It consists of three houses with six bedrooms each. Two of the houses are for males and one for females.

Hollybank and Forest Lodge are community rehabilitation units. The recovery goal of both units is to achieve a successful return to community living. Both units are registered to take patients detained under the Mental Health Act.

We last inspected the long stay rehabilitation mental health wards for working ages adults in October 2014. We rated the wards as good overall.

During the inspection visit, the inspection team:

- visited both locations, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 13 patients who were using the service
- spoke with five carers of patients who were using the service
- spoke with two ward managers
- interviewed 16 staff including healthcare assistants, nurses, occupational therapists, and psychiatrists
- reviewed 11 care records of patients
- reviewed 11 patient medication charts
- attended and observed meetings and activities including business meetings, handovers and ward-based patient activities
- carried out a specific check of the medication management on all wards
- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

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

- The wards were tailored to meet the needs of individual patients. Both wards were recovery orientated and planned discharge from the point of admission.
- The wards were clean and well maintained. Environmental risks were identified and managed. Clinic rooms were clean, contained sufficient equipment and had access to emergency medication.

# Long stay or rehabilitation mental health wards for working age adults

- Staff were caring and compassionate towards patients. Patients told us staff were respectful towards them and supportive. Staff were experienced in rehabilitation and understood the needs of patients well. Staff completed risk assessments and updated these regularly. Staff were knowledgeable about how to identify a vulnerable person was at risk and how to raise a safeguarding alert.
- We saw evidence of good physical healthcare of patients on both wards. Patients were assessed on admission and monitored regularly. The wards operated a staged self-administration of patient medication.
- Staff knew how to report incidents and provided examples where learning from incidents had been implemented. Learning from incidents was disseminated to teams in meetings.
- Care records were holistic, recovery orientated and discharge focused. Care plans covered all areas of well-being. Patients were involved in the development of their care plans from admission, could contribute their views and preferences and had copies of the plan.
- The wards both had a good multi-disciplinary team and worked collaboratively. Staff were experienced in rehabilitation and understood the needs of patients. Staff were up to date with mandatory training.
- The wards actively engaged with families and carers. Families and carers were invited to meetings, provided with detailed information and told us they were involved in the care of their relatives.
- Patients could access meaningful activities on the ward and were encouraged and supported to engage in activities in the local community. Activities were available seven days a week.
- Patients were provided with vast amounts of information. Patients received a welcome pack on admission and there was lots of other information leaflets available on the wards.
- Both wards had clear admission criteria and worked with patients towards discharge planning. The average length of stay on the wards was between six and nine months. Patients were rarely readmitted to the service.
- The wards had clear admission criteria and completed initial assessments to measure a patient's suitability for the service. The wards were tailored to meet the needs of individual patients.
- The wards had strong local leadership which provided stability and consistency in the quality of care. Staff felt supported in their roles and received regular supervision and appraisals. Morale among staff was high and they described the culture as open and transparent. Staff knew how to raise concerns and felt able to do so.
- There were good governance arrangements in place to monitor the quality of care provided. Governance and performance management arrangements were proactively reviewed and reflected best practice.

However;

- There was limited input from clinical psychologists available to patients on both wards.

## Is the service safe?

Good   

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

- Staff completed risk assessments for all patients. These were regularly updated and thorough.
- Environmental risks were assessed and managed. Ligature risks were identified, assessed and mitigated by staff observation.



# Long stay or rehabilitation mental health wards for working age adults

- Ward environments were clean, tidy and well furnished. Clinic rooms were clean and contained appropriate equipment and access to emergency medication.
- Mandatory training rates were high among staff on both wards.
- Staff were very knowledgeable about patient risks and could describe risk management plans in detail. Staff were knowledgeable about how to identify a vulnerable person was at risk and how to raise a safeguarding alert.
- Medicines were stored securely. The wards operated a staged self-administration of patient medication to aid independence.
- Staff knew how to report incidents and provided examples of how they had learned from incidents.

## Is the service effective?

Good   

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

- Care records were holistic, recovery orientated and regularly updated. Care plans were person centred and covered all areas of well-being.
- The wards both had a good multi-disciplinary team and worked collaboratively. Staff were experienced in rehabilitation and understood the needs of patients.
- Patients on both wards had access to a range of rehabilitation focused interventions such as daily living skills.
- Patients' physical health was assessed on admission and monitored regularly thereafter.
- Patients had access to meaningful activities on the ward and in the community.
- Staff were knowledgeable about consent to treatment under the remit of the Mental Health Act and Mental Capacity Act.
- Staff received regular supervision and appraisals.

However:

- Both wards had limited input from psychologists

## Is the service caring?

Good   

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

- We observed staff on both wards interacting with patients in a respectful, caring and compassionate manner. Staff knew the patients and their needs and acted on these appropriately.
- Staff support patients in their rehabilitation.
- Patients told us staff were supportive, friendly and treated them with respect.
- Patients were orientated to the ward prior to admission and following admission. All patients were provided with a welcome pack which detailed ward information, activities and other information.

# Long stay or rehabilitation mental health wards for working age adults

- Patients were involved in their care planning from the point of admission. Care plans were recovery and rehabilitation focused. Care plans were written in the patient voice and took consideration of their views and preferences.
- The wards held regular community meetings to seek patient feedback.
- Families and carer spoke positively about both wards and told us they were involved in the care of their relatives.

## Is the service responsive?

**Outstanding**  

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

- The wards had clear admission criteria and completed initial assessments to measure a patient's suitability for the service. The wards were tailored to meet the needs of individual patients.
- The average length of stay on both wards was between six-nine months. The wards had very low numbers of readmissions. Discharge was planned from the point of admission.
- Patients' individual needs and preferences were central to the planning of care. Patients had access to facilities to meet their needs. There were activity rooms, lounges, gender specific lounges, kitchens, quiet areas and individualised bedrooms. Patients had access to outdoor space and gardens.
- Patients on both wards had access to a range of therapeutic and meaningful activities. Activities were available seven days a week.
- Patients were encouraged and well supported to engage and access the local community. The individual needs of patients were central to the planning and delivery of care. Patients had access to a variety of community based activities and were supported to attend these.
- There was a proactive approach to understanding the needs of patients. Both wards provided an extensive range of information to patients including treatment, activities, local services, how to complain, physical health and advocacy. Information could be accessed in other languages if required.

## Is the service well-led?

**Outstanding**  

Our rating of well-led improved. We rated it as outstanding because:

- The leadership, governance and culture combined to provide high quality person centred care. There were comprehensive and successful leadership strategies in place to ensure delivery and develop a strong culture. The leadership drove continuous improvement and enabled staff to deliver.
- Staff told us the local leadership on both wards was strong, stable and consistent. Staff spoke highly of the managers and the support they provided. Staff said managers were approachable. Local leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed.
- Staff were aware of the trust's vision and strategy. Staff felt the strategy were stretching, challenging and innovative while remaining achievable.
- Staff spoke highly of the culture which was open and transparent. Staff felt valued and dedicated to the patient group. There were high levels of staff satisfaction and staff were proud to work on the wards.

# Long stay or rehabilitation mental health wards for working age adults

- Staff morale on both wards was high.
- There were strong governance arrangements in place to provide managers with up to date performance data. Governance and performance management arrangements were proactively reviewed and reflected best practice.
- Staff knew how to raise concerns and felt able to do so. Staff at all levels were actively encouraged to raise concerns.
- There was strong collaboration and support and a common focus on improving the quality of care delivered to patients.

## Outstanding practice

We found examples of outstanding practice in this service. See the outstanding practice section above.

## Areas for improvement

**We found areas for improvement in this service. See the Areas for Improvement section above.**

# Forensic inpatient or secure wards

Good   

## Key facts and figures

The forensic inpatient/secure wards at Southern Health NHS Foundation Trust are based on two geographically separate hospital sites at Ravenswood House Medium Secure Unit and Southfield Low Secure Unit. The trust provides inpatient care for men and women with mental health problems who have come into contact with the criminal justice system or required care in a more secure environment. Ravenswood House Medium Secure Unit provides medium secure inpatient services for adult men on four wards: Malcolm Faulk, Mary Graham, Lyndhurst and Ashurst. An intensive care area (ICA) is attached to Malcolm Faulk ward. Low secure services are provided at Oak, Beech and Cedar wards at Southfield Low Secure Unit. Cedar ward is a female ward, whilst Beech ward and Oak ward accommodate male patients'. Both Ravenswood House and Southfield sites have seclusion facilities and Southfield Low Secure Unit has a pre-discharge flat that can accommodate two patients' at any one time.

Both sites were the subject of a comprehensive inspection by the Care Quality Commission in October 2014 when we told the trust that it must make improvements in a number of areas. In August 2015, when we undertook a focused inspection, Ravenswood Medium Secure Unit was the subject of a refurbishment plan and to support these works, a temporary male ward had been set up at the Woodhaven site, called Evergreen. We found that whilst some improvements had been made others had not so we told the trust it must:

- take action to protect the privacy and dignity of all patients being nursed within the seclusion suite and provide access to appropriate toileting facilities.
- take action to ensure patient records include accurate and up to date care plans which detailed patients' observation levels and associated risk status and seclusion reviews records in line with the Code of Practice.
- take action to ensure all staff understand the differences between seclusion and de-escalation, decisions to use seclusion, and regular multi-disciplinary reviews are undertaken as defined by the Code of Practice.

During this inspection we found that the trust had made the required improvements.

Before the inspection visit, we reviewed information that we held about these services.

Our inspection between the 12 to 21 June 2018 was announced. We looked at all five key domains, safe, effective, caring, responsive and well led.

During the inspection visit, the inspection team:

- visited seven wards at the two sites and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 39 patients who were using the service
- spoke with one carer
- spoke with the ward managers
- spoke to two deputy managers
- spoke to the modern matrons of the two units
- spoke to the manager of the forensic community mental health team
- spoke to the clinical lead for the pathfinder team

# Forensic inpatient or secure wards

- spoke to two consultant psychiatrists and one junior doctor
- spoke with thirty-two other staff members; including a psychologist, occupational therapist, pharmacist, social workers, nurses, health care assistants, administrative staff and a student nurse
- attended and observed one handover meeting, two morning planning meetings, two therapy groups and multi-disciplinary care review meetings for six patients on two wards
- looked at 46 treatment records of patients
- reviewed 37 medicine prescription charts
- reviewed 42 staff records
- Looked at a range of policies, procedures and other documents relating to the running of the service.

## Summary of this service

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

- Staff had built good relationships with patients. Staff gave patients information about the service and the treatments available. The information was provided in different formats and was freely available.
- The service had regular fortnightly ward rounds that focused patient care, outcomes and on working with multidisciplinary teams.
- New staff were provided with induction and a personal development program with regular reviews from managers and supervisors.
- Staff assessed the needs of patients. Assessments were updated regularly by the multi-disciplinary team.
- Staff assessed and managed physical health through weekly monitoring.
- Patients said staff were kind and caring. They felt safe on the wards.
- Staff had access to services in the trust and external services to meet patients' needs. These included regular visits by an independent Mental Health Act advocate.
- Staff understood safeguarding, what to report and how to seek advice on safeguarding issues. Staff followed the trusts safeguarding policy.
- Staff received supervision and yearly appraisal but this was not always documented in line with trust policy.
- There was good leadership from ward managers.

However:

- There was no adapted bathroom or toilet facilities for people with physical disabilities at either site.
- Patients' care plans did not contain patients views and although staff told us patients were involved in planning their care this wasn't always clear in care plans at Ravenswood House.
- Some patients told us that there was little variety in the food served and that portion sizes were small.
- Some staff at Ravenswood Medium Secure Unit said that they had experienced bullying. This was escalated to senior management and immediate actions were taken.

# Forensic inpatient or secure wards

## Is the service safe?

Good   

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

- Staff completed and recorded comprehensive risk assessments including level of observations for all patients and these were regularly updated.
- Environmental risks were assessed and managed through good infection control process, environmental assessments and audits and regular checks of furniture and fittings.
- The ward environments were clean and the furniture was in good condition.
- Staff had a good understanding of the needs of patients. Where they identified that a vulnerable person was at risk, they knew how to raise a safeguarding alert, and information on how to raise concerns was displayed on the wards.
- Staff completed a risk assessment prior to a patient using community leave.
- Managers could increase staffing numbers in response to clinical need.
- When incidents occurred, staff reported these and learning from incidents was shared.

However:

- Management supervision and yearly appraisal were not always recorded in line with the trust's policy.
- Ravenswood House Medium Secure Unit had a blanket restriction affecting all patients. Due to the lack of a perimeter fence, all ground leave was escorted by staff and not based on individual risk assessment. This could be overly restrictive for some patients.

## Is the service effective?

Good   

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

- All the seven wards we inspected had a good multi-disciplinary team that worked collaboratively to deliver patient care.
- Psychological therapies were available on all wards. The clinical psychologists ran psychological intervention groups and 1:1 session for patients. The clinical psychologists also ran weekly reflective practice meetings for staff.
- Patients had access to meaningful activities on the ward. Most activities were run by occupational therapy staff and psychology staff. Nursing staff told us they ran group activities in the evenings and weekends.
- Some of the wards had a system in place to allow patients to self-administer medication as part of the re-enablement and rehabilitation program for patients. We saw a patient who was supported to keep medication safe in their room and could self-administer his medication.
- Staff assessed their team performance using a variety of audits. Staff responsible for completing audits were named and the results were shared.
- Patient's needs were assessed in order to plan their care effectively.

# Forensic inpatient or secure wards

- Staff worked individually with patients to help them achieve their recovery goals. The ward had a range of experienced staff. New staff received an induction appropriate to their role. Staff said they could request specialist training to help them further develop.
- Staff met as a team regularly. They reported positive working relationships with other clinical teams in the organisation.
- Staff were knowledgeable about the need for consent to treatment, both within the remit of the Mental Health Act, but also working within the principles of the Mental Capacity Act.

However

- Patient care plans at Ravenswood House Medium Secure unit lacked patient involvement and were not individualised. We saw no evidence in care plan documentation to indicate patients' involvement and participation in their care plans.

## Is the service caring?

Good   

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

- Patients said that staff treated them with respect and courtesy. They felt staff genuinely cared for them, were welcoming when they were admitted and were approachable when they needed help.
- Patients said the induction process to the ward and having the buddy who is a patient and being able to visit the ward prior to admission was helpful.
- Ward staff ran daily morning meetings, which enabled patients to plan their day and make requests for leave and any activities they wanted to attend or participate in. Patients were also able to comment or provide feedback in these meetings.
- We saw evidence that staff sought the views of patients in care review meetings, and patient views were recorded in care records and care plans.
- Patients had access to advocacy services.

## Is the service responsive?

Good   

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

- The service used referral criteria through the Forensic Network and care pathway to ensure that patients were treated in a setting appropriate for their needs. Once admitted, staff kept patients' beds for them if they went on leave.
- Senior managers and staff met weekly in referral and discharge meetings to monitor the care pathways of patients.
- Patients had access to facilities to help meet their needs. These included activity rooms, lounges, secure storage in their bedrooms and access to outdoor space.
- The trust had access to translation services for patients that did not speak English as a first language and staff could request meals to meet dietary and cultural needs.

# Forensic inpatient or secure wards

- There was information on how to complain displayed on the wards and staff knew how to manage complaints.

However:

- There were no adapted bathroom or toilet facilities for people with physical disabilities at either unit. Ward managers told us that they could request specialised equipment when they had patient with disability.
- Patients on Malcom Faulk ward and Ashurst ward told us that access to the courtyard was not always facilitated on time due staff not being available to do so.
- We received mixed feedback from patients at Ravenswood House Medium Secure Unit about the variety of food which was prepared from the canteen and the portion sizes that were served. For example, patient said there were limited vegan meals available.

## Is the service well-led?

Good  

Our rating of well-led improved. We rated it as good because:

- Staff benefitted from strong local leadership both at Ravenswood House Medium Secure Unit and Southfield Low Secure Unit. They said managers and psychiatrists worked well together and provided stability to the wards.
- Senior members of the team had been involved in developing the new service model which involved better multi-disciplinary and multi-agency working.
- Most staff felt comfortable in raising concerns or complaints and felt these would be listened to.
- There were good governance systems in place to ensure that managers had access to up to date performance data. This helped to monitor and improve performance on the ward.
- Staff welcomed the introduction of quality improvement work as they felt it would improve their working life and improve the care for patients. The trust was providing staff training in Quality Improvement framework in collaboration with other trust so this could be implemented and bedded on the wards. Staff had also implemented the safer wards program to reduce the incidence of violence or aggression.

However:

- Seven staff members at Ravenswood Medium Secure Unit told us that they felt bullied. This was escalated to senior management and immediate actions were taken.

## Areas for improvement

We found areas for improvement at this service. See the Areas for Improvement section above.



# Acute wards for adults of working age and psychiatric intensive care units

Requires improvement   

## Key facts and figures

The acute wards for adults of working age and psychiatric intensive care units provided by Southern Health NHS Foundation Trust are part of the trust's adult services division. There are seven wards, of which five are mixed sex, with one male and one female ward.

Antelope House has three wards: Saxon is a 22-bedded male acute ward; Trinity a 20-bedded female acute ward and Hamtun a 10-bedded mixed-sex psychiatric intensive care unit.

Elmleigh, based in Havant, has one acute ward which is split into two bays: one 17-bedded male and the second is a 17-bedded female bay.

Melbury Lodge, based in Winchester, has one mixed-sex 25 bedded acute unit.

Parklands Hospital, based in Basingstoke, has one 23-bedded mixed-sex acute ward, and a 10-bedded mixed-sex psychiatric intensive care unit and one mixed-sex 6-bedded ministry of defence ward.

We last carried out a comprehensive inspection of all the wards in October 2014, at which we found that the trust needed to make a number of improvements to its acute wards for adults of working age and psychiatric intensive care units. At that time, we rated the service as Requires Improvement for Safe, Good for Effective, Good for Caring, Good for Responsive and Good for Well-Led.

We found that the requirements for improvements to the service had been met during our follow-up inspection in January 2016, and focused inspection in April and June 2017. As these were not comprehensive inspections, the ratings remained unchanged. There were some ongoing and planned improvements which we looked at during this inspection.

During the inspection visit, the inspection team:

- visited all seven of the wards at the four hospital sites, looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with 25 patients who were using the service
- spoke with five carers of patients who were using the service
- spoke with seven ward managers or acting ward managers
- spoke with three ward matrons
- interviewed 66 staff including healthcare assistants, Mental Health Act administrators, nurses, occupational therapists and technicians, pharmacy technicians, consultant psychiatrists, junior doctors and domestic staff
- reviewed 23 care records of patients
- reviewed 19 patient medication charts
- looked at seclusion areas for both wards and reviewed 15 seclusion records
- attended and observed meetings and activities including business meetings, handovers ward-based patient activities and a patient flow meeting
- carried out a specific check of the medication management on all wards

# Acute wards for adults of working age and psychiatric intensive care units

- looked at policies, procedures and other documents relating to the running of the service.

## Summary of this service

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

- The wards calculated the required numbers of staff within safer staffing guidelines but these numbers were not always met. Staff told us that this impacted on patient care due to a reduction in patient one to ones and escorted leave having to be cancelled occasionally, not always having enough staff to hand to deliver safe interventions with patients and therefore a higher level of incidents taking place.
- The lack of staff also impacted on the ability of managers to provide adequate supervision to all staff. However, most staff members informed us that they were able to raise concerns, share information and gain development through other means, such as reflective group sessions attended by psychologists, peer support and handovers.
- Not all wards held regular team meetings. This impacted on staff support and patient care, as concerns are not raised, learning is not shared with ward staff and may affect morale. For example, Hamtun Ward had very low staff morale, due to inconsistent leadership and lack of staff meetings.

However:

- All the wards were well-maintained, clean and had appropriate furnishings. The wards were undergoing renovations to ensure there were appropriate anti-ligature fittings.
- The wards shared learning from incidents. The environmental risk of patients absconding from Kingsley ward via the garden roof had been resolved and the trust had added anti-ligature and anti-climb rollers on the roof-ends. These measures had also been installed at Elmleigh ward.
- Staff were caring and compassionate. Staff communicated well with patients and introduced new initiatives such as the 'normalised care' on Hawthorn which aimed at making the environment as non-clinical as possible. All items presenting risk were not necessarily locked away (such as television cables) but rather managed effectively through staff and patient engagement, observations, activities and relational security on the ward. Patients praised staff for this initiative.
- Patient risks were assessed, monitored, updated and managed appropriately. Risk changes were identified immediately and discussed in weekly multi-disciplinary team meetings. Patients were involved in the risk updating process, as seen by audits ensuring the patients signed the risk assessments. The risk and patient assessments were comprehensive enough that the wards did not have to apply blanket restrictions.
- We saw evidence of good physical healthcare of patients on all the wards. Patients were regularly assessed in weekly or fortnightly physical health checks. All the wards had access to dedicated staff leading physical health clinics and providing general care.
- There was good multi-disciplinary work among nurses and other professionals on all the wards. All staff, including healthcare support workers, peer support workers, advocates and social workers felt involved in patient care and were invited to the patient review meetings.
- Effective clinical audits were taking place on all the wards. Staff were involved in a number of audits, including hand hygiene, care planning, physical health assessments and wound audit. However, there were some inaccuracies in the Mental Health Act paperwork on Hamtun ward. This was raised with the managers on the ward at the time of the inspection and they informed us that they would carry out further audits of all MHA paperwork to ensure compliance.

# Acute wards for adults of working age and psychiatric intensive care units

- There was considerable improvement in the care records on all the wards (since our last inspection). Care records were comprehensive, holistic and personalised.
- We saw good examples of patient and carer involvement. On Kingsley ward staff were very passionate about ensuring that carers felt involved in their loved ones' care and had introduced a number of support groups and sessions for carers.
- The trust had introduced some training and development workstreams in care planning and effective team meetings on the wards to wards in delivering the best outcomes for staff and patients.
- Staff felt that they had good opportunities for personal and professional development and that the trust encouraged career progression.
- Most staff spoke highly of their managers and management teams, and felt supported and listened to.

## Is the service safe?

**Requires improvement** ● → ←

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

- Managers did not ensure that safer staffing levels were always met on Trinity, Saxon and Hamtun Wards. The trust's own calculation of safe staffing levels indicated that each day shift required two registered nurses. This was not always achieved, 12% of shifts on these wards were not filled. Escorted leave was sometimes cancelled on Trinity, Saxon, Hamtun and Elmleigh due, primarily, to staffing pressures and having to maintain safety on the ward. When this happened, it was explained to the patient and re-scheduled as soon as possible. It also led to a reduction in patient one to ones and not always having enough staff to hand to deliver safe interventions with patients and therefore a higher level of incidents taking place.
- Melbury Lodge comprised three wards: an older people's unit, mother and baby unit and an acute ward for people with mental health problems. On Kingsley, the acute ward, we were told that not all staff working at Melbury Lodge were trained in physical intervention. Kingsley ward relied on the support of other wards for emergency support ((such as when carrying out seclusion or physical interventions). As the other wards did not have regular physical interventions, the staff were not trained in this technique. The staff from the mother and baby unit, and older people's unit could not always provide staff on Kingsley ward with the necessary support. Staff on Kingsley ward told us that they sometimes felt vulnerable when not enough people trained in restraint and physical intervention were around to support them.
- Staff and managers told us that, on Trinity, Saxon and Hamtun wards, there were not always enough nurses to effectively deal with the higher acuity and this left staff and patients unsupported.
- On Trinity ward we noted that the clinic room and fridge temperature had not been monitored on five occasions between March and June 2018, which could mean that medicines were potentially not stored at the correct temperature.
- There was no seclusion room on Elmleigh ward, and as a result staff used the de-escalation or section 136 suite for purposes of secluding patients. This sometimes meant that the section 136 suite was unavailable to the police for detaining patients under the Mental Health Act.

# Acute wards for adults of working age and psychiatric intensive care units

- Trinity Ward staff used the seclusion room on Hamtun Ward. However, this was not reflected properly in the records, and therefore the Trinity seclusion records were recorded in the Hamtun figures. This meant that the trust did not have oversight of the use of seclusion and developing trends for each ward at Antelope House. On Elmleigh there was both a paper seclusion book and an electronic version, however there were discrepancies between the two with times and dates missing in the paper version.

However:

- Staff on the wards carried out regular assessments of risk, including environmental, fire and ligature risk assessments.
- Staff mitigated risks well through procedural and structural measures, for example, risks posed by blind spots on the ward were limited through staff presence and risks of absconding over the roofs was mitigated through anti-climb rollers.
- All the wards we visited were clean and well maintained, with good furnishings. The clinic rooms on the wards were fully equipped with emergency equipment and medications. Staff followed national guidelines on medicines management, and had regular pharmacy input.
- The wards had good relationships with NHS professionals, and therefore bank staff were regular and received appropriate inductions and mandatory training to meet the demands of the wards. These inductions, for both permanent new staff and agency workers, was in depth and ensured the staff were familiar with the ward.
- Patient risks were assessed, monitored, updated and managed appropriately. Risk changes were identified immediately and discussed in weekly multi-disciplinary team meetings. Patients were involved in the risk updating process, as seen by audits ensuring the patients signed the risk assessments. The risk and patient assessments were comprehensive enough that the wards did not have to apply blanket restrictions.
- Patients physical health was monitored well, with all wards having access to physical health teams, including physical health practitioners and registered general nurses.

## Is the service effective?

Good  

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

- Staff carried out comprehensive assessments on admission, including safety risks, physical and mental health needs. The duty doctors completed physical health assessments on admission. These assessments were ongoing following admission, including conducting the national early warning systems (NEWS) and included in care plans.
- Patients had good access to multi-disciplinary teams (MDT) including clinical psychologists, occupational therapists and a range of therapies such as art therapy, mindfulness and grounding and coping strategy groups. The MDT had weekly meetings to review patients. Staff handovers occurred three times a day in line with shift patterns. This was accompanied with a signing off of medicine charts to ensure accuracy.
- Staff followed the Mental Health Act code of practice with respect to providing access to advocates, reading patients their rights and keeping paperwork associated with the Mental Health Act.
- Staff on all the wards engaged in evidence based practice, and gave examples of where they implemented guidance from the National Institute for health and Clinical Excellence in their work. For example, using therapy based interventions instead of medication to improve patient welfare.

# Acute wards for adults of working age and psychiatric intensive care units

- Most staff members told us that they were able to raise concerns, share information and gain development through reflective group sessions attended by psychologists, peer support and handovers. Staff said that managers were approachable and freely available whenever they needed support with anything.

However:

- Team meetings across the wards were inconsistent. Staff on Hawthorn 1, 2, Kingsley and Elmleigh had access to regular team meetings, minutes were taken and shared with all staff. However, on Trinity, Saxon and Hamtun staff did not have access to regular team meetings.
- On Trinity, Saxon and Hamtun staff did not receive regular supervision. Managers were aware of the lack of supervision and informed us that this was due to staffing pressures, namely turnover and sickness.

## Is the service caring?

Good   

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

- Staff interacted with patients in a caring and compassionate manner on all wards. Patients were involved in their care and staff discussed patients daily activities, discharges and patient concerns. Staff communication was supportive and helped patients to understand and manage their care and treatment.
- Staff treated patients with respect, kindness and dignity.
- On Hawthorn, staff worked towards 'normalising care' by which they did not use blanket restrictions, and allowed patients to access facilities that may be considered to have higher risks, such as televisions with exposed cables. This meant that the environment was less clinical and patients spoke highly of the staff. Staff managed these risks appropriately through observations, engagement with patients and relational security.
- All wards gave welcome packs to their patients, containing information about the ward to orientate the patients to the ward. Patients on all wards had access to advocacy and informal patients were made aware of their rights regarding their freedom to leave.
- Patients had various forums where they could express their views, such as one to ones with nurses, daily community meetings, reflective sessions and informally to any staff member available. Staff gave feedback to the patients through a 'you said, we did' board.
- The wards supported and involved carers as much as possible, in line with a patient's decision to disclose information to carers and families. The trust has signed up to the Triangle of Care model as a commitment to support carers and families.

## Is the service responsive?

Good  

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

- Beds were managed with bed management co-ordinators. The wards worked hard to ensure that patients living in the catchment area had a bed locally, but when out of area placement was necessary wards worked hard to admit them immediately when a bed became available. The trust had introduced flow meetings to manage the effective discharge of patients, and any potential barriers to discharge. **Page 125**

# Acute wards for adults of working age and psychiatric intensive care units

- Discharges that were delayed were due to funding issues for onward placements or a lack of accommodation. Staff supported patients during these delays and kept them informed. Staff also supported patients when it came to discharge or transfers.
- Most wards had good access to occupational therapy and had good daily activities for the patients. There was good access to rooms and facilities to support care and treatment, for example art, cookery, and movie and pizza nights. On Hawthorn 1 Ward patients had access to a sensory room which was furnished by the occupational therapists, providing a calming space for patients.
- All wards had access to quiet rooms and family rooms that allowed patients to maintain relationships with their loved ones. Patients also had access to mobile phone in accordance with their individual risk assessments and there were private spaces for patients to make phone calls.
- Staff supported patients to access the wider community. This was done through escorted and unescorted leave. Local voluntary agencies attended the wards to engage in educational and training opportunities for the patients.

However:

- Staff told us that they often had difficulties access a psychiatric intensive care bed. All efforts were made to gain access to a PICU bed as quickly as possible, but the delays meant staff sometimes had to manage acutely unwell patients on an acute ward.
- On Elmleigh patients told us that often there were regular scheduled activities and that they were often bored on the ward.
- On Elmleigh there was poor access for patients in wheelchairs> However, an internal audit performed by the occupational therapists describing this and that recommendations had been sent to the estates team to renovate and amend this access.

## Is the service well-led?

**Requires improvement** ● → ←

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

- The wards at Antelope House (Saxon, Trinity and Hamtun) did not always have adequate staff. While managers tried to ensure that agency cover was in place to ensure appropriate cover, this did not always succeed. On the occasions when staffing was particularly low, this had an impact on safe patient care and a higher level of incidents.
- Staff on Trinity, Hamtun and Saxon did not have access to regular supervision and team meetings. This was a concern because regular supervision and team meetings would provide staff with the support and platform for raising concerns and sharing learning and development. We were informed that some staff had not had supervision for over six months.
- Staff morale on Hamtun was low. The ward manager on Hamtun had been unexpectedly relocated and staff felt unsure of the future management. Staff felt that the trust had not communicated this very well to them. There was inconsistent leadership, but the trust had appointed a band seven nurse to support the acting ward manager and this was showing positive effects.

However:

# Acute wards for adults of working age and psychiatric intensive care units

- Staff members felt that ward managers and matrons provided good direction and support on the wards. The managers and matrons had good understanding of the services given, the challenges faced and how their teams worked. Ward managers were aware of the staffing challenges that they faced, and some used creative means to address this. One example was to train band three support workers into a band four associate practitioner role to support the qualified nurses.
- There was a clear, positive culture on the wards, and staff were proud of the work and care they gave. Staff felt valued for this work and told us they were respected and supported by managers. Staff felt that they had good opportunities for personal and professional development and that the trust encouraged career progression.
- The wards had good systems and processes in place to assess and monitor quality and safety. Managers had access to dashboards that allowed them to monitor key performance indicators. Staff participation in audits was good and there were regular audits conducted including infection control and medication audits.
- All the wards had a risk register and were able to escalate concerns when appropriate.
- Staff, patients and families had access to adequate information via the trust's intranet and website pages. Families and carers had access to a Friends and Families test where they could give feedback about the service.

## Areas for improvement

We found areas for improvement at this service. See the Areas for Improvement section above.

# Wards for people with a learning disability or autism

Outstanding   

## Key facts and figures

The trust provides inpatient wards for people with a learning disability or autism from two bases.

Ashford unit is a 10 bedded, male only, low secure forensic ward based at Woodhaven hospital. This ward takes patients with a learning disability that may have committed a crime. There is also a forensic outreach team based at this site who work with patients from Ashford unit to support safe discharge into the community.

Willow ward is a six bedded, challenging behaviour unit based at Moorgreen which admits both men and women. This ward is for patients that have developed behaviours that could not be safely managed in another setting.

We previously inspected this core service in October 2014. The ratings were 'requires improvement' for well led and 'good' for safe, effective, caring and responsive. The service was rated 'good' overall.

Our last inspection of this core service took place in January 2016, where we inspected two sites which the trust no longer operates. One called Evenlode, the other the Ridgeway Centre. Evenlode has since been taken over by a different trust and the Ridgeway Centre closed down. We inspected these services following the publication of the Mazars report. The report focused on an independent review of deaths of people with a learning disability and mental health problems in contact with the trust between April 2011 and March 2015.

The inspection in January 2016 was a focused inspection and we did not rate the service at that time. We issued five requirement notices at that inspection.

Our inspection in June 2018 was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We inspected all five key questions.

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

During the inspection visit, the inspection team:

- spoke with eight patients who were using the service and four carers
- spoke with the managers for each of the wards and the matron in charge of the Forensic outreach team
- spoke with 15 other staff members; including psychologists, psychiatrists and nurses
- observed a team meeting
- reviewed 10 care records and 16 medication records.

## Summary of this service

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

- Patients were at the centre of all the care provided on the wards. Staff made a holistic assessment of the patient's needs and capabilities and built this into a care plan centred around the patient's goals. Staff listened to the patient's views and reflected these in their plans. They also explained the care plan to patients in a meaningful and clear way.



# Wards for people with a learning disability or autism

- This spirit of inclusion and communication was echoed in the wards' safe practices of observation, ensuring that patients' views and wishes were considered while keeping them safe. The layout of the wards was designed to give staff unrestricted views of the ward, and used mirrors where needed to accomplish this. The trust had included patients and carers in designing a new build for the Ashford unit, and this was due for completion in October 2019.
- There were good systems in place to ensure that staff logged and reported information such as incidents, and the use of restraint. There was high reporting of restraint on Willow ward. When we looked into this, we found that the staff were reporting all instances of de-escalation and low-level restraint, such as a 'guiding hand' as an incident of restraint. We concluded that staff were committed to using least restrictive practices where possible and all staff had been trained in how to use restraint.
- There had been a reduction in the number of vacancies on the wards, but the forensic outreach team still had some vacancies.
- Staff were experienced and had received specialist training from the trust to enable them to do their jobs effectively. Patients had access to therapies recommended by National Institute for Health and Care Excellence and national guidance about the use of antipsychotic medicine was followed. Staff regularly met as a group to discuss patients, and changes in national guidance was highlighted to them.
- From the time that patients were admitted, staff were focused on helping them to recover enough to be discharged. This was well-planned and staff helped prepare patients for discharge by ensuring they kept in contact with the people they valued and engage in activities and groups in the community. Where patients were waiting for discharge this was because of a lack of suitable placements in the community.

## Is the service safe?

Good  

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

- Staff ensured there was a clean and safe environment for patients. Where needed, mirrors were in place to improve visibility and staff routinely assessed the risks of ligature points. A ligature point is a point that you can affix a cord or rope to for self-strangulation.
- On Ashford unit, there were appropriate measures in place to meet national guidance on low secure forensic services. This included fencing of the appropriate height, key security procedures, and regular perimeter checks.
- The trust had taken steps to address gaps in staffing levels. There was high turnover of staff at Willow ward, but staff were being recruited and patients reported that leave and activities were rarely affected by staffing levels. Where bank or agency staff were used, they received an induction to the ward.
- Staff were up to date with most of their mandatory training. Most training modules had above 75% completion. However, the outreach forensic team were below on assessment and positive risk taking (73%) and Ashford were below on both resuscitation training modules (immediate life support 73%, and basic life support 68%) and on fire safety (70%).
- Staff assessed patient risk, and kept these assessments updated. Staff used recognised risk assessment tools to do this. Where patients presented with challenging behaviour, staff ensured that a positive behavioural support plan was developed and used.

# Wards for people with a learning disability or autism

- There were systems in place to ensure the use of restraint was reported, and monitored. On Ashford unit there were lower levels than on Willow ward of restraint (45 originally reported, 5 of which were later reclassified as not restraint). Willow ward had high levels of restraint, and were robust in reporting the interventions used. Staff classified all types of restraint used, including when different holds were used in the same episode of restraint.
- The trust had a safeguarding policy that staff followed, and they knew what concerns to raise and when.
- When things went wrong, staff reported it and were aware of their duty to be open and honest with patients and their carers. There were systems in place to investigate and learn from incidents and to ensure this learning was shared.

## Is the service effective?

**Good** ● ↑

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

- Staff assessed patients' needs in a holistic way, including assessing the mental health, physical health and eating and hydration needs of patients. Patients had goal orientated care plans, and there were clear plans on how these goals would be met.
- Medicines were prescribed in line with national guidance. For example, reducing the dosage of antipsychotic medicine and not prescribing multiple antipsychotics. Patients also had access to therapeutic interventions recommended by the National Institute for Health and Care Excellence.
- Staff completed clinical audits and monitored their clinical outcomes using an in-house developed outcome measure. Willow ward also used the Health of the Nations Outcome Scales for patients with a learning disability to measure clinical outcomes.
- There were skilled and experienced staff from a range of professional backgrounds. The trust had provided them with specialist training in areas relevant to their work. For example, in epilepsy, fire setting and autism. They regularly met as a team, and individually to engage in supervision.

## Is the service caring?

**Outstanding** ☆ ↑

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

- The trust had sought feedback from the people that use the service, and their carers in developing the new building for Ashford unit. They had put in place systems to regularly seek feedback from patients, and involve carers in regular groups. All patients and carers spoke about the service with praise and felt staff truly respected and valued the patients.
- We saw that there was a culture of engagement on the wards, where staff encouraged patients to be active partners in their care. There were numerous examples where staff took the time to explain information in ways that patients could understand and they used communication tools to ensure that patients could share their views.
- During our inspection, we saw staff who were highly motivated and inspired to provide high quality care. They treated patients with dignity and compassion. They made sure that they helped meet patients' needs holistically, including their social and religious needs. For example, ensuring that patients stayed in contact with their local religious communities.

# Wards for people with a learning disability or autism

- Staff went the extra step to help provide outstanding care for their patients. This included building strong, therapeutic relationships with patients, as well as undertaking work to change policies to improve patient experience.
- **Is the service responsive?**

**Outstanding**  

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

- The care provided on the wards was tailored to meet the individual needs of a complex and diverse patient group. We saw that staff had developed tools and skills to engage and communicate with patients with varying communication needs. They ensured that information was passed onto people in a way that was meaningful and appropriate for them.
- Staff focused on the plan for discharging the patient from the point of admission so that patients would not be kept in hospital longer than necessary. The trust had implemented a new community forensic team, at the suggestion of staff. This team helped to ensure that patients at Ashford unit had a smooth transition back into the community and into other placements, as well as working with patients to prevent re-admission. Where there were delays in discharging patients this was because of a lack of suitable placements in the wider healthcare system.
- Staff monitored complaints and concerns raised by patients and carers, and could show us examples of how they had made changes following concerns being raised. Complaints also formed part of the standing agenda for team meetings to ensure they were not overlooked.
- Patients were encouraged to make links in the local community, and undertake employment or volunteering where appropriate. They had very individualised timetables that included therapeutic and leisure activities. Staff were aware of patients' individual needs and accommodated patients religious and dietary needs.

## Is the service well-led?

**Good**  

- Our rating of well-led improved. We rated it as good because:
- There was strong local leadership from a team of motivated and experienced managers. They knew their service and demonstrated their expertise in guiding and developing their teams. They had received leadership training, and were keen to develop their staff into leadership roles as well.
- The trust had reviewed and updated its values since our last inspection. This work included staff and patients. Staff knew the values and used them to guide their work.
- We saw a culture of mutual respect on the wards. Staff morale was good, and they felt proud of the work they did. If they had any concerns, they knew they could raise them without fear of reprisal, and knew of the trust's freedom to speak up guardian.
- There were systems in place to ensure that the performance of the service was monitored and that managers were aware of their team's performance. This included processes for the manager to raise risks and put them on the trust risk register. These systems were supported by regular engagement with the staff team, and updates relating to quality, learning from incidents and best practice were distributed to staff.
- Both wards had been part of national quality schemes, namely the Quality Network for Inpatient Learning Disability Services. Ashford was also a part of the Quality Network for Forensic Mental Health Services.

# Wards for people with a learning disability or autism

## Outstanding practice

We found examples of outstanding practice in this service. See the outstanding practice section above.

# Community-based mental health services of adults of working age

Good   

## Key facts and figures

The trust provides adult community mental health teams across Hampshire and in the city of Southampton. The Hampshire teams are split in to three areas north, east and west. We visited teams in all three areas including, Basingstoke in the north, Havant, Petersfield and Gosport in the east and Andover, Winchester, Romsey, New Milton, and Totton in the west. We visited the west and central teams in Southampton.

The trust's adult community mental health teams provide mental health support to individuals aged 18 - 65. The teams predominately support individuals in the community, but also support individuals who are inpatients and those in residential care homes.

Referrals made to the trust's adult community mental health teams typically come from a local GP. An allocated member of staff would then conduct an initial assessment with the individual to determine the type and level of support they need. Many individuals are allocated a care co-ordinator, often a mental health nurse, and a psychiatrist, who oversee and support their care.

Many of the adult community mental health teams work with an early intervention in psychosis (EIP) team which are also provided by the trust. The adult community mental health teams can also refer individuals who require a high level of mental health support to the acute mental health or crisis team, and discharge those who require low levels of mental health support back to an individual's local GP.

During this inspection we visited 11 of the 16 adult community mental health team bases as part of our comprehensive inspection programme of Southern Health NHS Foundation Trust. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to speak to was available, as well as allowing us access to home visits where appropriate.

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

During the inspection visit, the inspection team:

- spoke to the managers and team leaders of the teams we visited
- spoke with 21 patients and four carers
- spoke to 65 staff including nurses, social workers, administration staff, support workers, junior doctors, occupational therapists, psychiatrists and psychologists
- reviewed 65 care records of patients
- reviewed 31 medication records of patients
- checked six clinic rooms
- observed nine home visits to patients
- observed four meetings with patients on site, including two initial assessments and
- attended 13 meetings, including shared care and multidisciplinary meetings.

# Community-based mental health services of adults of working age

## Summary of this service

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

- All patients had a risk management plan, and a crisis plan where appropriate. Most patients had next of kin details recorded and consent to share information details had been completed.
- Staff responded promptly to a deterioration in a patient's mental health. Patients were placed on 'shared care' when their mental health deteriorated. Patients would receive extra home visits from a care co-ordinator to provide additional support on weekdays, evenings and weekends.
- Some teams had physical health leads responsible for ensuring patients' physical health was monitored and their needs were met.
- Teams learnt from incidents and shared learning across teams and the trust.
- Caseloads sizes were continually being monitored and caseload sizes had reduced since the last inspection.
- Staff provided a range of care and treatment interventions suitable to the patient group, for example, running dialectical behavioural therapy groups for those with a personality disorder diagnosis.
- Staff were passionate, compassionate, knowledgeable and proud of their work. Teams were cohesive and supported one another.
- All teams proactively tried to contact patients who had missed scheduled appointments and who were reluctant to engage in the service. Staff made phone calls, sent letters and did cold calls to follow-up with patients who had not made contact with the service following a missed appointment.
- Managers ensured staff were regularly supervised and appraised. Teams held regular structured and effective meetings such as team, shared care, multidisciplinary and business meetings. Teams were well-led.
- Managers had clear action plans and were continually working towards improving the service provided to patients.
- There was an emphasis on improving involvement from patients and carers in the development of the service.

However:

- Not all of the teams were adhering to the trust's safeguarding policy and making safeguarding referrals directly to the local authority. Procedures for making referrals to the local authority differed across teams. The procedure was particularly unclear at the Southampton teams.
- Patients on clozapine, an anti-psychotic medication which requires regular physical health monitoring, did not always have a relevant medication care plan.
- Care plans were not always person-centred, holistic and recovery-orientated. Some patients did not have a care plan.
- Care plans were difficult to access on the electronic patient record system as staff did not save the document in the correct place and used various formats.
- We could not find evidence that patients had always been offered a copy of their care plan or were involved in their care planning. Some patients we spoke to were not aware of their care plan.
- Managers were not using supervision sessions to ensure staff improve the quality of patient's' care plans.

# Community-based mental health services of adults of working age

## Is the service safe?

Good   

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

- Patients had a risk management plan and crisis plan, where appropriate.
- Rooms were fitted with alarms and staff had access to personal alarms.
- Teams had adequate lone-working procedures, for example, using a checking in and out system.
- Teams in rural areas, with poor mobile phone signal, were looking to pilot the use of lone-working devices to mitigate the risk of being unable to contact a member of staff in an emergency.
- Managers added environmental risks to the local and area risk register and escalated concerns to estates.
- Clinic rooms were clean, well-equipped and fit for purpose.
- The trust continually assessed staffing levels by use of an acuity and dependency assessment tool.
- Staff caseload numbers had reduced since the last inspection.
- The trust had improved recruitment in this service and most teams are nearly at capacity, with minimal use of agency and bank workers.

However:

- Each team had different methods for making a safeguarding referral. Staff could not be certain that a referral had been made to the local authority, in line with the trust's safeguarding policy.
- The clinic room in the Petersfield site was in a remote part of the building and presented a risk to lone-workers should an incident occur.
- The fire safety checklist at the Basingstoke site was not being completed in a timely manner and actions for completion had not been documented on the fire risk assessment.
- At the Southampton Central site, four of the 12 medication records of patients on long acting intramuscular injection medication contained out of date prescriptions. These prescriptions had not been crossed off and could lead to incorrect medication doses being administered.

## Is the service effective?

Requires improvement  

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

- Care plans were not always person-centred, holistic and recovery-orientated. Many patients did not have a care plan or their care plan was out of date. Some patients did not know who their care co-ordinator was, did not know what was in their care plan or if they had one.
- For patients who did have a current care plan, it had not been recorded that they had been offered a copy or were involved in their care planning for example care plans did not always include person-centred goals.
- Staff saved care plans on the electronic patient record system in multiple places and in multiple formats.

# Community-based mental health services of adults of working age

- At the Southampton central site, patients who were prescribed clozapine, an anti-psychotic medication which requires regular physical health monitoring, did not always have a relevant medication care plan. This was not in line with the trust's guidelines on clozapine medication.

However:

- Most patients had next of kin and consent to share information details recorded. This was an improvement from the last inspection.
- Most teams had a physical health lead who ensured that patients' physical needs were monitored and assessed.
- Staff offered patients a range of care and treatment interventions. For example, emotional coping skills group, anxiety management, and dialectical behavioural therapy.
- Staff were experienced and had the right skills to meet patients' needs. Staff received an induction and completed mandatory training. Additional training could also be requested.
- Staff held regular daily and weekly meetings which were structured, effective and informative. All staff took part in the meetings and provided valuable input.

## Is the service caring?

Good ● → ←

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

- We observed staff treating patients with respect and with a friendly manner.
- Staff understood the differing needs of patients.
- Staff directed patients to other services for example wellbeing centres, substance misuse services and veteran support services.
- We saw patients having discussions with staff about their wellbeing, and staff being proactive to meet patient needs.
- Some teams were supporting carers and involving families in the care of their family member. Other teams were actively working towards improving involvement of families and carers.

## Is the service responsive?

Good ● → ←

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

- All teams had a clear process for referral and assessment for the service. This included when to refer to acute mental health services and local GP.
- Most teams met the trust targets for referral to initial assessment and to treatment waiting times.
- All teams proactively contacted patients who missed a scheduled appointment.
- The 'Shared Care' model, used by all teams, worked well to respond to those in the community who needed additional support with their mental health needs.



# Community-based mental health services of adults of working age

- All sites had a variety of leaflets in the waiting rooms for patients to obtain information on treatments, local services and advocacy.
- All sites had information leaflets on how to complain and 'what happens things go wrong?' guides detailing what patients can do if they have been involved in an incident at the trust.

However:

- The Basingstoke team was not meeting the trust targets for referral to initial assessment waiting times.

## Is the service well-led?

Good   

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

- Staff described their management team as supportive and approachable.
- Staff that we spoke to described values that reflected those of the trust.
- Staff were passionate and proud about their roles and their work within the team.
- The teams made positive changes in response to learning from serious incidents, such as deaths.
- Staff received regular supervision and appraisals.
- Staff had completed clinical audits such as for sodium valproate and lithium medication.
- Staff knew the process for whistleblowing and were aware of the freedom to speak up guardian.

However:

- Managers were not effectively supporting staff to improve the quality of care plans and use of electronic systems to keep patient records accurate.
- Staff at the Southampton Central site were not receiving regular clinical supervision.
- Staff were using mobile phones that were not fit for purpose.

## Areas for improvement

We found areas for improvement at this service. See the Areas for Improvement section above.

# Wards for older people with mental health problems

Requires improvement  

## Key facts and figures

The older people's mental health wards within Southern Health NHS Foundation Trust provide care to people with both an organic and functional mental health disorder.

Organic mental illness is usually caused by disease affecting the brain, such as Alzheimer's. Functional mental illness has predominantly a psychological cause. It may include conditions such as depression, schizophrenia, mood disorders or anxiety.

The seven wards we inspected were spread over four sites. These were Gosport War Memorial hospital, Melbury Lodge in Winchester, Parklands hospital in Basingstoke and Western Community hospital in Southampton.

The Stefano Olivieri Unit at Melbury Lodge is a 15 bed acute admission short stay assessment and treatment ward providing care for older people with functional mental health needs.

Beaulieu Ward at Western Community Hospital is a 17 bed acute admission short stay assessment and treatment ward providing care for older people with organic mental health needs.

Berrywood ward, also at Western Community Hospital is an 18 bed assessment and treatment ward providing care for older people who have functional mental health needs.

Beechwood ward at Parklands Hospital is an 18 bed assessment and treatment ward providing care for older people who have functional mental health needs.

Elmwood ward at Parklands Hospital is an 18 bed ward providing care for older people with an organic mental health needs.

Rose Ward at Gosport War Memorial is a 16 bed acute assessment ward for older persons with functional mental health needs.

Poppy Ward at Gosport War Memorial is a 17 bed acute assessment ward for older persons with an organic mental health needs.

We last carried out a comprehensive inspection of all the wards in October 2014, at which we found that the trust needed to make a number of improvements to its older person's inpatient wards. At this time, the service was rated as Requires Improvement for Safe, Good for Effective, Good for Caring, Requires Improvement for Responsive and Requires Improvement for Well-Led.

We carried out a follow-up inspection in March 2017. As this was not a comprehensive inspection, the ratings remained unchanged.

All organic wards will accept patients with early onset dementia if their needs are best met on an organic OPMH ward.

This inspection was announced to enable us to observe routine activity.

Before the inspection visit, we reviewed information that we held about these services and asked a range of other organisations for information.

During the inspection visit, the inspection team:

- visited all seven wards

# Wards for older people with mental health problems

- interviewed the six ward managers and the acting ward manager
- checked the clinic rooms and reviewed 80 medicine charts
- Spoke with 34 patients
- Spoke with 20 carers
- spoke with 64 nursing staff
- Spoke with four doctors
- reviewed 50 health care records
- reviewed a number of policies, meetings minutes, personnel records and supervision records

## Summary of this service

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

- Female patients did not have a female-only designated day area that was not used by male patients. Some wards had female only lounges but these were often used for de-escalation and on Elmwood ward, a male patient was present in the female lounge during the day of our inspection. Staff told us this patient spent every day in the female lounge
- Medication across all wards was not stored at a safe temperature. The trust was aware but this had not been acted upon.
- A patient on Beechwood ward had been detained informally without any legal safeguards. Staff believed the patient did not have capacity to consent to admission, however, they had not assessed his capacity and he was frequently trying to leave.
- Staff on Beaulieu and Berrywood ward were not reporting safeguarding concerns in line with trust policy or legislation.
- There was no provision for psychological therapies.
- We had concerns of patients' privacy and dignity. Staff told us patients did not always have access to private telephone calls. Female patients on Rose ward had to walk past communal areas to get to the washing facilities.
- The trust did not have a good overview of some of the governance issues occurring on some of the wards. The trust did not have a procedure for monitoring the use of the Mental Capacity Act. There was no oversight of the safeguarding referral process on Beaulieu ward and Berrywood ward. The trust did not have oversight of the use of the Mental Health Act on Beechwood ward.

However:

- Staff on all wards undertook the required mandatory training. Any new starters were quickly booked on to future training sessions.
- Care records were mostly detailed, holistic and person centred. Records were updated as necessary and regularly reviewed.
- Staff were routinely holding best interest meetings for patients that lacked capacity to make specific decisions. Patients' relatives were involved where appropriate, as were Lasting Powers of Attorney for health and welfare.

# Wards for older people with mental health problems

- Staff monitored patients' physical health well. Staff used a range of tools and scales to assess and review patients' physical well-being.
- Patients felt respected, cared for and involved in their care and treatment. Patients were involved in their care planning process and decisions about improvements that could be made on the wards.
- Staff planned patients' discharges early on in their admission. Relationships with the local authority had been strengthened which contributed to a smoother discharge process for patients.
- Staff felt supported by leadership across the wards. The executive team had become more visible at ward level and staff felt there had been improvements in culture.

## Is the service safe?

**Requires improvement** ● → ←

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

- Female patients did not have a designated female-only day area that was only used by females. On wards where there was a day area for the use of females only, male patients frequently used these.
- Female patients on Rose ward had to walk past the nurse's station and communal day area to get to the shower; this compromised their dignity.
- Domestic staff on Elmwood ward were not issued personal alarms. All other staff were issued personal alarms.
- The temperature of the clinic rooms across all wards was too high and so medication were stored at the wrong temperatures. This had been raised by ward managers and pharmacy were aware but had not been acted upon.
- Staff had not maintained equipment on Beaulieu ward or Stefano Olivieri Unit. On Beaulieu ward mattress pumps had not been serviced in line with legislation. On Stefano Olivieri ward the stand aid was out of date for servicing.
- Most wards were short of staff on some shifts. The biggest impact was seen on Beaulieu ward as recovery workers were filling nursing assistant shifts and therefore, activities were frequently being cancelled.
- Staff did not always follow the trust policy for reporting safeguarding concerns. On both Beaulieu and Berrywood ward there were examples of alleged and actual abuse which mainly involved patients assaulting one another, these had not been reported to the local authority.

However:

- Mandatory training compliance was high across all wards.
- Patients' risk assessments were updated when risks increased or decreased. Risk assessments included; falls, skin integrity and incidents of aggression.
- Staff applied National Institute for Health and Care Excellence guidance following an incident of rapid tranquilisation. Staff completed physical observations of the patients to monitor their physical health.

## Is the service effective?

**Requires improvement** ● ↓

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

# Wards for older people with mental health problems

- There were no psychological therapies available to patients across the service as recommended by the National Institute for Health and Care Excellence. For example, patients with mental health conditions such as bipolar disorder, depression and anxiety did not receive appropriate psychological therapy.
- The trust did not routinely monitor the use of the Mental Capacity Act across the wards. There was no designated person responsible for the use of the Mental Capacity Act.
- Not all staff received an orientation to the ward. Staff on Beaulieu ward did not receive an orientation when they commenced work on the ward.
- Staff did not apply the Mental Capacity Act appropriately on Beechwood ward. Mental Capacity Assessments were not always completed for decisions around admission for patients that may have lacked capacity.
- Managers did not always deal with poor performance effectively. On Rose ward and Beaulieu ward, staff performance plans had not been followed through supporting staff to improve their practise.
- There were inconsistencies in the frequency and quality of staff supervisions across the wards.
- Aspects of the Mental Health Act were not always followed. Records were not available that showed patients had received their rights under the Mental Health Act in line with timescales. Staff on Beechwood ward were not proactive in ensuring that patients used their section 17 leave as part of the recovery process.

However:

- Staff monitored patients' physical health well. Staff used a range of monitoring tools and scales and kept accurate records.
- Care records were thorough, up to date and regularly reviewed.
- Staff completed recognised rating scales on admission and discharge to support the care planning process.
- Staff referred patients to the independent mental health advocate service. There were leaflets available on all wards about how to access the service and the advocate visited weekly.
- Staff followed the Mental Capacity Act when prescribing and administering covert medication. Best interest meetings took place and care plans which reflected the best interest decision were kept in clinic rooms for the administering nurse to follow.
- Staff generally held best interest meetings for patients that lacked capacity. Staff ensured that the right people were present at the meeting to make sure that the patient's best interests were maintained.

## Is the service caring?

Good   

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

- Staff treated patients respectfully and gave them the attention they needed. Patients felt cared for and carers spoke highly of the care their loved ones received.
- Staff gave patients choice in every day decisions such as: meals and snacks, personalisation of their bedrooms, cultural, social and spiritual needs.
- Staff involved patients in the care planning process. Patients received a copy of their care plan when appropriate and they had input into the care and treatment they received.

# Wards for older people with mental health problems

- Staff involved patients in decisions about the service. Staff displayed the improvements that had been made on the wards because of patient feedback.
- Staff supported patients to give feedback about the service. Carers and patients said they were confident to approach staff with concerns or suggestions.

## Is the service responsive?

**Inadequate** ● ↓↓

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

- On Elmwood and Poppy ward there was no visitors' room. Activities and therapy rooms were limited across the wards which meant that visitors had to meet patients in the day rooms and staff meetings were often held in the patients' day rooms. However, patients could access their own bedrooms or the garden.
- Patients could not always make a phone call in private.
- Not all wards for patients with a dementia were environmentally dementia friendly. However, the trust was updating the signage across all wards and refurbishing bathrooms, floors and colour schemes.
- Patients did not all have their own bedrooms. On both Stefano Olivieri Unit, Poppy and Rose wards, patients had to sleep in dormitories with other patients of the same gender. This had the potential to compromise the patients' privacy and dignity; although patients did not report any concerns about this at the time of our inspection.
- There was a padded bedroom on Beaulieu ward. The room was padded from floor to ceiling and had aspects that were like a seclusion room; including vision panels that only staff could open, door handles that an elderly person may find difficult to open. There was no clock and no personalisation. This room was being used as a bedroom for patients. We raised this during the inspection and the room was closed.
- Managers in the service did not always respond to complaints within the timescales of the trust complaints policy. On Rose ward, there were two recent examples of complaints from patients or carers which were outside of the trust response timescale and were yet to be actioned.

However:

- Staff planned patients' discharges early in the admission. Patients who may experience delays in their discharge were identified early to allow the right people to support the discharge process. Relationships between the service and the local authority had been strengthened and weekly meetings between the local authority and the bed management team had improved the discharge process.
- Patients had access to outside space. All wards had enclosed gardens.
- Patients enjoyed the food. There were a range of menu options and drinks and snacks were available throughout the day and night.
- Staff supported patients to engage in the community. Patients could continue their hobbies whilst on the wards and staff supported them to be independent.

## Is the service well-led?

**Requires improvement** ● ↓

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# Wards for older people with mental health problems

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

- Staff consistently reported low morale on Beaulieu ward.
- The trust had not acted to reduce the temperatures in the clinic rooms and medicines were still being stored at temperatures above manufacturers guidelines
- The trust did not have oversight of the maintenance of equipment on Beaulieu ward and Stefano Olivieri Unit.
- The trust did not have a procedure for monitoring the use of the Mental Capacity Act.
- The trust did not have oversight of the safeguarding referral process on Beaulieu ward and Berrywood ward.
- The trust had not ensured that patients had access to psychological therapies as recommended by The National Institute for Health and Care Excellence.
- The trust did not have oversight of the use of the Mental Health Act on Beechwood ward.
- The trust did not ensure that patients' dignity was maintained by ensuring there were facilities for patients to make private phone calls across some wards.

However:

- The executive team were visible on the wards and staff knew who they were. Staff were positive about the impact the new executive team had on the trust.
- Staff felt supported by the leadership across the wards. Staff felt involved and could give feedback about how the service was running.
- There were opportunities for staff development within the trust. The trust supported staff to access specialist courses such as phlebotomy, catheterisation and subcutaneous fluid administration. The trust seconded staff to complete their nurse training and there were 'acting up' posts available for those wishing to advance their careers.
- The vision and strategy of the trust was being communicated to staff. This was done through staff meetings, visits from the executive team, staff bulletins and posters on the wards.
- There was a positive culture across the wards. Staff worked well together and supported one another as part of a team.
- Staff implemented recommendations from reviews of incidents. All wards had a quality improvement strategy.

## Areas for improvement

We found areas of improvement at this service. See the Areas for Improvement section above.

# Mental health crisis services and health-based places of safety

Requires improvement   

## Key facts and figures

Southern Health NHS Foundation Trust crisis service and health based place of safety (Section 136) has three suites based at Parklands Hospital, Elmleigh and Antelope House. The crisis teams are based at the same locations.

The mental health crisis service provides assessment, care and treatment for adults aged 18 and above who are experiencing mental health crisis. The service comprises of four teams that operate within the crisis care pathway.

At Elmleigh in Havant, there is a health based place of safety adjacent to the acute ward. There is also an acute mental health team on site.

At Parklands there is a health based place of safety and an acute mental health team. They are based in Basingstoke.

At Antelope House there is a health based place of safety and an acute mental health team. It is a purpose built mental health unit which serves the city of Southampton. Antelope House also has an intensive care unit and two inpatient wards.

At Melbury lodge there is an acute mental health team.

At the last focused inspection in October 2014 we rated Southern Health Crisis Service/Section136 health based place of safety as requires improvement overall with requires improvement in the safe, effective responsive and well led domains and a rating of good in the caring domain.

Compliance actions were issued in relation to appropriately trained staff available to provide care to people in health based place of safety and appropriately trained in life support and safe restraint of patients. These requirements were met at this inspection.

Before the inspection visit we reviewed information that we held about these services, and asked a range of other organisations for information.

During the inspection visit the inspection team:

- visited the south, north and east teams and their health based place of safety. Members of the west team (Melbury) joined us at the east team base (Elmleigh)
- interviewed a manager for each of the crisis teams and the health-based place of safety and the associate director for mental health.
- interviewed the police liaison officer for the health based place of safety.
- reviewed 42 care records.
- spoke with nine carers and two patients that had use they have based place of safety service.
- spoke with 12 other patients.
- spoke with 25 staff, from all the teams, in two focus groups.
- reviewed a number of policies meeting minutes and assessments related to the running of the services.
- observed staff members working with patients in two individual sessions.



# Mental health crisis services and health-based places of safety

## Summary of this service

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

- The service did not ensure that staff from the health based place of safety service collected and used information well to support all its activities. Senior trust members did not have full access to information concerning the 24 breaches where the maximum detention period in the health based place of safety had been exceeded (It is a requirement that patients, who have been not been given an extension by an approved person must not be detained more than 24 hours in the health based place of safety). Staff did not follow the trust policy of monitoring patients held in the section 136 suite hourly and the trust did not monitor this.
- Care plans and crisis plans were not all up to date or comprehensive and so did not support the team's delivery of safe care and treatment to patients. Staff members from the ambulance service who stayed with patients brought into the section 136 suite until the trust had completed the assessments did not have access to up to date, accurate and comprehensive information about patients in their care and treatment plans.
- Both the crisis teams and the health based place of safety staff did not ensure crisis plans were consistently completed. The trust monitored completion monthly. Data showed that compliance was mixed across the teams. In the south team, on average 60% of patients had crisis plans. In the east, the average was between 48% and 72% compliance. However, each team had a plan in place to address this.
- There were delays in patients being able to see a psychiatrist in the crisis teams. For some patients this mean that there were delays to them starting on the appropriate medication and others had not received a medical review when needed. Patients receiving care from the south crisis team had easy access to a psychology team who provided a wide range of psychological therapies and groups but in the north and east teams patients had to be referred to a psychologist.
- Staff did not fully understand their roles and responsibilities under the Mental Health Act 1983 Code of Practise 2015 because patient's ethnicity was not included in the monitoring form in line with the Code.
- Managers of the service did not consistently monitor the number of safeguarding referrals sent to the local authority.
- The trust did not have a process to obtain feedback from patients who had used the health based place of safety.
- There was no toilet door in the section 136 suite at Antelope house which compromised patients' privacy when using the facilities

However:

- Patients were seen quickly by the crisis service. Patients could access the service when they needed it. There was an out of hours provision for patients. Patients had access to a crisis lounge in Antelope House all day and night.
- Patients were quickly assessed by the crisis team and the staff in the health based place of safety.
- The crisis team took a proactive approach to monitoring and re-engaging with patients who did not attend appointments
- The trust was monitoring incidents in relation to the new ambulance provider and there was learning from each incident.
- Staff treated patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.

# Mental health crisis services and health-based places of safety

- The managers across all teams ensured that staff had access to regular team meetings to share information and develop learning.
- The managers promoted a positive culture that supported and valued staff.
- Staff morale was mostly good and staff felt positive about working in their teams.

## Is the service safe?

**Good** ● ↑

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

- Staff in both the crisis teams and the health based place of safety ensured that the premises were safe for patients.
- Patients had a risk assessment. The risk assessments we reviewed were comprehensive and up to date.
- Staff knew how to identify abuse and how to safeguard patients. Safeguarding processes were followed. Staff members ensured safeguarding information was clearly highlighted on the electronic recording system.
- Staff completion of mandatory training services in the crisis teams and the health based place of safety was high at 94%.
- Managers of the service regularly reviewed caseloads to ensure equity across the teams.
- Staff ensured incidents were consistently reported and there was learning from each incident.

However:

- Managers of the service did not monitor the number of safeguarding referrals sent to the local authority.
- Staff members in the east crisis team had not followed fire officer's advice about the safe use of the microwave.
- Patients did not have consistent access to psychologists or psychiatry across the crisis teams.

## Is the service effective?

**Requires improvement** ● → ←

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

- Care plans and crisis plans were not up to date or comprehensive so did not support the teams to deliver safe care and treatment to patients.
- Staff members from the ambulance provider working in the section 136 suite did not have access to up to date, accurate and comprehensive information about patients in their care and treatment plans.
- Staff members in both teams were not following the trust policy about the storage of care plans on the electronic records system.
- Staff did not follow the requirements of the Mental Health Act 1983 Code of Practice 1983 in relation to recording patients' ethnicity on the monitoring form.

Multidisciplinary team meetings occurred regularly but attendance by psychologists, pharmacists and psychiatrist was limited in some teams.

# Mental health crisis services and health-based places of safety

Staff did not receive regular one to one managerial supervision.

However:

- Staff used recognised assessment tools to measure progress made by patients following treatment
- All crisis teams had good working relationships with social services. GPs, the inpatient ward at the local hospital and the community teams within the trust.
- Staff across all teams had access to regular team meetings to share information and develop learning.

## Is the service caring?

Good   

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

- Staff treated patients with compassion. Feedback from patients who patients, who were supported and treated by the crisis teams, confirmed that staff treated them well and with kindness.
- Staff involved patients in decisions about their care and treatment.
- Staff members ensured patients had access to advocacy services
- Staff ensured patients were involved in the recruitment of staff.
- All patients spoken with told us staff members described treatment options and gave them choices.

However:

- Staff members did not seek feedback from patients who use the health based place of safety.
- There was no toilet door in the section 136 suite at Antelope House which compromised patient's privacy when using the facilities.

## Is the service responsive?

Good  

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

- Staff ensured that patients were seen quickly by the crisis service. Patients could access the service when they needed it. There was an out of hours provision for patients.
- Patients had access to a crisis lounge in Antelope House all day and night.
- The crisis team took a proactive approach to monitoring and re-engaging with patients who did not attend appointments
- Staff members investigated and learnt from informal complaints from patients or their representatives.
- Staff ensured adjustments had been made to provide a service to those with a physical disability. Interpreters were available and there was information in different languages.

However:

# Mental health crisis services and health-based places of safety

There were delays in patients being able to see a psychiatrist in some of the crisis teams. For some patients this meant that there were delays in them starting on the appropriate medication and others had not received a medical review when needed. Patients receiving care from the south crisis team had easy access to a psychology team who provided a wide range of psychological therapies and groups but in the north and east teams patients had to be referred to a psychologist.

## Is the service well-led?

**Requires improvement** ● → ←

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

- The service did not ensure that staff from the health based place of safety service collected and used information well to support all its activities. Senior trust members did not have full access to information concerning the 24 breaches where the maximum detention period in the health based place of safety had been exceeded (It is a requirement that patients, who have been not been given an extension by an approved person must not be detained more than 24 hours in the health based place of safety). Staff did not follow the trust policy of monitoring patients held in the section 136 suite hourly and the trust did not monitor this
- The service did not ensure that patients' ethnicity was included in the monitoring form in the health based place of safety as required in the Mental Health Act 1983 Code of Practise 2015.
- The service had not ensured staff from the ambulance provider working in the section 136 suite had access to up to date, accurate and comprehensive information about patients in their care.
- Staff did not receive regular one to one managerial supervision.
- The service did not have a process to obtain feedback from patients who had used the health based place of safety.

However:

- There were effective systems for identifying risks to patients. All teams were committed to improving the service by learning from when things go well and when they go wrong. They ensured learning from incidents and promoted training.
- Senior managers in the service promoted a positive culture that supported and valued staff. There was a clear statement of vision and values, staff knew and understood the values of the provider.
- Staff morale was good in the majority of teams and overall staff felt positive about their team and senior managers. Staff were enthusiastic and motivated. They were aware of the whistleblowing policy and were confident they would use it if needed.

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## Areas for improvement

We found areas of improvement at this service. See the Areas for Improvement section above.

# Community-based mental health services for older people

Good   

## Key facts and figures

Southern Health NHS Foundation Trust community based mental health services for older people has twelve community mental health teams (CMHT's) across Hampshire. The CMHTs for older people provide mental health care for people with mental ill health and focus on recovery, mental well-being and care planning. The community-based mental health services for older people provided by the trust are not commissioned to provide out of hours crisis services. The services are available Monday to Friday during work hours. The CMHTs have a mix of staff specially trained in the management of mental health problems in older people such as anxiety disorders, schizophrenia, dementia and depression.

The service provides specialist assessment, diagnosis and treatment for people over the age of 65 with organic or functional mental illnesses. Referrals for under 65s are accepted with organic mental health concerns. The service also provides a community dementia service to support primary care with all elements of the dementia care pathway and a care home in-reach service which provides specialist advice, assessment and diagnosis of people living in care homes.

At the last inspection we rated community based mental health services for older people as good in safe, effective, caring, responsive and well led.

This inspection was announced (staff did know we were coming) to ensure everyone we needed to talk to was available as well as allowing us access to home visits where appropriate.

As part of our inspection of this core service we inspected the following locations:

- Gosport CHMT
- Havant and Waterlooville CMHT
- New Forest West CMHT
- New Forest East CMHT
- Older Peoples Mental Health Team, Parklands Hospital CMHT
- Southampton West CMHT

We inspected all five key questions: Safe, Effective, Caring, Responsive and Well led.

During the inspection visit, the inspection team:

- Visited each of the teams' bases
- Checked the clinic room and medicine storage cabinets
- Spoke with the matron and team manager for each of the services
- Spoke with 20 staff including Community Psychiatric Nurses, Occupational Therapists and Health Care Support Workers.
- Reviewed 31 electronic patient records
- Spoke with 12 patients

# Community-based mental health services for older people

- Spoke with 11 carers
- Spoke with five psychiatrists
- Spoke with two clinical psychologists
- Attended multidisciplinary meetings, daily risk meetings, accompanied staff on home visits and observed out-patient clinics.
- Reviewed policies and procedures, meeting minutes, training and supervision records and audits.

## Summary of this service

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

- All the environments we visited were comfortable, clean and welcoming. Environments had disabled access and toilets. Conversations could not be heard from outside interview rooms and staff were aware of issues around privacy and dignity during confidential interviews. Clinic rooms were well equipped and maintained. Staff made sure equipment was checked regularly.
- There were no waiting lists at the service due to the efficiency with which referrals were handled and caseloads were manageable within the teams. Staff completed risk assessments on admission and ensured regular monitoring of patients' physical and mental health.
- All patients had care plans in place which contained risks and interventions. Staff were focussed on the health and wellbeing of patients. Staff involved carers in assessment and treatment and offered support and advice on issues and services. Patients, families and carers told us they were happy with the care received.
- Teams discussed clinical and managerial issues in weekly multidisciplinary meetings. Staff attended mandatory training and knew how to raise a concern. There were seven serious incidents reported in the previous 12 months. Reporting systems were in place and staff across the trust learned from incidents.
- There was evidence of good leadership in all teams. Managers were visible and supportive, and motivated their teams to create a positive culture. Staff morale was generally good and vacancy rates were low across the teams. Sickness was monitored and managed well in most teams.
- Staff were positive about the leadership in the trust. Staff were also aware of the senior management team, and told us that senior managers were visible and accessible.

However:

- Clinic rooms did not have alarm systems fitted and staff did not carry personal alarms.
- Although risk assessments were completed on admission, they were not always updated in the patient records. The quality of risk assessments varied across the service.
- Staff did not always report incidents that should have been reported.
- Some medicines that required storage below certain temperatures were not stored in a temperature controlled environment.
- Staff did not always make a safeguarding referral when they had identified potential safeguarding concerns.
- Patients did not always get offered their care plans and patient records did not show that staff offered care plans.

# Community-based mental health services for older people

- Some teams did not keep records of staff clinical and managerial supervision.
- The provision of psychological therapy varied across the service, with one team having no access to psychological therapy.
- The provision of office space in New Forest East, Parklands and Gosport was not sufficient to allow staff to complete their roles adequately.

## Is the service safe?

**Good** ● → ←

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

- Environments were safe and clean. Interview rooms and patient waiting areas were well maintained and furniture was in good condition.
- Staff had manageable caseloads. There was an average of 30 to 45 patients of varying complexity per full time staff member. Managers ensured caseloads were reviewed.
- Patient records contained risk assessments including physical health. Staff could tell us about individual risks and how they were managed.
- The trust had policies and procedures in place to manage patient and environmental risks which were used within the service. There were effective personal safety and lone working protocols in place.
- Staff reported serious incidents and there was learning identified from them

However:

- Clinic rooms did not have alarm systems fitted and staff did not carry personal alarms.
- Although all patients had initial risk assessments, records demonstrated they were not always updated regularly.
- Staff did not always report incidents that should have been reported
- Although medication was stored safely in lockable cabinets, some medicines that needed to be stored below a certain temperature were not stored in a temperature controlled environment.
- Staff did not always make a safeguarding referral when they had identified potential safeguarding concerns.

## Is the service effective?

**Requires improvement** ● ↓

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

- All patients had care plans in place, but they varied in quality across the teams and patients did not always have a copy of their care plan. Staff did not always document if they had offered a copy.
- Some teams did not keep records of staff receiving regular managerial supervision.
- The provision of psychological therapy varied across the service, with one team having no access to psychological therapy.

# Community-based mental health services for older people

- The provision of staff office space in the Parklands CMHT was not sufficient to allow staff to complete documentation whilst in the office, or participate in confidential discussions.

However:

- All patients had care plans which contained risks and interventions.
- There was good evidence of multidisciplinary and multiagency working in the teams.
- Staff received clinical supervision and annual appraisals.
- The service offered a range of care and treatments suitable for the patient group. These included medication and psychological therapies
- Staff adhered to the Mental Health Act (MHA) code of practice. There was sufficient support for staff around the MHA.

Staff showed good practice in applying the Mental Capacity Act. Staff knew the principles of the Mental Capacity Act and how to apply them.

## Is the service caring?

Good   

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

- Staff supported patients with care and compassion. Feedback from patients and carers confirmed that staff treated them with kindness, dignity and respect.
- Staff understood the needs of the patient group, including social, cultural and religious needs.
- Patients told us they felt involved in their care. Staff provided patients and carers with advice and supported them through a 'memory matters' group. Some teams had shown flexibility with the timing of these sessions as a response to patient feedback.

## Is the service responsive?

Good   

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

- There were no waiting lists in the teams we visited. Patients that presented as more urgent were seen within trust timescales.
- Staff in the teams tried to be flexible where possible with appointment times.
- Few patients had made formal complaints about the service. Staff tried to proactively engage with patients and carers to manage any concerns before they became formal. Patients and carers told us they knew how to raise a formal complaint if necessary.
- The environments were comfortable and accessible. Information leaflets were available around the environments about services they could access, including advocacy.
- The trust had made reasonable adjustments for disabled people.



# Community-based mental health services for older people

## Is the service well-led?

Good ● → ←

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

- The leadership across the services was visible, positive and accessible.
- Staff morale was good and staff felt positive about their teams and team leaders. Most staff were enthusiastic and motivated.
- Staff could access training to support professional development.
- Leaders carried out health and safety risk assessments to ensure patients, visitors and staff were kept safe.
- The trust ensured systems and procedures were in place to ensure there were enough staff, that incidents were reviewed and that learning from incidents took place.
- The leaders operated effective systems and processes to ensure they assessed and monitored their service.

However:

- Some leaders were not providing regular supervision to staff.
- The provision of psychological therapies varied across the teams. One team had no access to psychological therapy.

## Outstanding practice

We found examples of outstanding practice at this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement at this service. See the Areas for Improvement section above.

# Community mental health services for people with a learning disability or autism

Good   

## Key facts and figures

The community learning disabilities teams and intensive support teams at Southern Health NHS Foundation Trust are part of the adult mental health, older people's mental health and learning disabilities division. The community teams are based in Southampton, North, East and West Hampshire. The intensive support team is based in Moorgreen hospital in Southampton and can be accessed through the community learning disabilities teams.

The service is for adults with learning disabilities and provides treatment and support for physical and mental health needs. Patients have to be aged 18 or older (or part of a transitional pathway from child and adolescent services), have a learning disability, and be experiencing distress with an impact on their daily functioning. The service works with mainstream services to ensure people with learning disabilities can fully access the services they need. The service includes an autism assessment service and a dementia service. The intensive support team provides a service for patients with complex needs including severe challenging behaviour.

We previously inspected this core service in October 2014. The ratings were 'requires improvement' for well led and 'good' for safe, effective, caring and responsive. The service was rated 'good' overall.

On this inspection we inspected all of the community learning disabilities teams and intensive support teams as part of our comprehensive inspection programme.

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

We visited the North team community learning disabilities at their base in Winchester, the East team at Fareham, the West team at Totton and the Southampton based team. We also visited the Hampshire intensive support team at Moorgreen hospital in Southampton.

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

During the inspection visit, the inspection team:

- spoke to the managers of the teams we visited
- spoke with 24 patients and carers
- spoke with 23 staff including nurses, physiotherapists, occupational therapists, art therapists, psychiatrists and psychologists
- held three focus groups attended by a total of 24 staff
- spoke with three stakeholders
- reviewed 31 care records of patients
- observed a home visit to a patient and
- attended an allocation meeting and a governance meeting.

# Community mental health services for people with a learning disability or autism

## Summary of this service

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

- Staff were caring, respectful and compassionate. Patients and carers gave consistently positive feedback about staff. Staff understood patients' needs and preferences and found creative ways to communicate with patients and involve them in their care.
- Carers felt supported by the staff teams and felt staff helped them solve problems and were available for additional support. An intensive support team created tailored care programmes for carers and ensured they could implement the plans.
- There were active service user groups in each locality. Staff offered patients training and coaching to enable them to be on interview panels, chair meetings and review documents relating to the service.
- Staff were motivated to provide high quality care. Access to the service was efficient and waiting lists were short. Staff supported patients to access physical health care from other services and developed documents with patients to help them express their physical and mental health needs. They supported patients during transitions between placements.
- Teams were well led. There were enough staff with the appropriate skills to deliver a safe and effective service. Staff told us managers were available and approachable. Managers praised staff for doing a good job. Managers monitored staff performance. They ensured staff were well trained, appraised and supervised. They enabled staff to develop their skills and pursue special interests. Morale was good.
- There was an open culture and a willingness to learn. Staff developed the service in response to learning from complaints and incidents. Staff welcomed feedback from patients and carers. There was a good structure of meetings for staff to discuss the safety and quality of the service. There were processes for escalating and monitoring service risks and staff were involved in the process.

However:

- Staff did not monitor if patients had been offered a copy of their care plan.
- Staff did not always document a Mental Capacity Act assessment when they needed to, such as when making best interest decisions about patients' treatment.
- Some staff were stressed by frequent change and demands from the trust. Staff described having to respond to directives from senior management which they felt were sometimes risk averse and less relevant than local issues.
- There were information technology connectivity issues at two of the team bases that was causing stress to staff.

## Is the service safe?

Good   

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

- Managers actively recruited to vacancies and ensured waiting time targets were met for new patients' assessments.
- Staff created positive behaviour support plans for patients that needed them.
- Staff had safe lone working arrangements.

# Community mental health services for people with a learning disability or autism

- Managers ensured staff with the necessary skills were available to treat patients by developing new roles and actively reconfiguring the service to meet patient need.
- Staff had manageable caseloads.
- Arrangements were made for patients to access adult mental health out of hours telephone support if they needed it.
- Staff completed mandatory training and the compliance rate was above the trust target at 97%.
- Staff completed safeguarding training and knew how to make safeguarding alerts.
- Staff reported incidents and they reviewed and investigated them. There was a good system for ensuring staff learned and developed their practice in response to learning from incidents.
- Staff usually completed and updated risk assessments regularly, including following any incidents. We found only two examples, in the 31 records that we reviewed, where risk assessments had not been fully documented.

## Is the service effective?

Good   

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

- Patients had comprehensive care plans that covered physical and mental health needs and staff kept the care plans up to date.
- Staff found creative ways to personalise care plans and make them accessible to patients by using pictures and easy read language.
- Staff worked well with other services to develop care plans including health action plans, hospital passports and positive behaviour support plans. There were examples of staff providing training to other agencies to help them deliver a high standard of care.
- Staff liaised with GPs to ensure patients physical health was monitored appropriately. The service had also developed an associate health practitioner role to support patients with physical health needs.
- Patients had access to therapies recommended by the National Institute for Health and Care Excellence. There was a process for ensuring staff kept up to date with national good practice guidelines and that they developed their care accordingly.
- Teams comprised a full range of professionals to meet patients' needs.
- Staff were appropriately supervised and appraised.
- Staff used appropriate assessment and outcome measures to ensure they offered appropriate care and that patients were benefitting. The service had developed its own method of measuring patients' progress towards their own treatment goals.
- Staff took part in audits and acted on learning from them, to develop the service.
- Staff had access to specialist training for their roles.

However:

- Staff did not always record if they had offered patients a copy of their care plans.

# Community mental health services for people with a learning disability or autism

- The Southampton team's care records were inconsistent and there were examples where staff did not always share accessible care plans or create health plans when needed.
- Staff generally completed and documented Mental Capacity Act assessments when they were required. However, there were three examples of staff making best interest decisions to provide treatment without the patient's consent without a documented Mental Capacity Act assessment being in place. The trust told us they completed an audit of mental capacity and best interest decision making that studied quarter one of 2017-18. There were no specific learning points for the learning disabilities service.

## Is the service caring?

**Outstanding**  

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

- Staff were friendly, enthusiastic, respectful and supportive with patients. They spoke about patients with warmth and compassion. There was a strong, patient-centred culture.
- Staff were highly motivated, passionate and flexible. They were driven to provide compassionate care. Staff sometimes did more than was required to provide high quality care. Patients and carers valued the relationships they had with staff.
- Staff supported patients to receive good quality physical health care from other services and they advocated for patients and attended appointments with them. They developed documents with patients to help them express their physical and mental health needs.
- Patients and carers we spoke with gave consistently positive feedback about staff and said staff had a caring and respectful attitude and that they provided compassionate care to patients.
- Carers told us staff were reliable, respectful, polite, knowledgeable and supportive. They said they had good communication from the team and that they come up with solutions to problems.
- Carers told us the team supported patients well during transitions between placements.
- Care records showed staff understood patients' needs and preferences and that patients and carers were appropriately involved in care planning and risk assessment.
- Staff developed effective ways of communicating with patients such as learning Makaton and providing documents in easy read format, tailored to patients' needs and preferences. Staff were innovative in the ways they worked with patients.
- Staff empowered patients and carers to have a voice. There were active service user groups in each locality. Patients in the groups took part in the development of the service by being on interview panels, chairing meetings and reviewing service documents. Staff offered patients training and coaching to help them carry out these tasks.
- Staff appropriately involved families and carers in patients care and offered them support. The intensive support team created tailored care programmes for carers and ensured they could implement the plans.
- Patients and carers were confident about complaining to the service if they needed to but the service received very few complaints.

# Community mental health services for people with a learning disability or autism

## Is the service responsive?

Good ● → ←

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

- Staff produced an array of information for patients in a way that made it accessible and meaningful to patients and carers and included pictures and language to suit each individual patient.
- Staff generally resolved complaints informally and enabled patients and carers to talk about anything they were unhappy about. Staff gave us examples of how complaints had led to changes in practice.
- Waiting times for patients' first assessments were within the targets. Staff triaged new referrals within 48 hours and responded urgently if required.
- Carers and patients told us staff were responsive and supportive if they contacted the team because they needed additional support.
- Staff encouraged patients to access the service by being flexible in their arrangements.
- Team bases were well equipped, they were accessible and they promoted comfort and privacy.
- Staff supported patients to access education and work opportunities in the community and they worked with providers to encourage them to offer opportunities to people with learning disabilities.

However:

- There were waiting times of up to six months for specific interventions in some areas including physiotherapy in West Hampshire, art therapy and occupational therapy in Southampton.

## Is the service well-led?

Good ● ↑

Our rating of well-led improved. We rated it as good because:

- Staff spoke positively about team leaders and told us they were available and approachable. Managers praised staff for doing a good job.
- Team managers actively reviewed feedback on their teams' performance through a performance system.
- There were opportunities for staff to develop leadership and coaching skills.
- The clinical director and associate director for learning disabilities held open door sessions so they could hear from staff about their news, ideas, practice or anything they wanted help with.
- Team objectives and appraisals were developed in line with the vision and values of the trust. Staff met to talk about team objectives and team build.
- There was an open, no-blame culture. Staff felt respected, supported and valued and they told us their morale was good. Staff were developed through specialist training and projects and through appraisals.
- There were systems and procedures to ensure a good quality service run by well-trained staff who were supervised and supported.

# Community mental health services for people with a learning disability or autism

- There were good systems for ensuring incidents, complaints and feedback were collected, reviewed, investigated and learned from and that the service continued to develop in response.
- Teams held effective meetings that were structured and linked together to ensure the safety and quality of the service was discussed and disseminated.
- Staff were actively involved in the development of the service and they took part in a programme of audits. Staff were encouraged to innovate and undertake projects in areas of special interest.
- There was a good process for escalating and monitoring service risks and staff were involved in the process.
- Engagement with carers and staff was a key priority for the service and service user and carers groups had an impact on the development of the service.
- The service had made pledges to stop the over-medication of patients.

However:

- Some staff said there was some stress caused by frequent changes to expectations from senior management and high expectations of them. Staff described having to respond to directives from senior management which they felt were sometimes risk averse and less relevant than local issues.
- Two of the sites had information technology connectivity issues that were causing stress to staff. These had been escalated but due to the buildings not belonging to the trust, the issues had not yet been resolved.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement at this service. See the Areas for Improvement section above.

# Child and adolescent mental health wards

Requires improvement   

## Key facts and figures

The child and adolescent inpatient and forensic services of Southern Health NHS Foundation Trust provide inpatient services to children and young people aged from 12 to 18 years. The service falls under the mental health directorate. The trust has two locations serving young people's mental health needs. These are Bluebird House (situated on the Tatchbury Mount site) and Leigh House. Bluebird House is a purpose-built, predominantly medium secure inpatient unit that specialises in the treatment of emerging personality disorders. Hill, Moss and Stewart are its three wards. Hill Ward provides a low secure service which was opened in 2017 in response to a need for extra low secure beds across the country. Leigh House is an acute adolescent inpatient unit providing up to 20 beds for children and young people experiencing severe and complex mental health difficulties. The service has specialist expertise in treating young people with eating disorders.

We previously inspected the service in January 2016 when we told the service it must make the following improvements:

The provider must ensure that it follows the Mental Health Act Code of Practice. This requires that the responsible clinician or duty doctor (or equivalent) undertakes the first medical review of a young person in seclusion within one hour of the commencement of seclusion, if the seclusion was authorised by an approved clinician who is not a doctor or the professional in charge of the ward.

At this inspection we found the provider had made these improvements.

At this inspection we inspected all wards at Bluebird and Leigh House. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to speak to was available.

During the inspection visit, the inspection team:

- visited all three wards at Bluebird House and visited Leigh House
- spoke with ten patients
- toured the ward areas specifically checking the environment and the clinic rooms
- reviewed medication charts
- looked at 19 sets of care records
- interviewed four managers, a facilities manager and two modern matrons
- spoke with eight band ten support workers, three occupational therapists and a student occupational therapist
- spoke with eleven nurses, one student nurse and four doctors
- observed two ward rounds and three episodes of care
- specifically checked the physical health care records and rapid tranquilisation records and reviewed section papers
- spoke with two parents
- interviewed a psychologist, one eating disorder manager and a head teacher



# Child and adolescent mental health wards

## Summary of this service

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

- The Care Quality Commission issued a warning notice due immediate concerns of the safety of young people using the service. We required the trust to make significant improvements to the quality of care delivered in the service by 16 July 2018.
- At Bluebird House there were insufficient levels of staff on the wards to ensure that young people were protected from avoidable harm. There had been an increase in the number of prone restraints, there was a high number of incidents and observations and physical health monitoring, including physical health monitoring following rapid tranquilisation were not always being conducted as needed. Bluebird House was dealing with some extremely challenging situations at the time of the inspection which CQC escalated to NHS England as the commissioners of the service. NHS England recognised that it needed to support the service to help resolve and/or deal with the challenges (which are still ongoing) and made further funding available to increase staffing levels to help the service to deal with the challenges.
- We found a significant number of ligature risks at Leigh House that were not being managed appropriately.
- The risk register was not being used effectively to escalate the seriousness of the staffing problems to the executive team and trust board. The data about the use of restraint and seclusion was unreliable so could not provide robust information about restraint and seclusion practice and prevalence.
- Staff and young people felt that there were often too few activities being offered and young people said there was often little to occupy them.
- At Bluebird House staff told us that there were times when they felt unsupported and experienced significant stress.
- Individual supervision was not in line with the expected completion rate set by the trust.
- Staff, across the two sites, had varying knowledge of the Mental Capacity Act (MCA) and Gillick competency.

However:

- The trust responded immediately to the concerns we raised and voluntarily agreed to suspend admissions until it had addressed the safety issues. The trust provided an action plan that set out how it would make the improvements required by the warning notice. We undertook an unannounced, focussed inspection on 18 July 2018 to check that the trust had taken the actions identified in its action plan. We found the trust had reconfigured the wards at Bluebird House and had increased staffing levels on each shift; no shifts were left uncovered and as such there were always sufficient, suitably qualified and competent staff on duty at all times. Observations were being conducted appropriately although some further work was needed to ensure these were always recorded. Environmental work to address the ligature risks at Leigh House were nearing completion and staff had detailed knowledge of the management of the risks. Staff and young people told us that they now felt safe. As such we lifted the warning notice.
- Young people had their mental health needs assessed prior to admission. Admissions to the wards were discussed and screened to review risks. Staff completed comprehensive risk assessments and recorded these in the patient care record.
- Care plans across both sites consistently demonstrated a holistic approach to care.
- There were consistently good outcomes for young people. Staff planned care in conjunction with young people focussing on recovery from their mental health problems.

# Child and adolescent mental health wards

- The service provided a number of psychological therapies recommended by the National Institute for Health and Care Excellence (NICE).
- Discharge was planned in advance.
- Young people said that the staff were caring and treated them with dignity and respect. Both sites had service user forums and young people were involved in decisions about the service. Families and carers received regular updates from the wards when appropriate.
- Staff were aware of how to recognise and report incidents. Managers refused admission if the wards were unsettled.
- Young people admitted to the wards had their own bedrooms. There was a range of facilities at both sites and there were disabled adaptations. The school at Leigh House supported young people to gain outstanding academic results.. Young people knew how to complain and staff responded well to concerns and complaints.
- The buildings were in good order, clean throughout and well maintained. Clinic rooms were well equipped, including with resuscitation and emergency drugs.
- Young people on the eating disorder programme had their meal plans monitored to ensure treatment was effective.
- The teams appropriately inducted new staff into the service. Staff received specialist training to work within the service. Multi-disciplinary teams met weekly with young people to review progress and treatment
- Staff were trained in the Mental Health Act and they conducted seclusion reviews in line with guidance.

## Is the service safe?

**Requires improvement** ● → ←

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

- The Care Quality Commission issued a warning notice due immediate concerns of the safety of young people using the service. This would normally limit the rating to inadequate. However, in recognition of the trusts immediate response and the improvements found on reinspection we have rated this key question as requires improvement.
- At Bluebird House there were insufficient levels of staff on the wards to ensure that young people were protected from avoidable harm. The service had set the number of staff required per shift in accordance with Safer Staffing numbers but there was a shortfall of staff on several shifts per week. Bank and agency staff were not always available to cover unfilled shifts; this impacted on the ability of the staff to keep young people on the ward safe. There had been an increase in the number of prone restraints, there was a high number of incidents and observations and physical health monitoring, including physical health monitoring following rapid tranquilisation were not always being conducted as needed. Bluebird House was dealing with some extremely challenging situations at the time of the inspection which CQC escalated to NHS England as the commissioners of the service. NHS England recognised that it needed to support the service to help resolve and/or deal with the challenges (which are ongoing still ongoing) and made further funding available to increase staffing levels to help the service to deal with the challenges.
- Managers at the services had calculated a safe level of staffing within the service. However, there was not always sufficient levels of staff on the wards to ensure that young people were protected from avoidable harm. The service attempted to mitigate risks by using bank and agency staff but not all shifts could be covered and on a number of shifts each week staffing levels fell below the safer staffing level that had been identified as required.
- Young people were being placed at risk due to the lack of staffing, for example being on 1:1 observation levels rather than the prescribed 2:1.

# Child and adolescent mental health wards

Incident forms showed that there was a high number of young people with a high level of need, the wards were sometimes understaffed and even when staffed to safer staffing levels it was difficult for the staff to provide some basic levels of care. For example, there had been times when there was not enough staff trained to give water through a naso-gastric tube.

- Staff told us that at times Section 17 leave had to be cancelled due to staffing levels but they always tried to prioritise young people leaving the wards by getting support from the wider multidisciplinary team. Staff had noticed an increase in incidents since the low secure ward had opened in 2017.
- Staff described how they used relational security to manage risk on the wards. However, the ability to work relationally with young people was affected due to unstable staffing of the wards.
- The completed work to reduce ligatures in Leigh House did not go far enough to ensure that young people were protected from the risk of avoidable harm. At the previous inspection of the service in 2016 work was being undertaken to reduce the ligature risks but this had not been completed and we found that the risks remained.
- There was an increase in the use of prone restraint despite the efforts within the trust to reduce the practice. Incidents showed that there was regular use of restraint at Bluebird House and staff said that at times they got injured when having to restrain young people.
- Staff did not always monitor the physical health of young people following the administration of rapid tranquilisation. We identified incidents of rapid tranquilisation and undertook a review of episodes of rapid tranquilisation and found there to be a lack of recording of physical observations. For example, we found that one young person had received rapid tranquilisation 14 times but there was no record that any physical health observation had been undertaken on any of these occasions.
- A recent serious incident at Bluebird House was recorded following an inappropriate seclusion. We reviewed incidents and found that there had been regular use of de-escalation areas to seclude young people due to seclusion rooms being full. De-escalation areas did not meet the criteria under the Mental Health Act (1983) Code of Practice.

However:

- The trust responded immediately to the concerns we raised and voluntarily agreed to suspend admissions until it had addressed the safety issues. The trust provided an action plan that set out how it would make the improvements required identified in the warning notice. We undertook an unannounced, focussed inspection on 18 July 2018 to check the trust had taken the actions identified in its action plan. We found the trust had reconfigured the wards at Bluebird House and had increased staffing levels on each shift; no shifts were left uncovered and as such there were always sufficient, suitably qualified and competent staff on duty at all times. Observations were being conducted appropriately although some further work was needed to ensure these were always recorded. Environmental work to address the ligature risks at Leigh House were nearing completion and staff had detailed knowledge of the management of the risks. Staff and young people told us that they now felt safe. As such we lifted the warning notice.
- Staff were aware of how to recognise and report incidents on the trust's electronic recording system. Ward managers reviewed incidents and talked about incidents with staff.
- The buildings were in good order and clean throughout, maintenance had been upheld in the areas occupied by the young people. Staff and patients could call for assistance in the event of an incident or an emergency within the buildings. Call points were available throughout the core service buildings and staff held alarms.
- There was adherence to infection control principles in the practice of the staff across the two sites. Clinic rooms were well equipped. Resuscitation and emergency drugs were kept on site and there were regular checks to ensure everything was in date.

# Child and adolescent mental health wards

- Staff completed comprehensive risk assessments and recorded these in the patient care record, including a young person's risk of violence.
- Across the service staff, showed knowledge of risks of young people and how they worked with the risks. Staff discussed plans with young people.
- The service had a transparent approach to the issues that they had within the unit in order to keep young people safe from abuse. There was clear knowledge of safeguarding procedures amongst the staff working over the two sites and there was a lead nurse in place. When issues arose, safeguarding alerts were raised with the local authority.
- Staff described good links with pharmacy that meant that clinic rooms were stocked with medicines essential to caring for young people. Pharmacists visited regularly to check medication charts, stock levels and controlled drugs.
- The service was able to respond to young people who had a physical disability, there were disabled adaptations at both sites. The service was able to accommodate young people who identified with a different gender.

## Is the service effective?

Good  

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

- Young people had their mental health needs assessed prior to admission and there was a further comprehensive assessment on admission.
- Staff planned care in conjunction with young people focussing on recovery from their mental health problems. All thirteen sets of notes that we reviewed had completed care plans that covered areas such as physical health, observation levels, managing self during an incident and comfort and dignity for example.
- Across the two sites, care plans consistently demonstrated a holistic approach to care and showed collaboration in the process between young people and the nurses. Care plans had been kept up to date.
- The service provided many psychological therapies recommended by the National Institute for Health and Care Excellence (NICE). Medication was prescribed in line with NICE guidance. Staff were aware of NICE guidance around the management of violence and aggression.
- Young people on the eating disorder programme had their meal plans monitored to ensure treatment was effective. There was clear recording of their adherence to the programme.
- Outcomes were positive for young people receiving treatment. Staff used recognised rating scales such as Health of the Nation Outcome Scales Child and Adolescent (HONOSCA) and the Children's Global Assessment Scale (CGAS) to show positive outcomes for the young people who use the service.
- The teams appropriately inducted new staff into the service to ensure that they were aware of young people and the processes on the ward.
- Staff received specialist training to work within the service, there was additional specialist training budgets to educate staff in areas such as dialectical behaviour therapy (DBT).
- Multi-disciplinary teams met weekly with young people in order to review progress and treatment while in hospital. Community teams involved with young people's care attended care programme approach meetings (CPA's) that occurred every six weeks.

# Child and adolescent mental health wards

- Staff held Mental Health Act papers electronically, admin support was available to staff when needed. Staff were trained in the Mental Health Act and they conducted seclusion reviews in line with guidance.

However:

- Young people had a physical health assessment on admission. However, physical health monitoring was inconsistent following this and was not always recorded.
- Managers expressed concern that they could not train bank and agency staff to the same standard in restraint techniques as the permanent workforce. This meant that the bank and agency staff who were there regularly on temporary contracts were not always using the same techniques as the permanent staff.
- Individual supervision was not in line with the expected completion rate set by the trust.
- Across the two sites staff had varying knowledge of the Mental Capacity Act (MCA) and Gillick competency, staff were not always aware of how they might test someone's capacity.

## Is the service caring?

Good ● → ←

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

- Across the two sites staff showed that they were part of a caring service in the work that they did with young people. Staff showed care and compassion in difficult situations and worked enthusiastically and empathically with young people with particularly challenging issues in order to see them progress.
- Young people said that the staff were caring and treated them with dignity and respect.
- Staff used the admission process to induct young people onto the ward. Care planning was done with young people's involvement when possible.
- Both sites had service user forums and young people were involved in decisions about the service.
- Staff worked with young people to make advanced decisions about their care if they became unwell. For example, what action should be taken if they self-harmed or became aggressive.
- Families and carers received regular updates from the wards when appropriate. Staff ran a carers forum to give support to families of young people admitted.

However:

- Young people said that at times they did not know the staff on duty and that they had noticed that there were not enough staff on duty, this affected their ability to access Section 17 leave and activities on the wards.

## Is the service responsive?

Good ● ↑

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

- Admissions to the wards were discussed and screened to review risks and information with the referrals. Admissions were not accepted unless it was considered that young people would benefit from the admission. Managers refused admission if the wards were unsettled.

# Child and adolescent mental health wards

- Discharge was planned in advance and involved members of the community teams involved with young people's care.
- Young people admitted to the wards had their own bedrooms. They were free to personalise their rooms as they wished.
- There were a large range of facilities and rooms at both sites. Both sites had education departments and the Leigh House school boasted outstanding outcomes for the young people using the education provision.
- The service was able to respond to young people who had a physical disability, there were disabled adaptations at both sites. The service was able to accommodate young people who identified with a different gender.
- Staff responded to complaints appropriately. Young people knew how to complain.

However:

- The trust voluntarily agreed to suspend admissions until it had addressed the safety issues identified during our inspection.
- Staff and young people felt that there was often too few activities being offered and young people said there was often little to occupy them Young people said that this often made them bored on the wards.

## Is the service well-led?

**Requires improvement** ● → ←

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

- Not all staff were aware of the values of the trust. However, they were aware that values were in place.
- Staff we spoke with felt respected by their teams but there were times when they felt unsupported by senior managers. Staff across the service were not always happy at work and there was a lot of stress, particularly at Bluebird House.
- Staff working in other wards and units on the Tatchbury Mount site were often called to help out at Bluebird House but were reportedly not keen to go to Bluebird House as it had a reputation as being a hard place to work.
- The trust did not have clear oversight of the seriousness of the staffing levels at Bluebird House. The trust had set the number of staff required on each shift in accordance with safer staffing requirements but staffing levels regularly fell below the numbers identified as required to keep young people safe. Information provided to the trust by the service and used by the trust to provide assurance about safe staffing was not robust and therefore senior leaders had not picked up that Bluebird House needed additional staff to safely staff the wards.
- Staffing was included on the specialised service risk register. We reviewed the risk register provided prior to the inspection and found that there was a risk that the seriousness of the staffing issues were not being fully escalated on the register
- The data provided by the trust about how often restraint and seclusion were used was not accurate or reliable. Data provided prior to the inspection differed to the data provided by the trust after the inspection. In addition, data provided to us as part of the action plan following the warning notice differed again and data checks during the unannounced inspection (18 July 2018) produced a number of other different sets of figures. It was not clear what the real picture around these two areas was.

However:

# Child and adolescent mental health wards

- Local leaders, supported by the senior leaders in the trust, made immediate changes to ensure the service was safe following the warning notice being served.
- Local leaders in the service were present on wards and in meetings and staff were aware of who they were. The managers within the service understood their wards and the challenges they faced.
- Despite the pressures within the workforce, the sickness rate for the service had dropped to below the trust average for the month prior to the inspection.
- Managers used key performance areas around their practice on the wards to monitor the compliance to updating risk assessments and care plans.
- Staff had access to the technology and equipment required to do their work. This included information to support managers to do their role. Staff were able to keep up to date with changes within the trust through the local intranet.

## Areas for improvement

We found areas for improvement at this service. See the Areas for Improvement section above.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Assessment or medical treatment for persons detained under the Mental Health Act 1983	
Diagnostic and screening procedures	
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect
Assessment or medical treatment for persons detained under the Mental Health Act 1983	
Diagnostic and screening procedures	
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Regulated activity	Regulation
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This section is primarily information for the provider

## Requirement notices

Accommodation for persons who require nursing or personal care

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

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

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

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

### Regulated activity

### Regulation

This section is primarily information for the provider

## Requirement notices

Accommodation for persons who require nursing or personal care

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

## Enforcement actions

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

# Our inspection team

Karen Bennett-Wilson, Head of Hospitals Inspection for South West Mental Health chaired this inspection and Sue Bourne, Inspection Manager led it. Executive reviewers supported our inspection of well-led for the trust overall.

The team included inspectors, executive reviewers, specialist advisers, and experts by experience.

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.

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Services (Overview and Scrutiny) Committee
<b>Date:</b>	20 November 2018
<b>Title:</b>	Update from Hampshire Hospitals NHS Foundation Trust (HHFT) on Care Quality Commission Inspection June 2018
<b>Report From:</b>	Alex Whitfield, Chief Executive, Hampshire Hospitals NHS Foundation Trust

**Contact name:** Anna Thame

**Tel:** 01256 852619

**Email:** [Anna.thame@hhft.nhs.uk](mailto:Anna.thame@hhft.nhs.uk)

#### 1. Purpose of Report

This paper updates the Scrutiny Committee on issues being taken forward by Hampshire Hospitals NHS Foundation Trust (HHFT). In relation to the Care Quality Commission (CQC) Inspection of HHFT

#### 2. CQC Action Plan

In June this year, the CQC undertook an Inspection of Surgical care, Medical care (including older peoples' care) and Urgent and Emergency services at the three hospitals operated by HHFT, as well as a 'Well Led' Inspection with the Board and the Executives. The final inspection report was published in September and resulted in an overall rating of Requires Improvement.

In the 5 key domains the CQC rated the Trust as; Good in Caring and Requires Improvement in Safe, Effective, Responsive and Well Led.

Following the inspection visit the Trust was issued with an Urgent notice of decision to impose conditions on the provision of services in the Emergency Departments (ED) at Basingstoke and Winchester (S31), a Warning Notice (S29A) to significantly improve services in other specific areas and a series of Must and Should Do actions from the final inspection report.

Action plans for all three elements have been developed to ensure sustainable change and the implementation of the action plan is overseen by the Trust's Chief Executive at a monthly Executive Oversight meeting and by the Chief Nurse at the weekly action plan meeting. The Commissioners, CQC and NHS Improvement are also invited to this meeting to gain

independent assurance of progress. The Board of Directors receive an update on progress against the Action Plan via its monthly Governance Report and assures itself of compliance via that route.

### **S31 Emergency Departments**

The Trust initiated immediate actions to improve patient safety in the Emergency Departments at HHFT and embed changes. The Operations Director of the division is leading the ED improvement actions with the Clinical Director for both Emergency Departments. The executive lead for the improvement is the Chief Executive.

The immediate actions taken included the development of a paediatric waiting area in Basingstoke, ensuring that there is an appropriately paediatric trained member of staff on every shift and ensuring that there is an effective system in place to monitor the ongoing care and treatment of patients in both EDs. The improvements are monitored regularly with a weekly report submitted to the CQC on the progress made against the actions in addition to the internal reporting mechanism.

The Trust has also been successful in a winter pressure bid to NHS Improvement to a value of £4m. The majority of this money will be used in the redesign of the ED departments to provide a permanent paediatric assessment area at Basingstoke and an improved area at Winchester. The improvements also include the development of Rapid Assessment and Treatment Bays at both sites which will improve the patient flow through the departments

### **Warning Notice (S29A)**

The warning notice identified a number of areas the CQC raised concerns about on the actual inspection and required to see rapid improvements and the Trust submitted an action plan to the CQC on the 17<sup>th</sup> August. Some specific areas of concern were in relation to:

- Ensuring patients are treated with privacy, dignity and respect  
We have eliminated mixed sex lists in endoscopy, designated specific areas on C3 as single sex, improved the environment in Basingstoke ED and implemented 'hourly rounding' in a number of areas
- Risks to the health and safety to patients were not always assessed  
We have implemented the National Early Warning System 2 into the Trust which enables the early identification of a deteriorating patient and are ensuring the WHO Safe Surgery Checklist is completed
- The availability appropriately skilled staff to deal with emergencies at Andover

We have reviewed the arrangements at Andover War Memorial Hospital (AWMH) for dealing with emergencies, provided additional training and equipment and ensured that all appropriate staff are confident in their role in an emergency.

- The safety of equipment

We have ensured that there is a robust programme to test and maintain equipment, provided additional resuscitation equipment and ensured that safety checks are carried out and documented

- Medicines management

The Chief Pharmacist has worked with Matrons to ensure that medicines are safely stored and managed. Regular audits are being carried out and staff have been reminded of the Trust Policy on Medicines Management

- Controlling the risk of infection

Our cleaning schedules in a number of areas has been reviewed and enhanced where required, staff have been reminded of the Infection Control Policy where appropriate

### **Must and Should Dos**

The final inspection report was published at the end of September. The overall Inspection report identified a number of “Must Do” and “Should Do” actions for the Trust to implement. The actions in the S31 and the S29A warning notices are reflected in the “Must Do” and “Should Do” requirements as well as additional actions identified as regulatory breaches.

The full report is available at: <https://www.cqc.org.uk/provider/RN5>

All of the actions have been noted and a further action plan has been developed to ensure that they are addressed. The first draft was sent to CQC on 10<sup>th</sup> October and the plan continues to evolve and mature to ensure that the changes identified are implemented and sustained. This plan is monitored in the same way as the S31 and S29A plans.

In a number of areas the actions taken will build on those identified in the S29A action plan, these include:

#### *Medicines management*

In addition to the action taken for S29A the processes to ensure drugs are managed and stored appropriately have been reviewed and compliance is being audited every six months by pharmacy staff to ensure there is evidence of safe storage and management in all areas. This is in addition to the monthly audit carried out by ward staff.

### *Privacy and Dignity*

As noted above the Trust implemented a number of actions to ensure the privacy and dignity of our patients was improved, and the trust will be taking further actions to ensure that the needs of patients with protected characteristics will be met. This includes the identification of 'safe spaces' for vulnerable adults and children in ED as well as on general wards.

HHFT has implemented all of the urgent changes that were required at the time of the visit and has briefed the CQC and commissioners on work undertaken.

### **Conclusion**

The Trust recognises it still has improvements to make to ensure that all the actions identified by the CQC are embedded within the Organisation. We are expecting a follow up CQC visit before the end of the calendar year where we can demonstrate to the CQC the improvements that have already been made.



# Hampshire Hospitals NHS Foundation Trust

## Inspection report

Aldermaston Road  
Basingstoke  
Hampshire  
RG24 9NA  
Tel: 01256473202  
www.hampshirehospitals.nhs.uk

Date of inspection visit: 26 September 2018  
Date of publication: 26/09/2018

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?

Good 

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

Hampshire Hospitals NHS Foundation Trust was established in January 2012 as the result of the integration of Basingstoke and North Hampshire NHS Foundation Trust and Winchester and Eastleigh Healthcare Trust. The Trust provides general hospital and some specialist services to a population of approximately 600,000 people in North and Mid Hampshire, and to patients from much further afield for some specialist services. The population is predominantly rural, with urban areas in Basingstoke, Winchester, Andover, Eastleigh and Alton.

The majority of services are commissioned by North Hampshire Clinical Commissioning Group (CCG) and West Hampshire CCG, but the trust also has some nationally commissioned services run from the Basingstoke site and a growing number of patients from West Berkshire CCG.

## Overall summary

**Our rating of this trust went down since our last inspection. We rated it as Requires improvement**  

## What this trust does

Hampshire Hospitals NHS Foundation Trust provides services from three main sites, Basingstoke and North Hampshire Hospital (BNHH) in Basingstoke, the Royal Hampshire County Hospital (RHCH) in Winchester, Andover War Memorial Hospital. BNHH and RHCH provide a full range of planned and emergency district general hospital services, including a 24-hour accident and emergency, general and specialist surgery, general medicine, intensive care, rehabilitation, chemotherapy, diagnostic services, maternity, neonatal, gynaecology, paediatric care and outpatient clinics.

BNHH provide some specialist services to people across the UK and internationally. They are one of two centres in the UK treating pseudomyxoma peritonei (a rare form of abdominal cancer) and provide tertiary liver and colorectal cancer services as well as the haemophilia service.

RHCH pioneered the use of intraoperative radiotherapy for breast cancer treatment.

Andover War Memorial Hospital (AWMH) provides community and hospital services including a minor injuries unit, outpatient clinics, diagnostic imaging, day surgery, rehabilitation and midwife led maternity services.

Hampshire Hospitals NHS Foundation Trust also provides outpatient and assessment services from Bordon and Alton community hospitals.

## 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.

# Summary of findings

## 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 inspected Hampshire Hospitals NHS Foundation Trust on 12 to 14 June 2018, 05 July 2018 and the 11-13 July 2018. The core services we inspected as part of our continual checks on the safety and quality of healthcare services were urgent and emergency care, medical care and surgery. We selected the services for inclusion in this inspection based on the intelligence information we held on these areas.

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 for the trust overall. What we found is summarised in the section headed; Is this organisation well-led?

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

## What we found

Our overall findings indicated that not all areas we inspected had made improvements since our last inspection. Hampshire Hospitals NHS Foundation Trust was rated overall as requires improvement.

We rated safe, effective, responsive and well led as requires improvement, and caring as good.

Urgent and emergency care went down two ratings from good to inadequate. Safe and well led went down two ratings to inadequate. Effective, caring and responsive went down one rating from good to requires improvement.

Medical care overall went down one rating from good to requires improvement. Safe, effective, responsive and well led went down from good to requires improvement. Caring remained at good.

Surgery overall went down one rating from good to requires improvement. Safe, effective, responsive and well led went down to requires improvement. Caring remained at good.

The executive team had an appropriate range of skills, knowledge and experience. Some executives had been in post for significant periods of time, while others had been appointed in the previous 12 months, which had brought new ideas and different ways of working to the team.

The trust was not meeting all the constitutional performance standards (targets) for accident and emergency four hour wait, Referral to Treatment (RTT), Cancer or Diagnostics. This meant patients may not be receiving care and treatment in a timely manner. The trust were monitoring these areas and exploring ways to improve compliance with these targets.

## Overall trust

- Our rating of the trust went down. We rated it as requires improvement because:
- We rated well led for the trust overall as requires improvement.
- Safe, effective, caring, responsive and well led were requiring improvement overall. We rated surgery and medicine as requires improvement and urgent and emergency as inadequate. We identified that improvements to safety were required in all three of the services we inspected.
- The trust had a clear overarching vision which was 'to provide outstanding care for every patient', The trust's strategic framework stated four organisational goals, which together aimed to deliver the vision.

# Summary of findings

- We were not assured that the trust's leadership team fully understood the current challenges to quality and sustainability. We identified issues that if not addressed in a timely manner would negatively impact on the quality and safety of care received by patients, that the senior leadership team were not aware of.
- There was a lack of compliance by the trust with meeting the Fit and Proper Person Requirement (FPPR) (Regulation 5, HSCA, 2014). We found on this inspection that there was a lack of an effective system to review fit and proper persons being employed.
- The trust had engaged with patients and the local population including hard to reach groups, to inform service development.
- Whilst the national staff survey reported that the percentage of staff experiencing harassment, bullying or abuse in the last 12 months was the same as other acute trust, we heard from a range of sources including staff groups and whistle blowers that there was a culture of bullying and harassment. The trust had recognised this and the board were reported to be committed to addressing.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website [www.cqc.org.uk/provider/RN5/reports](http://www.cqc.org.uk/provider/RN5/reports)

## Are services safe?

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

- Patients were not always protected from avoidable harm. There were limited effective system(s) in place to assess and monitor the ongoing care and treatment to patients, including monitoring patients for signs of clinical deterioration.
- Mandatory training completion rates were not compliant with the trust's targets for the majority of courses. Managers reported that this was due to an inability to release staff from their clinical duties to complete this training. However, this meant that some staff may not have the necessary knowledge and skills to deliver safe and effective care.
- Whilst the trust reported they were in the top quartile for infection rates, during the inspection, we found episodes of poor infection control practice on some wards and in theatres and known infection controlled risks were not always mitigated.
- Equipment including emergency equipment was not always appropriately maintained or checked. We were not assured that in the event of an emergency this equipment would be readily available and fit for use.
- Risks to patients were not always assessed, monitored or managed. The national early warning system was not always used correctly to identify and escalate patient's needs appropriately. Therefore, deteriorating patients may not be identified and timely treatment provided.
- Resuscitation equipment was not always safe and ready for use in an emergency. Gaps in records suggested equipment had not been checked in line with trust policy.
- Medicines were not always stored, administered and disposed of in line with best practice.
- Duty of candour (DoC) was not part of mandatory training. The majority of nursing staff we spoke with lacked knowledge of this area and considered it to be the responsibility of medical staff. The trust had acknowledged that this was an area that required more work to ensure all staff were aware of their responsibilities in relation to DoC.
- Planned nurse staffing numbers were not always achieved. The fill rate for registered nurses and healthcare assistants was below the trust's target in many areas we inspected. This meant that patients may not receive care and treatment in a timely manner and to the standard the trust aimed to deliver.

# Summary of findings

- The layout of the emergency department was not suitable for the number, or age, of admissions the service received. There was significant overcrowding and, at times, patients were being cared for on trolleys in the central area of the department as there were no free cubicles to use.
- There was a lack of consideration given to ligature points and other environmental factors which could allow patients with suicidal tendencies to come to harm.
- In some areas there were not enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.

However,

- Safeguarding systems, processes and practices protected people from abuse and neglect.
- Most staff employed by the trust had qualifications, skills, training and experience to provide the right care and treatment to patients.
- Staff understood their responsibilities to raise and report safety incidents and near misses. Lessons were learnt and some improvements were made when things went wrong.
- Safety information was collected, analysed and used to monitor performance and focus front line staff on areas for improvement to reduce patient harm.

## Are services effective?

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

- Not all staff had the opportunity to participate in an annual appraisal, therefore their development needs were not identified and responded to.
- Supervision meetings were not provided to all staff to support and monitor the effectiveness of the service they provided.
- The trust collected performance data against clinical standards for seven-day working but did not have a strategy for implementing the standards.
- Not all staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 and did not always effectively support patients who lacked the capacity to make decisions about their care.
- Not all policies and procedures had been reviewed to ensure they reflected current best practice and national guidance. Some policies and procedures were past their review date and therefore may not have reflected the latest guidance.
- There was a lack of consideration given to ligature points and other environmental factors which could allow patients with suicidal tendencies to come to harm.
- Staff were not always skilled or competent to undertake their role effectively. This included cases whereby staff had not received any additional competency training to care for or recognise the deteriorating child. The number of staff who had completed a post-graduate qualification in emergency care nursing was low. A lack of oversight meant the department did not know which staff members had completed competency frameworks.
- There was limited access to health promotion information.

However,

- Patients nutrition and hydration needs were assessed and met. All patients were offered food or drink unless they were nil by mouth. Patients' religious, cultural and other preferences were met.

# Summary of findings

- Staff regularly assessed and monitored patients to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave pain relief as necessary.
- The trust participated in a range of national audits to benchmark their performance with other trusts and identify areas for improvement.
- The trust's unplanned re-attendance rate within seven days was generally better than the England average.

## Are services caring?

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

- Feedback from patients was consistently positive about the way staff treated them, we saw many compliments and 'thank you' cards displayed in the ward areas.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved most patients and their families in decisions about their care and treatment and ensured they understood their treatment plan.
- Whilst the trust's performance against friends and family is generally better than the England average, there is a downward trend in relation to the number of patients who would recommend the service.

However,

- The privacy and dignity of patients was not always protected. We saw a number of patients being treated on corridors; these patients did not have access to a patient call bell and as such, found it difficult to get help from the nursing staff when they needed assistance. Staff did not routinely use screens, close doors, or use curtains when providing care or treatment to patients.
- Staff frequently held clinical conversations about patients in public areas that could be overheard by visitors and other patients.
- Patients were not always treated with compassion, kindness, dignity and respect.

## Are services responsive?

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

- Medical non-elective patients, average length of stay was 8.6 days, which is higher than the England average of 6.4 days.
- Some areas of the trust did not have single sex accommodation. There was no standard operating policy or monitoring for the management of mixed sex breaches. The trust had not reported any breaches to NHS England (NHSE). During our inspection we observed mixed sexed breaches, this meant the trust had not interpreted the national mixed sex guidance correctly and failed to report breaches to NHSE.
- The ED did not always consider patients' individual needs; the department had not taken action to address the accessible information standard. There was limited support or environmental adaptations for vulnerable or agitated patients
- The needs of patients living with dementia were not always met. Dementia training was mandatory but compliance with this training was below the trust target. The care plans for these patients were not always completed to reflect their individual needs and there we were not assured these needs were met.
- Complaints were not always responded to in a timely way.

# Summary of findings

- Theatre utilisation rates were poor, staff thought this was due to various factors including the way theatre lists were organised, lack of equipment, last-minute patient cancellations and staff availability.
- 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 (ED). The trust was not meeting this four-hour standard and patients therefore were not always receiving treatment in a timely manner.

However,

- The trust had winter plans in place and worked with local partners to manage demand and improve patient flow through the hospital.
- The trust planned and provided services in a way that met the needs of local people.
- The trust had introduced a frailty and dementia team based in the ED who assessed these patients once they were admitted to ED and worked with staff internally and in the community to avoid these patients being admitted to the hospital.
- Concerns and complaints were taken seriously and investigated. Lessons were learnt and shared with staff to improve care and treatment.

## Are services well-led?

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

- Senior leaders were not always aware of the risks, issues and challenges in the service that had not been entered on the risk register. This meant that they could not proactively implement actions to mitigate or address these and reduce the risk of patient harm.
- There were not effective systems in place for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Front line staff raised risks but action was not always taken to mitigate the risk. We were not assured senior leaders were taking action to address known risks.
- Concerns identified by the inspection team such as the competency of the workforce and environmental risk factors were not managed appropriately leading to poor patient experience and the risk of avoidable harm to patients.
- While the national staff survey reported positively in many areas about how staff felt about working at the trust, during and following our inspection staff told us that managers did not always take action to address behaviour and performance that was inconsistent with the trust's vision and values. This made staff feel there was not a fair and just culture in the trust and not all staff were treated equally.
- Divisional risk registers were in place that fed into the trust register but these did not include the date the risk was added or review dates therefore there was no evidence that risks were reviewed regularly.
- The trust acknowledged that the quality of reports produced needed to be improved. This improvement included more analysis of data to explain spikes and changes. There was also a need to clarify which reports were presented at other committees and groups to facilitate sharing of information.
- While the trust had a quality improvement (QI) strategy dated 2018-20, that identified the principles for QI and was had recently launched a quality improvement academy. There was no trust wide methodology that all projects used. There were not effective structures, processes and systems of accountability in place to support the delivery of the trust's strategy and quality, sustainable services. We were not assured that patients were sufficiently protected from avoidable harm.

However,

# Summary of findings

- The trust had a clear overarching vision which was 'to provide outstanding care for every patient'. Some services had developed local strategies that contributed to achieving the trust's overall vision for the organisation.
- A range of data on areas such as staffing, quality and safety was prepared monthly and used by the divisions to review their performance and take appropriate action. This information was scrutinised at divisional level before being presented for inclusion in the monthly governance report that was reviewed at board meetings.
- The trust had an active staff recognition scheme that recognised staff who had gone the extra mile for patients or their families, called the Wow! Awards. Staff were very positive about these and felt that they had a positive impact on staff morale.
- There was a quality improvement (QI) strategy and the aim was to increase the number of staff who were trained and participated in QI projects. There were already a number of QI in progress with others at the consideration stage. While this was a relatively new development it did demonstrate that the trust were committed to focusing on continuous learning and improvement.
- Managers across the trust tried to promote a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

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## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital 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 found examples of outstanding practice in BNHH.

For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including breaches of legal requirements that the trust must put right. This included compliance with medicines management, privacy and dignity and lack of patient centred care planning. 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 eight 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.

We issued the trust with a section 31 Notice of Decision. This meant we instructed the trust to make significant improvements and requested that the trust provided us with specific information at set intervals to demonstrate that they were compliant with the notice.



# Summary of findings

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

- The trust had introduced a multidisciplinary team to screen and support patients people living with frailty. The team was based in ED at Basingstoke hospital and had links with the community as part of the admission avoidance strategy. The aim of the team was to support patients to be seen and discharged to be cared for in their own home.
- The Pseudomyxoma service was of one of only two designated specialist treatment centres in the country. Pseudomyxoma is an extremely rare condition that usually develops from cancers of the appendix. The diverse multidisciplinary team at Basingstoke and North Hampshire hospital had developed the skills to help patients through extensive treatment and shared their knowledge on international courses and conferences.

## 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 the core services we inspected.

### Trust level

- The trust must ensure that all FPPR checks are carried out at appointment and reviewed on an annual basis and that evidence of these reviews is documented

### Urgent and Emergency care

The trust **MUST** ensure:

- The trust must ensure that there is an effective system in place to assess and monitor the ongoing care and treatment to patients whilst in the emergency department. This includes, but is not exclusive to, the monitoring of pain, administration of medicines, tissue viability assessments, nutrition and hydration, falls and early warning scores with regular ongoing monitoring.
- The trust must operate an effective governance process within unscheduled care.
- The trust must ensure that there are sufficient numbers of suitably qualified staff competent to care for children on duty in the emergency department at all times. In accordance with the 'Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings' document titled, "Standards for Children and Young People in Emergency Care Settings" (2012).

# Summary of findings

- The trust must ensure that there are a sufficient number of suitably qualified, skilled staff deployed throughout the emergency department to support the care and treatment of patients.
- The trust must ensure all staff in the emergency department are supported to attend mandatory training in key skills in line with the trust target.
- The trust must ensure staff in the emergency department are supported to attend the relevant level of safeguarding training in line with the trust target.
- The trust must ensure the environment in the emergency department accommodates the needs of children, young people and accompanying families in line with the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings (2012).
- The trust must ensure resuscitation equipment in the emergency department is safe and ready for use in an emergency.
- The trust must ensure an appropriate early warning scoring system is consistently used during the initial assessment process and during the ongoing monitoring of children and adults attending the emergency department for care and treatment.
- The trust must ensure staff, looking after children in the emergency department, are appropriately trained in paediatric immediate life support (PILS) and advanced paediatric life support (APLS).
- The trust must ensure the learning from incidents is shared with all staff in the emergency department to make sure that action is taken to improve safety.
- The trust must ensure staff in the emergency department report all clinical and non-clinical incidents appropriately in line with trust policy.
- The trust must ensure pain assessments are routinely carried out in the emergency department in line with the Royal College of Emergency Medicine guidelines for both adults and children
- The trust must ensure patient audit outcomes are routinely shared with all staff in the emergency department and appropriate actions taken where results do not meet national standards.
- The trust must ensure the level of risk in the emergency department is identified, recorded and managed appropriately.
- The trust must ensure that patients receive person centred care and treatment at all times.
- The trust must ensure that patients are treated with dignity and respect at all times.
- The trust must ensure the environment is suitable to meet the needs of all patients, including those presenting with acute or chronic mental health conditions.
- The trust must ensure medicines are stored in line with national requirements.

## Medical care

The trust MUST ensure:

- That patient care and treatment are appropriate, meet their needs and reflect their preferences, including the needs of patients living with dementia.
- Care and treatment is provided taking into account of people's privacy and dignity at all times, including relevant protected characteristics.
- Staff obtain consent and adhere to the principles of the Mental Health Act 1983 and the Mental Capacity Act 2005.

# Summary of findings

- Staff assess the risks to the health and safety of service users of receiving care and treatment and do all that is reasonably possible to mitigate such risks.
- That persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Staff have an appropriate level of life support training to respond to emergencies.
- Equipment used for providing care or treatment to a service user is safe for use and is used in a safe way.
- The proper and safe management of medicines at all times.
- There are effective medicines management arrangements in place to store, administer and dispose of medicines.
- Preventing, detecting and controlling the spread of infections, including those that are health care associated, are managed effectively.
- There are effective leadership and governance processes for the delivery of safe and effective care.
- Systems are in place to assess, monitor and mitigate risks relating to the health safety and welfare of service users.
- There are sufficient adequately trained and skilled nursing staff at all times to meet the needs of patients.
- Systems are in place so staff receive appropriate support, training and appraisal to enable staff to carry out their duties safely.

## **Surgery**

The trust MUST ensure:

- That patient care and treatment are appropriate, meet their needs and reflect their preferences.
- Care and treatment is provided taking into account of people's privacy and dignity at all times, including relevant protected characteristics.
- Staff assess the risks to the health and safety of service users of receiving care and treatment and do all that is reasonably possible to mitigate such risks.
- That persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Staff have an appropriate level of life support training to respond to emergencies.
- The proper and safe management of medicines at all times.
- Preventing, detecting and controlling the spread of infections, including those that are health care associated, are managed effectively.
- Equipment used for providing care or treatment to a service user is safe for use and is used in a safe way.
- The proper and safe management of medicines at all times.
- There are effective leadership and governance processes for the delivery of safe and effective care.
- Systems are in place to assess, monitor and mitigate risks relating to the health safety and welfare of service users.
- Systems are in place so staff receive appropriate support, training and appraisal to enable staff to carry out their duties safely.

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

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

# Summary of findings

## Trust level

The trust SHOULD ensure:

- Incident investigations are completed in a timely manner and the patient or family are involved in the setting of terms of reference and are informed of the outcome of the investigation before it is signed off as complete.

## Urgent and Emergency Care

The trust SHOULD ensure:

- The trust should ensure there is a positive incident reporting culture where staff get appropriate and timely feedback.
- The trust should ensure the emergency department participate in more clinical audit to be able to evidence care is being provided in line with national recommendations and best practice.
- The trust should ensure action is taken to fully embed the accessible information standards.
- The trust should consider implementing a lead for mental health in the department.
- The trust should consider implementing a lead nurse for children's emergency care at Royal Hampshire County Hospital.

## Medical care

The trust SHOULD ensure:

- There is training for staff in the application of the Duty of Candour.
- Staff have sufficient access to pharmacy support.
- Patient confidential information is not displayed in public areas

## Surgery

The provider SHOULD ensure:

- There is training for staff in the application of the Duty of Candour.
- Staff have sufficient access to pharmacy support.
- Patient confidential information is not displayed in public areas

## 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.

We rated well-led at the trust as requires improvement because:

- Patients were not always protected from avoidable harm. There were limited effective system(s) in place to assess and monitor the ongoing care and treatment to patients, including monitoring patients for signs of clinical deterioration.

# Summary of findings

- The trust recognised that they had work to do to improve diversity and equality across the trust and at board level. Currently, there were no Black and Minority Ethnicity (BME) members of the board at both executive and non-executive levels and therefore its membership did not reflect the local community.
- The trust was not fully compliant with the Fit and Proper Persons Requirement (FPPR). This is a requirement to ensure that directors on the trust board are fit to carry out their responsibilities for quality and safety of care.
- The executive team had a range of skills, knowledge and experience, to lead and manage the trust. We were not assured that the leadership had a focus on quality and safety, as we had seen a deterioration in the quality of care since our last inspection.
- The current clinical leadership model was primarily led by a medical leadership model. The divisional management team was not a triumvirate with nursing, medical and operations seen as the senior management team. Instead there were nursing inputs via performance reviews and divisional governance meetings but they had limited influence in relation to service development and service leadership in some divisions. While the trust's view was that nursing did have a voice in the divisional senior leadership team, the model was medically focused with strong medical leadership and did not encourage joint working.
- There was limited evidence of open constructive challenge at board level. We therefore could not be assured that all options had been considered and decisions were not dominated by individuals.
- The divisional medical directors and medical directors with governance roles, all held full time consultants' contracts alongside these additional governance roles. They have no identified time for these roles and worked flexibly to these arrangements. While this encouraged clinical input into these areas, it did not provide sufficient time for additional roles to be undertaken effectively. Following our inspection the trust provided evidence that the individual was expected to agree with their director the balance of clinical practice and management and leadership responsibilities.
- Whilst the national staff survey reported that the percentage of staff experiencing harassment, bullying or abuse in the last 12 months was the same as other acute trust, we heard from various staff groups and whistle blowers who contacted us during our inspection, raised concerns that there was a culture of bullying and harassment which the trust had recognised but needed to address.
- The results of the 2017 staff survey identified that some department's results had declined and focused work was required to address these issues. This work included not only working with the top five bottom scoring clinical areas but also those who had scored highest in the survey to identify and share good practice.
- The trust was not currently meeting its complaints' response target, that 65% of complaints were responded to within 25 days. The average length of time for complainants to receive a response was 30.4 days.
- Some leaders were not committed to improving services. We were not assured that sufficient improvements had been made to protect patients from avoidable harm since our last inspection.
- There was a process for investigating incidents however, this needed to be improved. Areas for improvement included evidence that the patient or relatives had been invited to be involved in setting the terms of reference for the investigation. There was also a need to ensure a record had been made that the findings of the investigation had been shared with the patient or family before the investigation was signed off as complete.
- Directors, NEDs and governors undertook regular safety walk arounds at all three sites. Feedback following these walk arounds was provided to the clinical matron, who was responsible for developing an action plan to address the findings. We were not assured about the impact of these as issues identified during our inspection had not been noted during the walk arounds.

# Summary of findings

- Staffing levels and skill mix were not sufficient to meet the needs of patients as a result; patients did not have their care and treatment carried out in a timely manner.
- Mandatory training compliance was below the trust target in many areas. We were not assured all staff have the necessary skills and knowledge to meet the needs of patients and prevent avoidable harm.

However,

- The trust had an overarching vision and a strategic framework which provided a 12-month direction of travel for the trust and operational priorities, each with an identified accountable executive and target.
- There was a range of ways frontline staff could raise concerns including 'speak up in confidence' or Freedom to Speak Up Guardian (FTSUG). We were told these systems were well used by staff but we were not provided with the numbers of staff who had used this approach to raise concerns in the last 12 months.
- There were established safeguarding arrangements and identified leads in the trust. The trust wide safeguarding leads were well informed regarding national safeguarding initiatives and there were clear links to the trust board.
- The board participated with the local health economy to drive improvement. The CEO chairs the local Care System group which aims to increase the co-ordination of care. There were also regular meetings between the trust and their partners to explore joint working, projects to date these have included work that has resulted in reducing the length of stay.
- The clinical matron role had been implemented in April 2016, the CN was currently reviewing its effectiveness to ensure it was delivering the expected outcomes that had been anticipated when it was introduced.
- The divisional medical directors were keen to develop and were reported to be open to change. As a team they had started to introduce changes in their areas and trust wide. Examples provided demonstrated that they were keen to improve visibility promote transparency.
- The trust had a quality improvement (QI) strategy and a QI academy had recently been launched to develop capability of staff to undertake QI projects. There were QI champions to support the QI programme and the trust had introduced a QI training programme. This was a relatively new development and therefore we could not assess its impact.
- The board were keen to develop a fair and just culture and ensure staff at all levels were challenged if they did not act in line with the trust's values.
- All directors, NEDs and staff we spoke with were proud to work in the trust. The trust had a staff recognition scheme, in 2017/18 it had 3197 nominations for their WoW awarded, which was impacting positively on staff morale.
- The trust had a board assurance framework (BAF) in place and key risks identified including the ED staffing, lack of capital for updating the estate and equipment and risk that the financial targets may not be met. The BAF was discussed at the risk committee and with executives at regular intervals throughout the year.
- The trust had a process for reviewing deaths that occurred at the hospital. There was a learning from death's policy which in line with the national guidance and a structured review process.
- The internal audit of the trust's risk management was rated as low risk.

## Use of resources

As part of the QA process, the consistency of findings should be checked between use of resources and well-led findings.

# Summary of findings

*Please see the separate use of resources report for details of the assessment and the combined rating.*

## 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 ↓ Jul 2018	Requires improvement ↓ Jul 2018	Good ↔ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 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.



### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Andover War Memorial Hospital	Requires improvement ↓ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↔ Jun 2018	Requires improvement ↔ Jun 2018
Royal Hampshire County Hospital	Requires improvement ↔ Jun 2018	Requires improvement ↓ Jun 2018	Outstanding ↔ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018
Basingstoke and North Hampshire Hospital	Requires improvement ↔ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018
<b>Overall trust</b>	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018	Good ↔ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for Andover War Memorial Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Dec 2017	Good ↑ Dec 2017	Good ↑ Dec 2017	Good ↑ Dec 2017	Good ↑ Dec 2017	Good ↑ Dec 2017
Medical care (including older people's care)	Requires improvement ↓ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018
Surgery	Requires improvement ↓ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↔ Jun 2018	Inadequate ↓ Jun 2018	Requires improvement ↓ Jun 2018
Maternity	Good ↔ Nov 2015	Good ↔ Nov 2015	Good ↔ Nov 2015	Good ↔ Nov 2015	Good ↔ Nov 2015	Good ↔ Nov 2015
End of life care	Good ↔ Nov 2015	Good ↔ Nov 2016	Outstanding ↔ Nov 2015	Good ↔ Nov 2015	Outstanding ↔ Nov 2015	Outstanding ↔ Nov 2015
Outpatients	Good ↔ Nov 2015	Not rated	Good ↔ Nov 2015	Good ↔ Nov 2015	Requires improvement ↔ Nov 2015	Good ↔ Nov 2015
<b>Overall*</b>	Requires improvement ↓ Jul 2018	Good ↑ Jul 2018	Good ↔ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↔ Jul 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.

### Ratings for Royal Hampshire County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↓↓ Jul 2018	Requires improvement ↓ Jul 2018	Good →← Jul 2018	Requires improvement →← Jul 2018	Inadequate ↓↓ Jul 2018	Inadequate ↓↓ Jul 2018
Medical care (including older people's care)	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Good →← Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018
Surgery	Requires improvement →← Jun 2018	Requires improvement ↓ Jun 2018	Good →← Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018
Critical care	Good →← Nov 2015	Good →← Nov 2015	Outstanding →← Nov 2015	Good →← Nov 2015	Good →← Nov 2015	Good →← Nov 2015
Maternity	Good →← Nov 2015	Good →← Nov 2015	Good →← Nov 2015	Good →← Nov 2015	Good →← Nov 2015	Good →← Nov 2015
Services for children and young people	Good →← Nov 2015	Good →← Nov 2015	Outstanding →← Nov 2015	Good →← Nov 2015	Good →← Nov 2015	Good →← Nov 2015
End of life care	Good →← Nov 2015	Good →← Nov 2015	Outstanding →← Nov 2015	Good →← Nov 2015	Outstanding →← Nov 2015	Outstanding →← Nov 2015
Outpatients	Requires improvement →← Nov 2015	Not rated	Outstanding →← Nov 2015	Good →← Nov 2015	Requires improvement →← Nov 2015	Requires improvement →← Nov 2015
<b>Overall*</b>	Requires improvement →← Jul 2018	Requires improvement ↓ Jul 2018	Outstanding →← Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 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.

## Ratings for Basingstoke and North Hampshire Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↓↓ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↔ Jul 2018	Inadequate ↓↓ Jul 2018	Inadequate ↓↓ Jul 2018
Medical care (including older people's care)	Requires improvement ↔ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018
Surgery	Requires improvement ↓ Jun 2018	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018
Critical care	Good ↔ Nov 2015	Good ↔ Nov 2015	Outstanding ↔ Nov 2015	Good ↔ Nov 2015	Good ↔ Nov 2015	Good ↔ Nov 2015
Maternity	Good ↔ Nov 2015	Good ↔ Nov 2015	Good ↔ Nov 2015	Good ↔ Nov 2015	Good ↔ Nov 2015	Good ↔ Nov 2015
Services for children and young people	Good ↔ Nov 2015	Good ↔ Nov 2015	Outstanding ↔ Nov 2015	Good ↔ Nov 2015	Good ↔ Nov 2015	Good ↔ Nov 2015
End of life care	Good ↔ Nov 2015	Good ↔ Nov 2015	Outstanding ↔ Nov 2015	Outstanding ↔ Nov 2015	Outstanding ↔ Nov 2015	Outstanding ↔ Nov 2015
Outpatients	Good ↔ Nov 2015	Not rated	Outstanding ↔ Nov 2015	Good ↔ Nov 2015	Good ↔ Nov 2015	Good ↔ Nov 2015
<b>Overall*</b>	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓↓ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 2018	Requires improvement ↓ Jul 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.

# Royal Hampshire County Hospital

Romsey Road  
Winchester  
Hampshire  
SO22 5DG  
Tel: 01962 863 535  
[www.hampshirehospitals.nhs.uk](http://www.hampshirehospitals.nhs.uk)

## Key facts and figures

Hampshire Hospitals NHS Foundation Trust provides services from three main sites, Basingstoke and North Hampshire Hospital (BNHH) in Basingstoke, the Royal Hampshire County Hospital (RHCH) in Winchester, and Andover War Memorial Hospital (AWMH).

RHCH provide a full range of planned and emergency district general hospital services, including a 24-hour accident and emergency, general and specialist surgery, general medicine, intensive care, rehabilitation, chemotherapy, diagnostic services, maternity, neonatal, gynaecology, paediatric care and outpatient clinics.

RHCH pioneered the use of intraoperative radiotherapy for breast cancer treatment.

The majority of services are commissioned by North Hampshire Clinical Commissioning Group (CCG) and West Hampshire CCG, but the trust also has some nationally commissioned services run from the Basingstoke site and a growing number of patients from West Berkshire CCG.

## Summary of services at Royal Hampshire County Hospital

**Requires improvement** ● ↓

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

- Patients were not always protected from avoidable harm. There were limited effective systems in place to assess and monitor the ongoing care and treatment to patients, including monitoring patients for signs of clinical deterioration.
- Staffing levels and skill mix were not always sufficient to meet the needs of patients; as a result patients did not have their care and treatment carried out in a timely manner.
- There were not effective systems in place for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Risk assessments were not consistently completed to inform the development of individual care plans that included actions to mitigate identified risks and individual needs appropriately.
- Staff did not always effectively support patients who lacked the capacity to make decisions about their care. This meant their individual wishes may not be considered.

# Summary of findings

- The governance arrangements and culture at the hospital did not always support the delivery of high-quality person-centred care.
- Medicines were not managed effectively and staff did not follow policies and procedures to ensure these were stored, administered and disposed of safely.
- Emergency equipment was not consistently checked to ensure it was fit for purpose and available when needed.

However,

- Staff did treat patients with dignity and respect. Patients felt supported and said staff cared for them well.
- Safeguarding was seen as a priority by nursing staff, who understood how to protect patients from abuse.
- Patients' pain was regularly assessed and monitored. They received pain control as needed.
- People who use services, carers and family members were involved and encouraged to be partners in their care and in making decisions, and received support they needed.

# Urgent and emergency services

Inadequate ● ↓↓

## Key facts and figures

At Royal Hampshire County Hospital (RHCH) the trust delivers front door services in the emergency department, and has 28 in-patient medical assessment beds and 10 high care in-patient beds. Andover War Memorial Hospital (AWMH) has a minor injuries unit (MIU).

There are six assessment trolleys and six chairs for medical assessment of the acute take, ambulatory emergency care (AEC) and GP referrals. There is also provision of a rapid access clinic and medical assessment for ambulatory medical patients.

There were 124,302 attendances from February 2017 to January 2018 at Hampshire Hospitals NHS Foundation Trust

We spoke with eight patients, reviewed thirteen sets of notes and spent time speaking with fifteen members of staff ranging from housekeepers and health care assistants to receptionists, the clinical lead, junior doctors and members of nursing and operations staff.

## Summary of this service

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

- There were limited effective system(s) in place to assess and monitor the ongoing care and treatment to patients, including monitoring patients for signs of clinical deterioration.
- Staffing levels and skill mix were not sufficient to meet the needs of patients as a result; patients did not have their care and treatment carried out in a timely manner. There was not a minimum of one children's nurse present on each shift nor was there consultant presence in the department for 16 hours per day; both were not meeting national guidance.
- Whilst the trust was assessing the most appropriate action to take, there was no viable long term solution to the challenges posed by the environment. A bid for additional money to assist with the redesign of the ED had been placed however no formal plans currently existed to describe how the department would be redesigned should the bid prove successful. Further, there was little regard and no holistic review of risk associated with environmental challenges such as those posed through the existence of ligature points. These unidentified risks had therefore not been sufficiently mitigated against.
- Patients care, treatment and support did not always achieve good outcomes, promote a good quality of life and was not always based on the best available evidence. Audit participation was low during 2017. Where audit activity had occurred, results were not used to improve patient outcomes.
- Sufficient priority was not given to patients' pain needs.
- There did not appear to be one individual taking overall responsibility for the day-to-day running of the department. Front line staff had not always felt supported, respected or valued by their immediate line manager(s); this was reflected in the 2017 NHS staff survey results in which the ED at Royal Hampshire County Hospital performed significantly worse in twenty-one questions when compared to the trust average.

# Urgent and emergency services

- There were not effective systems in place for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The management of risks, issues and performance in the emergency department was not robust. Concerns identified by the inspection team such as the competency of the workforce and environmental risk factors were had not been recognised or managed appropriately leading to poor patient experience and the increased risk of avoidable harm being caused to patients.

However:

- Feedback from patients we spoke with said staff treated them well and with kindness. Patients told us they had been given enough information about their condition and/or treatment in a way that they could understand.
- Staff reported the morale within the department was good despite frustrations regarding a lack of long term strategy, staffing challenges and flow through the ED.

## Is the service safe?

**Inadequate** ● ↓↓

Our rating of safe has been downgraded by two ratings. We rated it as inadequate because:

- The trust was not meeting the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings (2018) in that there was no audio and visually separated children's waiting area. Whilst there was a waiting area located directly off the main adult waiting area this was poorly supervised by clinical staff.
- Resuscitation equipment was not always safe and ready for use in an emergency. Gaps in records suggested equipment had not been checked in line with trust policy.
- There was a lack of consideration given to ligature points and other environmental factors that could allow patients with suicidal tendencies to come to harm.
- There was not an effective system in place to assess and monitor the ongoing care and treatment to patients whilst in the emergency department. Completion of early warning tools, which supports the early recognition of deteriorating patients, was poorly complied with. Patients were noted to wait up to three hours between observations being completed despite there being recorded risk factors. Whilst this was recognised as an area of poor compliance with local nurse-led audits, the department had failed to take action to resolve the issue.
- The emergency department did not have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.
- There was not a minimum of one children's nurse present on each shift in line with the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings. Registered nurses (adult) had not received additional competencies beyond paediatric resuscitation training, to provide them with the skills required to recognise a child whose condition may be deteriorating. Following our inspection, the trust worked to resolve this by providing access to additional competency based training.
- The trust provided mandatory training in key topics to all staff but did not ensure everyone had completed it. Qualified nursing staff met the trust target in three out of the 12 mandatory training modules and the trust target was not met for any of the safeguarding training modules for which medical staff were eligible. Nurse completion of child safeguarding training was reported as 34.9%. Medical staff did not meet the trust target of 80% in any of the ten mandatory training modules.

However:

# Urgent and emergency services

- Staff were able to describe learning from incidents which had occurred within the department.
- Staff understood and applied the requirements of the statutory duty of candour requirements.
- The environment was clean and appropriately maintained.
- Staff complied with bare below the elbow practices.
- Staff had a good working knowledge around safeguarding the vulnerable person.

## Is the service effective?

**Requires improvement**  

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

- Whilst policies were aligned to national best practice guidance, staff did not always apply those standards in the delivery of care. For example, staff did not consistently use early warning tools or sepsis screening tools to support the delivery of care.
- There had been limited participation in national clinical audits during 2017, in part due to a lack of substantive medical staff to support the audit programme. Where audits had been undertaken, there was limited evidence of improvements, especially in regards to AuditR audit activity.
- Patients did not always have their pain assessed and managed in line with the Core Standards for Pain Management Services in the UK (2015). Where patients had acute pain, we did not see an individualised analgesic plan appropriate to their clinical condition.
- Staff were not always skilled or competent to undertake their role effectively. This included cases whereby staff had not received any additional competency training to care for, or recognise the deteriorating child. The number of staff who had completed a post-graduate qualification in emergency care nursing was low. A lack of oversight meant the department did not know which staff members had completed competency frameworks.
- Staff understanding of the Mental Capacity Act was limited.

However,

- The trust's unplanned re-attendance rate within seven days was generally better than the England average.
- Staff were working with both internal and external health partners to improve performance within the department. This included the introduction of patient specific clinical pathways that would enable patients to be directed to clinical specialities without the need to access emergency care.

## Is the service caring?

**Good**   

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

- Staff treated patients with kindness and respect.
- Staff protected the privacy and dignity of patients.
- There were examples of compassionate care and emotional support provided specialist nurses.



# Urgent and emergency services

- The trust performed better than the national average in two questions in the 2016 emergency department survey:
  - Did a member of staff explain why you needed these test(s) in a way you could understand?
  - Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?

## Is the service responsive?

**Requires improvement** ● → ←

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

- Whilst some adaptations had been made to accommodate children, there lacked a holistic approach to children's services. Staff did not utilise play specialists routinely despite there being a need for such a service.
- The service did not always consider patients' individual needs; the department had not taken action to address the accessible information standard. There was limited support or environmental adaptations for vulnerable or agitated patients.
- 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 ED. The trust met the standard once in May 2017 and breached the standard 11 times for the remainder of the reporting period from June 2017 to April 2018. From May 2017 to December 2017, performance against this metric showed a trend of decline and fell below the England average from September 2017, before improving for the remaining period up to April 2018, where it was slightly above the England average.
- The trust did not meet its agreed four-hour trajectory of 93% for quarter 1 of 2018/2019. Year to date performance was reported as 86.9%. Performance for June 2018 was reported as 85.6%.

However

- Staff had a good understanding of, and access to equipment and information to support those individuals living with dementia.

## Is the service well-led?

**Inadequate** ● ↓ ↓

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

- The management of risks, issues and performance in the emergency department was not robust. Concerns identified by the inspection team such as the competency of the workforce and environmental risk factors were not managed appropriately leading to poor patient experience and the risk of avoidable harm to patients.
- There did not appear to be one individual taking overall responsibility for the day to day running of the department. Not all senior leaders had an awareness of national guidance relevant to emergency care.
- There existed a reactive culture towards risk management.
- Morale in the department was reported to be better than that of Basingstoke and North Hampshire Hospital however frustrations around leadership, flow and the uncertainty of the future of the service had led to a culture of acceptance with staff lacking the drive to challenge systems and processes within the department.

# Urgent and emergency services

- There existed a form of planning blight in regards to the delivery of services within the existing infrastructure.
- Staff did not always have sufficient access to information. There were not robust procedures in place for feeding back results of audit.
- There was not a systematic approach in place to continually improve the quality of services in the department. There were not effective structures, processes and systems of accountability in place to support the delivery of the trust's strategy. There lacked a system-wide vision or strategy for the delivery of emergency care across the trusts geographical footprint.
- The trust did not analyse, manage and use information well to support all its activities. Some senior leads did not have a holistic understanding of performance, risk or quality. Whilst some audits were in place, audit participation was low and staff were not able to demonstrate where appropriate actions had been taken because of audit results. Significant focus was placed on addressing performance concerns. A lack of accountability and professional standards meant staff were not always focussed on quality.

However,

- The trust responded positively when we raised concerns regarding the provision of children's services and took swift action.
- A decision to invest in additional consultants demonstrated a commitment of the trust to continue to deliver emergency care.
- Staff reported the nursing and operational leadership as being visible within the department.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

The trust must ensure:

- The trust must ensure that there is an effective system in place to assess and monitor the ongoing care and treatment to patients whilst in the emergency department. This includes, but is not exclusive to, the monitoring of pain, administration of medicines, tissue viability assessments, nutrition and hydration, falls and early warning scores with regular ongoing monitoring.
- The trust must operate an effective governance process within unscheduled care.
- The trust must ensure that there are sufficient numbers of suitably qualified staff competent to care for children on duty in the emergency department at all times. In accordance with the 'Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings' document titled, "Standards for Children and Young People in Emergency Care Settings" (2012).
- The trust must ensure that there are a sufficient number of suitably qualified, skilled staff deployed throughout the emergency department to support the care and treatment of patients.
- The trust must ensure all staff in the emergency department are supported to attend mandatory training in key skills in line with the trust target.
- The trust must ensure staff in the emergency department are supported to attend the relevant level of safeguarding training in line with the trust target.

# Urgent and emergency services

- The trust must ensure the environment in the emergency department accommodates the needs of children, young people and accompanying families in line with the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings (2012).
- The trust must ensure resuscitation equipment in the emergency department is safe and ready for use in an emergency.
- The trust must ensure an appropriate early warning scoring system is consistently used during the initial assessment process and during the on-ongoing monitoring of children attending the emergency department for care and treatment.
- The trust must ensure medical staff, looking after children in the emergency department, are appropriately trained in paediatric immediate life support (PILS) and advanced paediatric life support (APLS).
- The trust must ensure pain assessments are routinely carried out in the emergency department in line with the Royal College of Emergency Medicine guidelines for both adults and children
- The trust must ensure patient audit outcomes are routinely shared with all staff in the emergency department and appropriate actions taken where results do not meet national standards.
- The trust must ensure the level of risk in the emergency department is identified, recorded and managed appropriately.
- The trust must ensure the environment is suitable to meet the needs of all patients, including those presenting with acute or chronic mental health conditions.

The Trust should:

- The trust should ensure reported incidents are fully investigated with all opportunities for lessons learnt to be identified and fed-back to staff in an appropriate and timely way.
- The trust should ensure the emergency department participate in more clinical audit to be able to evidence care is being provided in line with national recommendations and best practice.
- The trust should ensure action is taken to fully embed the accessible information standards.
- The trust should consider implementing a lead for mental health in the department.
- The trust should consider implementing a lead nurse for children's emergency care at Royal Hampshire County Hospital.

# Medical care (including older people's care)

Requires improvement  

## Key facts and figures

The medical care service at the trust provides care and treatment for 10 specialties: cardiology, diabetes and endocrinology, elderly care and stroke, gastroenterology, endoscopy, respiratory, neurology and rheumatology.

During our inspection we visited six out of eight ward areas. We visited: Freshfield, the McGill acute assessment unit, Shawford, Twyford, Victoria, Wykeham. We also visited the discharge lounge.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During our inspection, we spoke with 32 staff including nurses, healthcare assistants, doctors, physiotherapists and activity coordinators. We spoke with seven patients and one relative.

We reviewed 20 sets of patient records at the hospital

We inspected the whole core service and looked at all five key questions.

## Summary of this service

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

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

- There was limited assurance about safety which put patients at an increased risk of harm.
- Staff did not always effectively support patients who lacked the capacity to make decisions about their care.
- The service did not always meet people's needs.
- The governance and culture did not always support the delivery of high-quality person-centred care.

However,

- The service treated patients with dignity and respect.

## Is the service safe?

Requires improvement  

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

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

- Staff did not always assess, monitor or manage risks to people who used the service. We were not assured the national early warning system was always used correctly to identify and escalate patient needs appropriately.
- Compliance with mandatory training was below the trust target for all ten mandatory modules for medical staff and below the target for six out of ten modules for nursing staff.
- Medical staff compliance with safeguarding training on how to recognise and report abuse was below the trust target for safeguarding adults and children modules.

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# Medical care (including older people's care)

- The service did not control all infection risks. We observed episodes of poor infection control practice on some wards we visited.
- There was a lack of assurance equipment was safe and ready to use. Checks on emergency equipment were not always completed daily.
- Nursing staff vacancy rates were high on elderly care wards and the respiratory ward. The fill rate was not always met through use of bank and agency staff. This may impact on the care and support people receive.
- The service did not have effective processes to manage medicines safely. Staff did not always follow best practice when storing, administering and disposing of medicines.

However,

- Nursing staff understood and followed the process to report safeguarding concerns.
- The service had enough medical staff 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.
- 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, Managers used this information to improve the service.

## Is the service effective?

**Requires improvement** ● ↓

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

- The endoscopy service was not JAG accredited at the time of inspection. The service was in the process of re-submitting this following improvement to decontamination processes and mixed sex facilities.
- There were gaps in management and support arrangements for staff, such as appraisal, supervision and professional development. Appraisal rates for all staff were below the trust target.
- The trust did not have a strategy for implementing clinical standards for seven-day working.
- Tools used to assess pain for people who could not communicate their pain were not consistently used.
- Staff understanding of their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 was variable. Staff did not always effectively support patients who lacked the capacity to make decisions about their care.

However,

- The service provided care and treatment based on national guidance and evidence. Managers checked to make sure staff followed guidance.
- Sentinel Stroke National Audit (SSNAP) stroke audit results were similar to the England average. The trust combined total key indicator was grade A in April 2017 to July 2017 audit.

# Medical care (including older people's care)

- 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 could cater for patients' religious, cultural and other preferences.
- Staff worked well together for the benefit of patients.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion and kindness.
- Feedback from patients was consistently positive about the way staff treated them.
- Staff involved patients and those close to them in decisions about their care and treatment.

However,

- The emotional needs of patients and families were not always considered and responded to appropriately.

## Is the service responsive?

**Requires improvement** ● ↓

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

- Recording of personalised care planning and dementia care plans were poor.
- There was a high number of non-clinical bed moves, including at night, with some patients moving two or more times. This could impact on patient's continuity of care and their well-being, especially where vulnerable patients were moved.
- The service was discharging patients late in the evening from the discharge lounge.
- The trust's responses to complaints were not always completed in a timely manner.

However,

- The trust planned and provided services in a way that met the needs of local people.
- Patient's had timely access to services. Referral to treatment times at Royal Hampshire County Hospital were met at the time of inspection.

## Is the service well-led?

**Requires improvement** ● ↓

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

# Medical care (including older people's care)

- Senior leaders were not always aware of risks. Risks, issues and poor performance were not always dealt with appropriately and in a timely way. The risk management approach was applied inconsistently or was not linked effectively into planning processes.
- Not all risks identified on inspection were included on the risk registers and it was not clear if risk registers were reviewed regularly.
- We were not assured of the trust's governance process for managing medicines safely. The 2015 inspection identified issues relating to medicines management and during this inspection we found further regulatory breaches relating to medicines. This meant we could not be assured the trust had an effective governance process for managing medicines safely.
- There was no clear strategy for ensuring patient privacy by providing care in single sex environments. We were not assured the trust was declaring all mixed sex breaches that occurred.
- The trust had an approach to continually improve the quality of its services but we were not assured of its effectiveness to keep patients safe. There were gaps in some of its governance processes including management of mixed sexed environments.
- Creating a positive culture was not given sufficient priority. There were problems with bullying and harassment across services. Managers did not always take action to address staff behaviours that were not in line with the trust values.

However,

- The trust had a vision for what it wanted to achieve but it was in an early stage of development.
- There was some evidence of learning and improvement.
- Managers had the skills and abilities to run a service.
- The trust engaged well with patients, staff, and the public to plan and manage appropriate services.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

The trust **MUST** ensure:

That patient care and treatment are appropriate, meet their needs and reflect their preferences. Regulation 9 (1)

- Care and treatment is provided taking into account of people's privacy and dignity at all times, including relevant protected characteristics. Regulation 10 (1)(2)(a)(c)
- Staff assess the risks to the health and safety of service users of receiving care and treatment and do all that is reasonably possible to mitigate such risks. Regulation 12(2)(a)(b)
- That persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Staff have an appropriate level of life support training to respond to emergencies. Regulation 12 (2)(c)
- Equipment used for providing care or treatment to a service user is safe for use and is used in a safe way. Regulation 12 (2)(e)
- The proper and safe management of medicines at all times. Regulation 12 (2)(g)
- The risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated are managed effectively. Regulation 12 (2)(h)

# Medical care (including older people's care)

- That premises and equipment are fit for purpose and infection control standards are followed at all time. Regulation 15(1)(2)
- There are effective leadership and governance processes for the delivery of safe and effective care. Regulation 17(1)(2)(a)
- Systems are in place to assess, monitor and mitigate risks relating to the health safety and welfare of service users. Regulation 17 (2)(b)
- There are sufficient adequately trained and skilled staff on elderly care wards to meet the needs of the patients accommodated. Regulation 18(1)
- Systems are in place so staff receive appropriate support, training and appraisal to enable staff to carry out their duties safely. Regulation 18 (2)(a)

The provider SHOULD ensure:

- There is training for staff in the application of the Duty of Candour.
- Staff have sufficient access to pharmacy support.
- Patient confidential information is not displayed in public areas



# Surgery

Requires improvement  

## Key facts and figures

Royal Hampshire County Hospital (RHCH) provides emergency and elective surgery for a range of specialties for patients requiring trauma and orthopaedic, ophthalmology, colorectal, urology, ear, nose and throat (ENT), maxillofacial and gynaecology and general surgery.

Royal Hampshire County Hospital includes the Nightingale theatres with four theatres and one eye theatre; The Treatment Centre/Short Stay Surgical Centre (SSSU) with three theatres and the Heathcote Theatres with two theatres. There is a pre-assessment unit. The surgical division also includes the following areas.

The trust had 34,186 surgical admissions from February 2017 to January 2018. Emergency admissions accounted for 9,003 (26.3%), 19,571 (57.3%) were day case, and the remaining 5,612 (16.4%) were elective.

We inspected Royal Hampshire County Hospital on 14 June 2018. We visited theatres, the pre-assessment unit, Wainwright ward, Kemp Welch ward, Bartlett ward, St Cross ward, and the Treatment Centre / SSSU. We spoke with approximately 13 patients, relatives/visitors and 54 members of staff that included all grades of nursing staff, healthcare assistants, domestic staff, consultant surgeons, consultant anaesthetists, junior doctors, dieticians, therapists, pharmacists, pharmacist assistants and senior management.

We observed care and treatment patients were receiving and reviewed 20 patients' 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 went down. We rated it as requires improvement because:

- There was limited assurance about safety processes and procedures.
- Risk assessments were not consistently completed for care plans to be developed to manage the identified risks appropriately.
- Staff did not follow policies and procedures to manage medicines safely. The service did not have effective processes to manage medicines safely.
- Emergency equipment was not consistently checked to ensure it was fit for purpose and available when needed.
- The process for protecting their privacy and dignity was not managed effectively.
- Services were organised and delivered to meet the needs of the local population.
- The leadership, governance and culture did not always support the delivery of high-quality person-centred care.

## Is the service safe?

Requires improvement   

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# Surgery

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

- The process for assessing and escalation for deteriorating patients were not always followed. There was a risk that staff may not recognise or respond appropriately to signs of deteriorating health or medical emergencies.
- Venous thromboembolism (VTE) and bleeding risk assessments were not consistently used with action. There was no evidence patients identified as high risk were followed up.
- The service did not have effective processes to manage medicines safely. Staff did not always follow best practice when storing, administering and disposing of medicines.
- Not all staff had completed mandatory training in key skills and were not compliant with the trust's target. Staff may not have the necessary skills to deliver care safely.
- The service did not give safeguarding training for medical staff sufficient priority. The trust safeguarding training target was only 80%. Medical staff's compliance with safeguarding training on how to recognise and report abuse was below the trust target for adults and children modules. There was a risk patients may not be safeguarded from harm.
- The service did not effectively control all infection risks. Equipment and premises were not always clean which could increase the spread of infection.
- The service had suitable premises but did not always use them appropriately or maintain them well. Equipment was not always well maintained as safety checks were not completed. Equipment was not always available.
- Emergency equipment was not checked regularly and in line with the trust's policy to ensure that they were safe to use and available to provide safe care to patients in an emergency.
- Staff were not following safety guidelines as the five steps to safer surgery checklist was not consistently followed. This may impact on patient safety during surgical procedures.
- There were periods of understaffing or inappropriate skill mix. Agency, bank and locum staff were regularly used to make up for staffing shortfalls. They did not always have the skills and competencies to ensure people's safety was always protected.
- Staff did not always keep detailed records of patients' care and treatment. Records were inconsistent and did not have information about patients' risks up-to-date and readily available to all staff providing care.
- The service did not have effective processes to manage medicines safely. Staff did not always follow best practice when storing, administering and disposing of medicines.
- Incidents were not investigated in a timely manner so action could be taken to mitigate these and learning shared.
- Safety results relating to falls, pressure ulcers were not always displayed for patients and visitors to see.

However,

- Nursing staff understood and followed the process to report safeguarding concerns.
- Staff recognised incidents and reported them appropriately.

## Is the service effective?

**Requires improvement**  

# Surgery

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

- Staff had access to national guidance but the service did not always ensure that care and treatment was consistently based on national guidance and that staff followed this guidance.
- There were gaps in management and support arrangements for staff, such as appraisal, supervision and professional development. Appraisal rates for all staff were below the trust target.
- The trust did not have a strategy for seven day services. Not all services in the surgical departments were offered seven days a week. Services that did operate mostly had limited capacity.
- There was limited focus on supporting people to live healthier lives.
- Staff had poor knowledge of how to apply the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. There was no mandatory training for the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards.

However,

- Information about people's care and treatment, and their outcomes, was routinely collected and monitored. This information was used to improve care. There was participation in relevant local and national audits such as review of services, benchmarking and peer review. Surgical outcome data was mostly similar to the England average.
- Staff from a range of professional groups worked well together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Patients were provided with enough food and drink to meet their needs.
- Patients pain was managed well. They were assessed and monitored regularly and received pain control as needed.
- Consent to care and treatment was obtained in line with legislation and guidance.

## Is the service caring?

Good   

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

- Feedback from people who used the service, and those who were close to them, was positive about the way staff treated them.
- People were treated with respect and kindness during all interactions with staff and relationships with staff were positive.
- People felt supported and said staff cared for them well.
- Staff responded compassionately when people needed help. Staff supported people to meet their basic personal needs as and when required including emotional support. People's personal, cultural, social and religious needs were mostly understood.
- People who use services, carers and family members were involved and encouraged to be partners in their care and in making decisions, and received support they needed. Staff spent time talking to people, or those close to them. Staff communicated with people and provided information in a way that they could understand.

However,

# Surgery

- People's privacy and dignity was not always considered when they received care. Staff did not always understand the need to make sure that people's privacy and dignity was maintained.

## Is the service responsive?

**Requires improvement** ● ↓

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

- Theatre utilisation was sub-optimal due to a lack of resources and effective organisation.
- There was an upward trend of cancelled operations for non-clinical reasons over the last two years.
- There was a high number of non-clinical bed moves, including at night, with some patients moving two or more times. This could impact on patient's continuity of care and their well-being, especially where vulnerable patients were moved.
- The trust's responses to complaints were not always completed in a timely manner.
- Although the trust collected data on referral to treatment times these were not broken down to hospital site level. This meant the trust could not monitor the responsiveness of the service.

However,

- People's needs and preferences were considered and acted on to ensure that services were delivered in a way that was convenient.
- The needs and preferences of different people were taken into account when delivering and coordinating services, including those with protected characteristics under the Equality Act, people who were in vulnerable circumstances or who have complex needs.
- Staff were aware of learning from complaints.

## Is the service well-led?

**Requires improvement** ● ↓

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

- There was no current strategy with realistic objectives and plans for high-quality and sustainable service. Staff were unsure how they could achieve the trust's vision with the lack of staffing resources and the cost improvement program.
- The trust had an approach to continually improve the quality of its services but we were not assured of its effectiveness to keep patients safe. There were gaps in some of its governance processes including management of mixed sexed environments.
- There was no clarity in how the governance process for communication between clinical matrons and the operational service managers.
- Senior leaders were not always aware of risks. Risks, issues and poor performance were not always dealt with appropriately and in a timely way. The risk management approach was applied inconsistently or was not linked effectively into planning processes.

# Surgery

- The approach to service delivery and improvement was reactive and focused on short-term issues.
- Staff satisfaction was mixed with negative results in the staff survey for communication, managers skill and staff morale.
- There was limited innovation or service development.
- Relevant data and information was gathered but there was limited evidence of it being used to improve the service.

However,

- Structures, processes and systems of accountability were clearly set out at management level.
- Patient and relative's views and concerns were sought, listened to and used to shape services.
- The service engaged, listened and involved staff and service users.
- There was an active staff recognition scheme.

## Areas for improvement

We found areas for improvement in this service.

The provider MUST ensure:

- That patient care and treatment are appropriate, meet their needs and reflect their preferences. Regulation 9 (1)
- Care and treatment is provided taking into account of people's privacy and dignity at all times, including relevant protected characteristics. Regulation 10 (1)(2)(a)(c)
- Staff assess the risks to the health and safety of service users of receiving care and treatment and do all that is reasonably possible to mitigate such risks. Regulation 12(2)(a)(b)
- That persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Staff have an appropriate level of life support training to respond to emergencies. Regulation 12 (2)(c)
- Equipment used for providing care or treatment to a service user is safe for use and is used in a safe way. Regulation 12 (2)(e)
- The proper and safe management of medicines at all times. Regulation 12 (2)(g)
- The risk of and preventing, detecting and controlling the spread of, infections, including those that are health care associated are managed effectively. Regulation 12 (2)(h)
- That premises and equipment are fit for purpose and infection control standards are followed at all time. Regulation 15(1)(2)
- There are effective leadership and governance processes for the delivery of safe and effective care. Regulation 17(1)(2)(a)
- Systems are in place to assess, monitor and mitigate risks relating to the health safety and welfare of service users. Regulation 17 (2)(b)
- There are sufficient adequately trained and skilled staff on elderly care wards to meet the needs of the patients accommodated. Regulation 18(1)
- Systems are in place so staff receive appropriate support, training and appraisal to enable staff to carry out their duties safely. Regulation 18 (2)(a)

# Surgery

The provider SHOULD ensure:

- There is training for staff in the application of the Duty of Candour.
- Staff have sufficient access to pharmacy support.
- Patient confidential information is not displayed in public areas

# Andover War Memorial Hospital

Charlton Road  
Andover  
Hampshire  
SP10 3LB  
Tel: 01962863535  
[www.hampshirehospitals.nhs.uk](http://www.hampshirehospitals.nhs.uk)

## Key facts and figures

Hampshire Hospitals NHS Foundation Trust provides services from three main sites, Basingstoke and North Hampshire Hospital (BNHH) in Basingstoke, the Royal Hampshire County Hospital (RHCH) in Winchester, and Andover War Memorial Hospital (AWMH).

Andover War Memorial Hospital (AWMH) provides community and hospital services including a minor injuries unit, outpatient clinics, diagnostic imaging, day surgery, rehabilitation and midwife led maternity services.

The majority of services are commissioned by North Hampshire Clinical Commissioning Group (CCG) and West Hampshire CCG, but the trust also has some nationally commissioned services run from the Basingstoke site and a growing number of patients from West Berkshire CCG.

## Summary of services at Andover War Memorial Hospital

**Requires improvement** ● → ←

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

- Compliance with mandatory training in key skills was below the trust's target. This meant we could not be assured staff had the necessary knowledge and skills to deliver safe and effective care.
- Medicines were not managed effectively. We identified issues with the storage, administration and disposal of medicines.
- There was limited pharmacy input into services to support staff and patients. Despite there being a pharmacy rota, which identified when pharmacy visits were planned, these visits did not take place.
- Emergency equipment was not consistently checked in line with the trust's policy to ensure it was fit for purpose and available when needed.
- Emergency procedures were not effective as staff were not clear about their responsibilities and not all were trained and assessed as competent to respond in the event of an emergency.
- There was limited assurance of the trust's process for managing and declaring to NHS England mixed sex breaches, in line with the national guidance, on the endoscopy unit.
- The governance processes and culture at the hospital did not always support the delivery of high-quality care.

# Summary of findings

- There was a risk that staff may not recognise or respond appropriately to signs of deteriorating health or medical emergencies. This meant that patients may not receive appropriate care and treatment.

However:

- Patient care records were detailed, clear, up-to-date and easily available to all staff providing care. This ensured individual's needs were identified and there was evidence that they had received care and treatment as planned.
- People were treated with respect and supported to be involved in their care.
- Patients were assessed and monitored regularly to identify if they were in pain, and action was taken to provide pain relief when necessary. Staff supported those patients unable to communicate using suitable assessment tools and gave additional pain relief to ease their pain as necessary.
- Staff appraisal rates were above the trust's target. This demonstrated that the majority of staff had participated in an annual appraisal.



# Medical care (including older people's care)

Requires improvement  

## Key facts and figures

The medical care service at Andover War Memorial Hospital included one 22 bed rehabilitation ward (Kingfisher ward) and endoscopy services. The endoscopy unit consisted of 10 trolleys and two operating theatres. Six of the trolleys were dedicated for endoscopy use. The unit was open from 8am to 6pm Monday to Friday.

The unit was not used solely for endoscopy procedures as other surgical procedures were carried out at the same time.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

We inspected Andover War Memorial Hospital on 12 June 2018, there were no endoscopy patients receiving care at that time. We carried out a follow-up visit on 4 July 2018. During our inspection, we spoke with 11 staff including nurses, healthcare assistants and doctors. We spoke with four patients.

We reviewed four sets of patients' records at the hospital.

We observed care and treatment patients were receiving. Before and after the inspection we reviewed performance information from and about the service. We inspected the whole core service and looked at all five key questions.

## Summary of this service

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

- There was limited assurance about safety which put patients at an increased risk of harm. Emergency procedures were not effective as staff were not clear about their responsibilities.
- Medicines were not managed safely and processes were not followed for safe storage, administration and stock checks. There was limited pharmacy input to support the staff and patients. Emergency equipment was not checked regularly and in line with the trust's policy to ensure that they were safe to use and available to provide safe care to patients in an emergency.
- There was limited assurance of the trust's process for managing and declaring mixed sex breaches on the endoscopy unit.
- The governance processes and culture at the hospital did not always support the delivery of high-quality care.
- There was not a clear process in place for accessing support during a medical emergency.

However:

- People received effective care that met their needs.
- People were supported, treated with respect and involved in their care.

## Is the service safe?

Requires improvement  

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

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# Medical care (including older people's care)

- There was a process in place for accessing support during a medical emergency but staff were not clear about their responsibilities.
- Emergency equipment was not checked regularly and in line with the trust's policy to ensure that it was safe to use and available in an emergency. People may be put at risk as the staff were unclear about their internal process for accessing help and support in an emergency.
- We were not assured emergency equipment on the endoscopy unit was readily available and fit for purpose.
- Staff did not always follow processes to manage medicines safely. Staff did not always follow best practice when storing and disposing of medicines. There was limited input from the pharmacy team to support staff and patients in managing medicines.
- Staff were not following safety guidelines as the five steps to safer surgery checklist, used for endoscopy procedures, was not consistently followed. This may impact on patient safety during surgical procedures.
- Compliance with mandatory training was below the trust target for all ten mandatory modules for medical staff and below the target for six out of ten modules for nursing staff.
- The service did not give safeguarding training sufficient priority. The trust safeguarding training target was only 80%. Medical staff's compliance with safeguarding training on how to recognise and report abuse was below the trust target for adults and children modules. There was a risk patients may not be safeguarded from harm.
- There was not always enough nurse staffing at night on Kingfisher ward. This may impact on the care and support people receive.

However:

- Nursing staff understood and followed the process to report safeguarding concerns.
- The service controlled infection risks well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff completed and updated risk assessments for patients.
- 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.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national 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 could cater 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.
- There was an appraisal process in place and staff had received appraisal of their work.

# Medical care (including older people's care)

- People who use services were empowered and supported to manage their own health, care and wellbeing to maximise their independence.
- 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 worked well together as a team to benefit patients.

However:

- The outcomes of people's care and treatment were not always monitored regularly. Participation in audits and benchmarking was limited. The results of monitoring were not always used effectively to improve quality.
- Policies and procedures in endoscopy had not been reviewed in line with the trust's policy.
- Whilst the endoscopy unit was JAG accredited, practice we observed relating to management of mixed sex environment did not meet JAG standards.

## Is the service caring?

**Good** ● → ←

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

- Staff cared for patients with compassion and kindness. Feedback from patients was consistently positive about the way staff treated them.
- Staff provided emotional support to patients to minimise their anxiety or distress
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ● ↓

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

- Facilities and premises were not appropriate for the services being delivered as mixed sex accommodation in the endoscopy unit was not effectively managed.
- Complaints were not dealt with in a timely way and there was little evidence of formal learning from complaints and incidents within the service.
- There was no evidence of service planning and the service was using less than 50% of its theatre capacity for endoscopy procedures at the time of the inspection.

However,

- On Kingfisher ward staff were aware of meeting patient's individual needs, including for patient's living with dementia.

# Medical care (including older people's care)

## Is the service well-led?

**Requires improvement** ● ↓

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

- Senior managers were not aware of what was happening on the frontline at Andover War Memorial hospital and did not prioritise the risks and quality of the service. There were few examples of leaders making a demonstrable impact on the quality or sustainability of services.
- The health and safety processes were not followed and risks were not identified in order for action plans to be developed to mitigate them. This included emergency equipment and processes that were not fit for purpose.
- The trust had an approach to improving the quality of its services but it was not effective enough.
- There was no clear strategy for ensuring patient privacy by providing care in single sex environments. We were not assured the trust was declaring all mixed sex breaches that occurred.
- There was little evidence of service improvement or innovation.
- There was no service development plan for endoscopy at Andover War Memorial Hospital

However,

- The trust engaged well with patients, staff, and the public to plan and manage appropriate services.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

The trust MUST ensure:

- Care and treatment is provided taking into account of people's privacy and dignity at all times, including relevant protected characteristics. Regulation 10 (1)(2)(a)(c)
- Staff assess the risks to the health and safety of service users of receiving care and treatment and do all that is reasonably possible to mitigate such risks. Regulation 12(2)(a)(b)
- That persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Staff have an appropriate level of life support training to respond to emergencies. Regulation 12 (2)(c)
- Equipment used for providing care or treatment to a service user is safe for use and is used in a safe way. Regulation 12 (2)(e)
- The proper and safe management of medicines at all times. Regulation 12 (2)(g)
- There are effective medicines management arrangements in place to store, administer and dispose of medicines. Regulation 12 (2)(g)
- There are effective leadership and governance processes for the delivery of safe and effective care. Regulation 17(1)(2)(a)
- Systems are in place to assess, monitor and mitigate risks relating to the health safety and welfare of service users. Regulation 17 (2)(b)
- There are adequately trained and skilled nursing staff at all times to meet the needs of patients. Regulation 18 (1)

# Medical care (including older people's care)

The trust should ensure:

- There is training for staff in the application of the Duty of Candour.
- Staff have sufficient access to pharmacy support.

# Surgery

Requires improvement   

## Key facts and figures

Andover War Memorial Hospital (AWMH) is part of the Hampshire Hospitals NHS Foundation Trust. The hospital has a day surgery unit which provides minor elective surgical procedures, dermatology, one-stop menstrual disorders clinic, one-stop flexible sigmoidoscopy service, cataract and minor eye surgery, urology, diagnostic and endoscopy. Surgeries that require general anaesthetic were not carried out at this hospital.

The day surgery unit is a 10 -bedded unit with two operating theatres. The unit is open from 8am to 6pm Monday to Friday.

We inspected Andover War Memorial Hospital on 12 June 2018 and completed a follow-up visit on 5 July 2018. We visited the day surgery unit, operating theatres and recovery area. We spoke with two patients, and 14 staff which included doctors and nurses.

We observed care and treatment patients were receiving.

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

## Summary of this service

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

- There was limited assurance about safety processes and procedures.
- There was a risk that staff may not recognise or respond appropriately to signs of deteriorating health or medical emergencies.
- Emergency equipment was not checked to ensure it was fit for purpose and available when needed.
- The service did not have effective processes to manage medicines safely including stock management and safe storage.
- The process for protecting their privacy and dignity was not managed effectively.
- The delivery of high-quality care was not assured by the leadership, governance or culture.

## 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 but failed to make sure everyone completed it.
- The service had suitable premises but did not always use them appropriately or maintain them well. Equipment was not always well maintained.
- Emergency equipment was not checked regularly and in line with the trust's policy to ensure that it was safe to use and available in an emergency. People may be put at risk as the staff were unclear about their internal process for accessing help and support in an emergency.

# Surgery

- Staff were not following safety guidelines as the five steps to safer surgery checklist was not consistently followed. This may impact on patient safety during surgical procedures.
- The service did not have an effective processes to manage medicines safely. Staff did not always follow best practice when storing, administering and disposing of medicines.
- There was no consistent process for staff to follow to manage deteriorating patients. There was a risk that staff may not recognise or respond appropriately to signs of deteriorating health or medical emergencies.

However:

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Staff understood how to protect patients from abuse. Safeguarding was given sufficient priority.
- People received care and treatment in a caring manner.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe. Any staff shortages were responded to quickly and adequately.
- Staff recognised incidents and reported them appropriately.

## Is the service effective?

**Requires improvement** ● → ←

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

- The outcomes of people's care and treatment were not always monitored regularly. Participation in local audits was limited. The results of monitoring were not always used effectively to improve quality.
- Staff did not have access to formal clinical supervision in order to identify staff development and training needs.
- There were gaps in management and support arrangements for staff, such as appraisal, supervision and professional development. Appraisal rates for day surgery staff were below the trust target.
- There was limited participation in multidisciplinary working. Andover War Memorial hospital relied on Royal Hampshire County hospital for many additional services. This working relationship was not always effective to provide joined up care for people.
- Staff had poor knowledge of how to apply the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. There was no mandatory training for the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards.

However:

- Patients received care and treatment based on national guidance and evidence based practice.
- Patients were provided with adequate food and drink to meet their needs.
- Patients were assessed and monitored regularly to see if they were in pain and pain relief was administered as necessary.
- Consent to care and treatment was obtained in line with legislation and guidance most of the time.

# Surgery

## Is the service caring?

**Good** ● → ←

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

- Feedback from people who use the service and those who were close to them was positive about the way staff treated people.
- People were treated with respect and kindness during interactions with staff and relationships with the staff were positive.
- People feel supported and said staff cared for them well.
- Staff responded compassionately when people needed help. Staff supported people to meet their basic personal needs as and when required including emotional support. People's personal, cultural, social and religious needs were mostly understood.
- People who used services, carers and family members were involved and encouraged to be partners in their care and in making decisions, and received support they needed. Staff spent time talking to people, or those close to them.
- Staff communicated with people and provided information in a way that they could understand.

However:

- Staff did not always understand the need to make sure that people's privacy and dignity was maintained.

## Is the service responsive?

**Requires improvement** ● → ←

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

- The service was not proactive in changing the service to meet the needs of local people. There was no evidence of service planning and the service was currently utilising less than 50% of its theatre capacity.
- The service could not benchmark its performance as it did not collect data for the services provided at Andover War Memorial Hospital at site level.
- Facilities and premises were not appropriate for the services being delivered as mixed sex accommodation in the day surgery unit was not effectively managed.
- The service was not set up to support people who had complex needs or people in vulnerable circumstances.
- Complaints were not dealt with in a timely way.

However:

- There were processes in place that people could give feedback about the service, including ways to raise concerns and complaints.



# Surgery

## Is the service well-led?

**Inadequate** ● ↓

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

- Senior managers were not aware of what was happening on the front line at Andover War Memorial hospital and did not prioritise the risks and quality of the service. There were few examples of leaders making a demonstrable impact on the quality or sustainability of services.
- The health and safety processes were not followed and risks were not identified in order for action plans to be developed to mitigate them. This included emergency equipment and processes that were not fit for purpose.
- There was no current strategy and objectives for the development a high-quality and sustainable service. There was no credible statement of vision for the service.
- The day surgery unit team did not feel part of the wider trust and worked only at Andover War Memorial Hospital.
- The governance arrangements were unclear and did not operate effectively. There were no discussions at unit level to review key items such as the strategy, values, objectives, plans or the governance framework.
- Senior managers and day surgery staff did not always use information to support decision making to improve the service.
- There was little innovation or service development and improvement was not a priority among local or senior leaders of the day surgery unit.

However,

- Staff told us they were supported by their immediate line managers.

## Areas for improvement

We found areas for improvement in this service.

The provider **MUST** ensure:

- Care and treatment is provided taking into account of people's privacy and dignity at all times, including relevant protected characteristics. Regulation 10 (1)(2)(a)(c)
- Staff assess the risks to the health and safety of service users of receiving care and treatment and do all that is reasonably possible to mitigate such risks. Regulation 12(2)(a)(b)
- That persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Staff have an appropriate level of life support training to respond to emergencies. Regulation 12 (2)(c)
- Equipment used for providing care or treatment to a service user is safe for use and is used in a safe way. Regulation 12 (2)(e)
- The proper and safe management of medicines at all times. Regulation 12 (2)(g)
- There are effective leadership and governance processes for the delivery of safe and effective care. Regulation 17(1)(2)(a)

# Surgery

- Systems are in place to assess, monitor and mitigate risks relating to the health safety and welfare of service users. Regulation 17 (2)(b)
- Systems are in place so staff receive appropriate support, training and appraisal to enable staff to carry out their duties safely. Regulation 18 (2)(a)

The provider SHOULD ensure:

- There is training for staff in the application of the Duty of Candour.
- Staff have sufficient access to pharmacy support.

# Basingstoke and North Hampshire Hospital

Aldermaston Road  
Basingstoke  
Hampshire  
RG24 9NA  
Tel: 01256473202  
[www.northhampshire.nhs.uk](http://www.northhampshire.nhs.uk)

## Key facts and figures

Basingstoke North Hampshire Hospital (BNHH) provides emergency and elective surgery for a range of specialties for patients requiring trauma and orthopaedic, ophthalmology, colorectal, urology, ear, nose and throat (ENT), maxillofacial, peritoneal malignancy and gynaecology and general surgery.

Basingstoke and North Hampshire Hospital includes the main theatre suite with seven theatres; the Diagnostic Treatment Centre (DTC) with four theatres and four endoscopy rooms and the Eye Day Care Unit (EDCU) with one eye theatre (local anaesthetic cases only). There is a pre-assessment unit. The surgical division also includes the following areas.

There is also a private patient unit, the Candover Clinic, which is funded and operated by Hampshire Hospitals Foundation Trust. The clinic had a 22-inpatient ward and two theatres

The trust had 34,186 surgical admissions from February 2017 to January 2018. Emergency admissions accounted for 9,003 (26.3%), 19,571 (57.3%) were day case, and the remaining 5,612 (16.4%) were elective.

We inspected Basingstoke and North Hampshire Hospital on 13 June 2018. We visited main theatres, the pre-assessment unit, C2, C3, C4, D1, D2, D4, DTC, EDCU and the Candover clinic.

We spoke with approximately 11 patients, relatives/visitors and 78 members of staff that included all grades of nursing staff, healthcare assistants, domestic staff, consultant surgeons, consultant anaesthetists, junior doctors, dieticians, therapists, pharmacists, pharmacist assistants and senior management.

We observed the care and treatment patients were receiving and reviewed 10 patient records.

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

## Summary of services at Basingstoke and North Hampshire Hospital

**Requires improvement** ● ↓

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

- There was limited assurance about safety.

# Summary of findings

- Risk assessments were not consistently completed therefore care plans were not developed including actions to manage the identified risks appropriately.
- Medicines were not managed effectively and staff did not follow policies and procedures to ensure these were stored, administered and disposed of safely.
- Emergency equipment was not consistently checked in line with the trust's policy to ensure it was fit for purpose and available when needed.
- People did not always receive care and treatment in a caring manner.
- Patients' privacy was not given sufficient priority.
- The leadership, governance and culture did not always support the delivery of high-quality person-centred care.

However,

- Services were organised and delivered to meet the needs of the local population.
- Staff understood how to protect patients from abuse. Safeguarding was given sufficient priority.
- People's needs and preferences were considered and acted on to ensure that services were delivered in a way that was convenient.

# Urgent and emergency services

Inadequate ● ↓↓

## Key facts and figures

Our inspection was initially announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. However, we also undertook two unannounced inspections to observe routine activity.

Basingstoke and North Hampshire Hospital (unscheduled care) provides an emergency medicine service through a Type 1 Emergency Department (ED) including trauma & cardiology. There is a minor injuries service provided by the emergency nurse practitioner service.

The department has:

- 12 majors cubicles (including side rooms)
- Four bedded resuscitation room where both adults and children are seen.
- 7 bed short stay ward

Medical patients who are referred by their GP are admitted directly to the acute admission unit adjacent to the ED. We did not inspect the AAU as part of this inspection however, it was considered within the Medicine core service inspection.

Basingstoke and North Hampshire Hospital emergency department supports the treatment of patients presenting with minor, major and traumatic injuries. Serious traumatic injury patients receive stabilisation therapy, before transfer to the major trauma centre at a neighbouring NHS trust.

From 01 February 2017 to 30 January 2018, 124,302 patients attended the Emergency Department at Hampshire Hospital NHS Trust.

We spoke with 35 members of staff including housekeepers, health care assistants, nurses, nurse managers, operational service managers, doctors (junior grade and consultants) and allied health professionals. We reviewed 25 sets of notes and observed care being provided to patients across the minors and majors care pathways.

## Summary of this service

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

- Patients were not always protected from avoidable harm. There were limited effective system(s) in place to assess and monitor the ongoing care and treatment to patients, including monitoring patients for signs of clinical deterioration.
- Staffing levels and skill mix were not sufficient to meet the needs of patients as a result; patients did not have their care and treatment carried out in a timely manner. There was not a minimum of one children's nurse present on each shift nor was there consultant presence in the department for 16 hours per day; both were not meeting national guidance.
- The layout of the emergency department was not suitable for the number, or age, of admissions the service received. There was significant overcrowding and, at times, patients were being cared for on trolleys in the majors area of the

# Urgent and emergency services

department as there were no free cubicles to use. Patients were also directed back to the main waiting room to await test results or review from speciality. There was limited clinical oversight of the waiting room therefore those patients waiting prolonged periods of time were not routinely receiving physical observations. This meant staff may not always detect a deteriorating patient.

- Patients care, treatment and support did not always achieve good outcomes, promote a good quality of life and was not always based on the best available evidence. Audit participation was low during 2017 and results were not used to improve patient outcomes. Sufficient priority was not given to patients' pain needs.
- Patients were not always treated with compassion, kindness, dignity and respect. Staff attitudes and poor environmental design resulted in a negative impact on the care patients were receiving and limited the time staff had to spend with patients. We observed numerous incidents where patients' privacy and dignity needs had not been met appropriately.
- Patients could not access care and treatment in a timely way. Waiting times for treatment and arrangements to admit, treat and discharge patients were worse than the England average and national standard.
- There had not been the leadership capacity and capability to deliver high quality, sustainable care. Leadership within the department had not been sufficiently effective. There did not appear to be one individual taking overall responsibility for the day-to-day running of the department. Front line staff had not felt supported, respected or valued by their immediate line manager(s) however the appointment of a new matron was reported as being extremely positive by staff.
- Staff had not been engaged and morale in the department was low; frustrations around leadership, low staffing, capacity and flow and the environment had led to a culture of acceptance with staff lacking the drive to challenge systems and processes within the department.

However:

- Whilst we rated caring as requires improvement, feedback from patients we spoke with said staff treated them well and with kindness. Patients told us they had been given enough information about their condition and/or treatment in a way that they could understand.
- In the majority of cases, staff could recognise the vulnerable adult and made the necessary referrals to the most appropriate specialist service.

## Is the service safe?

**Inadequate** ● ↓↓

Our rating of safe has been downgraded by two ratings. We rated it as inadequate because:

- The layout of the emergency department was not suitable for the number, or age, of attendances the service received. During our inspection we saw there was significant overcrowding and, at times, patients being cared for on trolleys in the corridor area as there were no free cubicles to use. At our unannounced inspection, we observed staff routinely conducting physical observations of patients in the main waiting area with little consideration to patient privacy or dignity.
- Whilst the trust was meeting the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings (2018) in that there was an audio and visual separation of the children's waiting area from the adult section, this was poorly supervised by clinical staff. Adult patients were observed during an unannounced inspection receiving care in the dedicated children's treatment room.

# Urgent and emergency services

- Anxious patients or those suffering from mental health conditions were directed to wait in a poorly designed area directly adjacent to the children's waiting area. There was no secure access to prevent unauthorised access to the children's waiting area. The trust relocated the children's waiting area following our inspection and increased the overall clinical supervision of children whilst they waited to be seen by a clinician.
- Resuscitation equipment was not always safe and ready for use in an emergency. Gaps in records suggested equipment had not been checked in line with trust policy.
- The environment was poorly maintained. Broken equipment was located in corridors adding to the cluttered appearance of the department.
- There was a lack of consideration given to ligature points and other environmental factors that could allow patients with suicidal tendencies to come to harm.
- There was not an effective system in place to assess and monitor the ongoing care and treatment to patients whilst in the emergency department. Completion of early warning tools, which supports the early recognition of deteriorating patients, was poorly complied with. Patients were noted to wait up to three hours between observations being completed despite there being recorded risk factors. Whilst this was recognised as an area of poor compliance with local nurse-led audits, the department had failed to take action to resolve the issue.
- The emergency department did not have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment.
- There was not a minimum of one children's nurse present on each shift in line with the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings. Registered nurses (adult) had not received additional competencies beyond paediatric resuscitation training, to provide them with the skills required to recognise a child whose condition may be deteriorating. Following our inspection, the trust worked to resolve this by providing access to additional competency based training.
- The trust provided mandatory training in key topics to all staff but did not ensure everyone had completed it. Qualified nursing staff met the trust target in three out of the 12 mandatory training modules and the trust target was not met for any of the safeguarding training modules for which medical staff were eligible. Nurse completion of child safeguarding training was reported as 34.9%. Medical staff did not meet the trust target of 80% in any of the ten mandatory training modules.
- Compliance with bare below the elbows policies was poor. Staff were observed wearing wristwatches and long sleeves in clinical areas. Waiting areas were littered with food packaging, food, used tissues and disposable bowls. Nursing staff were observed cleaning waiting areas. Cleaning schedules were sporadically completed therefore providing only limited assurances of frequent cleaning.
- Learning from incidents was limited. Lessons learnt were not always extrapolated; trend analysis was not considered as a means of resolving recurring issues. Staff were not always sighted on changes to practice, which resulted from incidents being reported.

However,

- Staff could recognise the vulnerable adult and made the necessary referrals to the most appropriate specialist service.
- There was a robust and detailed system in place for reviewing the mortality and morbidity of children who had accessed the service. This process had led to changes in practice relating to the early escalation to relevant medical personnel of the impending arrival of an acutely unwell child.

# Urgent and emergency services

- When things went wrong, staff could describe the processes they would follow for ensuring patients or relevant persons were notified and supported.

## Is the service effective?

**Requires improvement** ● ↓

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

- Whilst polices were aligned to national best practice guidance, staff did not always apply those standards in the delivery of care. For example, staff did not consistently use early warning tools or sepsis screening tools to support the delivery of care.
- There had been limited participation in national clinical audits during 2017, in part due to a lack of substantive medical staff to support the audit programme. Where audits had been undertaken, there was limited evidence of improvements, especially in regards to AuditR audit activity.
- Patients did not always have their pain assessed and managed in line with the Core Standards for Pain Management Services in the UK (2015). Where patients had acute pain, we did not see an individualised analgesic plan appropriate to their clinical condition.
- Staff were not always skilled or competent to undertake their role effectively. This included cases whereby staff had not received any additional competency training to care for or recognise the deteriorating child. The number of staff who had completed a post-graduate qualification in emergency care nursing was low. A lack of oversight meant the department did not know which staff members had completed competency frameworks.
- There was limited access to health promotion information.
- Staff understanding of the Mental Capacity Act was limited.

However,

- The trust's unplanned re-attendance rate within seven days was generally better than the England average.
- Staff were working with both internal and external health partners to improve performance within the department. This included the introduction of patient specific clinical pathways that would enable patients to be directed to clinical specialities without the need to access emergency care.

## Is the service caring?

**Requires improvement** ● ↓

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

- The privacy and dignity of patients was not always protected. We saw a number of patients being treated on corridors; these patients did not have access to a patient call bell and as such, found it difficult to get help from the nursing staff when they needed assistance. Staff did not routinely use screens, close doors, or use curtains when providing care or treatment to patients.
- Staff frequently held clinical conversations about patients in public areas that could be overheard by visitors and other patients.



# Urgent and emergency services

- Whilst the trust's performance against friends and family is generally better than the England average, there is a downward trend in relation to the number of patients who would recommend the service.

However

- There were examples of compassionate care and emotional support provided specialist nurses.
- A number of reception staff and health care assistants were attentive to the needs of patients.
- Emergency Nurse Practitioners kept patients informed of their treatments; encouraged people to be involved in decisions about their care; and acted in a kind and compassionate manner.
- Performance against the friends and family test demonstrates the hospital is consistently better than the national average.
- The trust performed better than the national average in two questions in the 2016 emergency department survey:
  - Did a member of staff explain why you needed these test(s) in a way you could understand?
  - Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?

## Is the service responsive?

**Requires improvement** ● → ←

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

- The layout of the emergency department was not suitable for the number, or age, of attendances the service received. During our inspection we saw there was significant overcrowding and, at times, patients were being cared for on trolleys in the major's corridor area, as there were no free cubicles to use. A system of reverse queuing was in place as a means of mitigating against the lack of space. This meant patients could be re-directed to the main waiting area to await results of diagnostic tests or review by a specialty. This resulted in patients experiencing delays without clear explanations, as well as increasing the overall risk to the safety of patients due to an inconsistent approach to undertaking observations of patients.
- Whilst some adaptations had been made to accommodate children, there lacked a holistic approach to children's services. Staff did not utilise play specialists routinely despite there being a need for such a service. Adults were observed receiving care in the adapted children's area, therefore requiring children to be cared for in standard majors cubicles.
- The service did not always consider patients' individual needs; the department had not taken action to address the accessible information standard. There was limited support or environmental adaptations for vulnerable or agitated patients.
- 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 ED. The trust met the standard once in May 2017 and breached the standard 11 times for the remainder of the reporting period from June 2017 to April 2018. From May 2017 to December 2017, performance against this metric showed a trend of decline and fell below the England average from September 2017, before improving for the remaining period up to April 2018, where it was slightly above the England average.
- The trust did not meet its agreed four-hour trajectory of 93% for quarter 1 of 2018/2019. Year to date performance was reported as 86.9%. Performance for June 2018 was reported as 85.6%.

# Urgent and emergency services

However

- Staff had a good understanding of, and access to equipment and information to support those individuals living with dementia.
- Staff were working collectively to try and improve the flow and performance of the ED. RemED had been introduced as a means of improving specific patient pathways.

## Is the service well-led?

**Inadequate** ● ↓↓

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

- There were not effective systems in place for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The management of risks, issues and performance in the emergency department was not robust. Concerns identified by the inspection team such as the competency of the workforce and environmental risk factors were had not been recognised or managed appropriately leading to poor patient experience and the increased risk of avoidable harm being caused to patients.
- There had not been managers at all levels and professions with the right skills and abilities to run a service dedicated to providing high quality, sustainable care. Leadership within the department had not been effective; there did not appear to be one individual taking overall responsibility for the day to day running of the department and clinical practices appeared to vary depending on whom was in charge on a given day.
- There existed a reactive culture towards risk management.
- Morale in the department was low although senior staff reported there had been improvements. Frustrations around leadership, capacity and flow and the environment had led to a culture of acceptance with staff lacking the drive to challenge systems and processes within the department.
- There existed a form of planning blight in regards to the delivery of services within the existing infrastructure.
- Staff were not aware of the role of the ‘freedom to speak up guardian’.
- Staff did not always have sufficient access to information. There were not robust procedures in place for feeding back learning from incidents or from the results of audit.
- There was not a systematic approach in place to continually improve the quality of services in the department. There were not effective structures, processes and systems of accountability in place to support the delivery of the trust’s strategy. There lacked a system-wide vision or strategy for the delivery of emergency care across the trusts geographical footprint.
- The trust did not collect, analyse, manage and use information well to support all its activities. Some senior leads did not have a holistic understanding of performance, risk or quality. Whilst some audits were in place, audit participation was low and staff were not able to demonstrate where appropriate actions had been taken because of audit results.
- Significant focus was placed on addressing performance concerns. A lack of accountability and professional standards meant staff were not always focussed on quality.
- There was a sense amongst some staff that they “came to work to work”. We considered some staff had lost their compassion due to the conditions in which they worked.

# Urgent and emergency services

However,

- With the appointment of a new nursing lead, there was an appetite for change. Whilst it was too early to assess the impact of the refreshed leadership team, staff spoke positively of the appointment of the matron, and of their visibility within the department.
- The trust responded positively when we raised concerns regarding the provision of children's services and took swift action.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

The trust must ensure:

- The trust must ensure that there is an effective system in place to assess and monitor the ongoing care and treatment to patients whilst in the emergency department. This includes, but is not exclusive to, the monitoring of pain, administration of medicines, tissue viability assessments, nutrition and hydration, falls and early warning scores with regular ongoing monitoring.
- The trust must operate an effective governance process within unscheduled care.
- The trust must ensure that there are sufficient numbers of suitably qualified staff competent to care for children on duty in the emergency department at all times. In accordance with the 'Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings' document titled, "Standards for Children and Young People in Emergency Care Settings" (2012).
- The trust must ensure that there are a sufficient number of suitably qualified, skilled staff deployed throughout the emergency department to support the care and treatment of patients.
- The trust must ensure all staff in the emergency department are supported to attend mandatory training in key skills in line with the trust target.
- The trust must ensure staff in the emergency department are supported to attend the relevant level of safeguarding training in line with the trust target.
- The trust must ensure the environment in the emergency department accommodates the needs of children, young people and accompanying families in line with the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings (2012).
- The trust must ensure resuscitation equipment in the emergency department is safe and ready for use in an emergency.
- The trust must ensure an appropriate early warning scoring system is consistently used during the initial assessment process and during the ongoing monitoring of children and adults attending the emergency department for care and treatment.
- The trust must ensure staff, looking after children in the emergency department, are appropriately trained in paediatric immediate life support (PILS) and advanced paediatric life support (APLS).
- The trust must ensure the learning from incidents is shared with all staff in the emergency department to make sure that action is taken to improve safety.
- The trust must ensure staff in the emergency department report all clinical and non-clinical incidents appropriately in line with trust policy.

# Urgent and emergency services

- The trust must ensure pain assessments are routinely carried out in the emergency department in line with the Royal College of Emergency Medicine guidelines for both adults and children
- The trust must ensure patient audit outcomes are routinely shared with all staff in the emergency department and appropriate actions taken where results do not meet national standards.
- The trust must ensure the level of risk in the emergency department is identified, recorded and managed appropriately.
- The trust must ensure that patients receive person centred care and treatment at all times.
- The trust must ensure that patients are treated with dignity and respect at all times.
- The trust must ensure the environment is suitable to meet the needs of all patients, including those presenting with acute or chronic mental health conditions.
- The trust must ensure medicines are stored in line with national requirements.

The Trust should;

- The trust should ensure there is an effective process of investigating incidents robustly and for ensuring any learning points are disseminated and communicated to staff in a timely way.
- The trust should ensure the emergency department participate in more clinical audit to be able to evidence care is being provided in line with national recommendations and best practice.
- The trust should ensure action is taken to fully embed the accessible information standards.
- The trust should consider implementing an effective lead for mental health in the department so that national guidance and best practice can be implemented in a timely and robust way.

# Medical care (including older people's care)

Requires improvement ● ↓

## Key facts and figures

The medical care service at the trust provides care and treatment for 10 specialties: cardiology, diabetes and endocrinology, elderly care and stroke, gastroenterology, endoscopy, respiratory, neurology and rheumatology.

### Basingstoke and North Hampshire Hospital:

Ward/unit	Number of beds	Services provided
E1	22	Gastroenterology and acute general medicine
E2	24	General medicine
E3	28	Respiratory and acute general medicine
E4	25	Diabetes, endocrinology and acute general medicine
F1	22	Acute elderly care
F2	18	Acute elderly care
F3	14	Acute elderly care
Cardiac/CCU	27	Inpatient cardiology
Isolation Ward	7	General medicine
Lyford Unit	4	Specialty specific day cases and infusions
Overton Ward	25	Non-acute rehabilitation
Acute Assessment unit (AAU)	14 beds 9 trolleys	Acute medical and frailty unit
<b>Total</b>	<b>216</b>	

During our inspection we visited ten out of 12 ward areas. We visited: E2, E3, E4, F1, F2, F3 cardiac/CCU, Overton Unit and the acute assessment unit.

The hospital provided care for privately-funded patients in the Candover clinic, a separate clinic on the grounds of the Basingstoke hospital site. We also inspected medical care at the Candover Clinic.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

During our inspection, we spoke with 28 staff including nurses, healthcare assistants, doctors, physiotherapists and activity coordinators. We spoke with ten patients and three relatives.

We reviewed 20 sets of patient records at the hospital

We inspected the whole core service and looked at all files and questions.

# Medical care (including older people's care)

## Summary of this service

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

- There was limited assurance about safety which put patients at an increased risk of harm.
- Staff did not always effectively support patients who lacked the capacity to make decisions about their care.
- The service was not always caring and patient's privacy was not given sufficient priority.
- The service did not always meet people's needs.
- The governance and culture did not always support the delivery of high-quality person-centred care.

However,

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- People who use services were empowered and supported to manage their own health, care and wellbeing to maximise their independence.

## Is the service safe?

**Requires improvement** ● → ←

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

- Staff did not always assess, monitor or manage risks to people who used the service. We were not assured the national early warning system was used correctly to identify and escalate patient needs appropriately.
- Compliance with mandatory training was below the trust target for all ten mandatory modules for medical staff and below the target for six out of ten modules for nursing staff.
- Medical staff compliance with safeguarding training on how to recognise and report abuse was below the trust target for safeguarding adults and children modules.
- The service did not control all infection risks. We saw episodes of poor infection control practice on some wards we visited.
- Nursing staff vacancy rates were high on elderly care wards and respiratory wards. The fill rate for nursing staff was not always met through use of bank or agency staff.
- The service did not have effective processes to manage medicines safely. Staff did not always follow best practice when storing, administering and disposing of medicines.
- Safety results were not always displayed for patients and visitors to see.

However,

- Nursing staff understood and followed the process to report safeguarding concerns.
- The service had suitable premises.

# Medical care (including older people's care)

- Daily checks on emergency equipment were completed and equipment was safe and ready for use.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- 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.
- Safety information was collected, monitored and used to improve the service. This safety information was shared with staff.

## Is the service effective?

**Requires improvement** ● ↓

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

- There were gaps in management and support arrangements for staff, such as appraisal, supervision and professional development. Appraisal rates for all staff were below the trust target.
- Staff understanding of their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 was variable. Staff did not always effectively support patients who lacked the capacity to make decisions about their care.
- The trust did not have a strategy for implementing the seven-day working standards.

However,

- 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 could cater 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 as necessary.
- Staff worked well together for the benefit of patients.

## Is the service caring?

**Requires improvement** ● ↓

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

- Patients were sometimes not treated with kindness and respect when receiving treatment.
- Some people using the service had concerns about the way staff treated them.
- Some staff did not see privacy and dignity as a priority.

However,

# Medical care (including older people's care)

- We observed staff supporting patients, responding to their needs and communicating with them in an appropriate way.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Requires improvement** ● ↓

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

- The environment of the acute assessment unit did not support the provision of single sex accommodation.
- Recording of personalised care planning and dementia care plans were poor.
- Complaints were not always responded to in a timely way.

However,

- The trust planned 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 slightly below the trust target at the time of inspection.

## Is the service well-led?

**Requires improvement** ● ↓

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

- Senior leaders were not always aware of risks. Risks, issues and poor performance were not always dealt with appropriately and in a timely way. The risk management approach was applied inconsistently or was not linked effectively into planning processes.
- Not all risks identified on inspection were included on the risk registers and it was not clear if risk registers were reviewed regularly.
- We were not assured of the trust's governance process for managing medicines safely. The 2015 inspection identified issues relating to medicines management and during this inspection we found further regulatory breaches relating to medicines. This meant we could not be assured the trust had an effective governance process for managing medicines safely.
- There was no clear strategy for ensuring patient privacy by providing care in single sex environments. We were not assured the trust was declaring all mixed sex breaches that occurred.
- The trust had an approach to continually improve the quality of its services but we were not assured of its effectiveness to keep patients safe. There were gaps in some of its governance processes including management of mixed sexed environments.
- Creating a positive culture was not given sufficient priority. There were problems with bullying and harassment across services. Managers did not always take action to address staff behaviours that were not in line with the trust values.



# Medical care (including older people's care)

However,

- The trust had a vision for what it wanted to achieve but it was in an early stage of development.
- There was some evidence of learning and improvement.
- The trust engaged well with patients, staff, and the public to plan and manage appropriate services.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

The trust **MUST** ensure:

- That patient care and treatment are appropriate, meet their needs and reflect their preferences, including the needs of patients living with dementia. Regulation 9 (1)
- Care and treatment is provided taking into account of people's privacy and dignity at all times, including relevant protected characteristics. Regulation 10 (1)(2)(a)(c)
- Staff obtain consent and adhere to the principles of the Mental Health Act 1983 and the Mental Capacity Act 2005. Regulation 11 (1)(5)
- Staff assess the risks to the health and safety of service users of receiving care and treatment and do all that is reasonably possible to mitigate such risks. Regulation 12(2)(a)(b)
- That persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Staff have an appropriate level of life support training to respond to emergencies. Regulation 12 (2)(c)
- Equipment used for providing care or treatment to a service user is safe for use and is used in a safe way. Regulation 12 (2)(e)
- The proper and safe management of medicines at all times. Regulation 12 (2)(g)
- Preventing, detecting and controlling the spread of infections, including those that are health care associated, are managed effectively. Regulation 12 (2)(h)
- There are effective leadership and governance processes for the delivery of safe and effective care. Regulation 17(1)(2)(a)
- Systems are in place to assess, monitor and mitigate risks relating to the health safety and welfare of service users. Regulation 17 (2)(b)
- There are sufficient adequately trained and skilled staff on all wards to meet the needs of the patients accommodated. Regulation 18(1)
- Systems are in place so staff receive appropriate support, training and appraisal to enable staff to carry out their duties safely. Regulation 18 (2)(a)

The trust **SHOULD** ensure:

- There is training for staff in the application of the Duty of Candour.
- Staff on medical wards have sufficient access to pharmacy support.
- Patient confidential information is not displayed in public areas

# Surgery

Requires improvement ● ↓

## Key facts and figures

Basingstoke North Hampshire Hospital (BNHH) provides emergency and elective surgery for a range of specialties for patients requiring trauma and orthopaedic, ophthalmology, colorectal, urology, ear, nose and throat (ENT), maxillofacial, peritoneal malignancy and gynaecology and general surgery.

Basingstoke and North Hampshire Hospital includes the main theatre suite with seven theatres; the Diagnostic Treatment Centre (DTC) with four theatres and four endoscopy rooms and the Eye Day Care Unit (EDCU) with one eye theatre (local anaesthetic cases only). There is a pre-assessment unit. The surgical division also includes the following areas.

Ward/unit	Number of beds	Services provided
C2	18	Liver and Peritoneal Malignancy Ward
C3	23	Emergency Surgery Ward includes a 5 trolley Surgery Assessment Unit
C4	16	Elective Surgery Ward
D1	33	Elective Orthopaedic Ward
D3	24	Emergency Orthopaedic Ward
D4	22	Emergency Orthopaedic Ward
Wessex	11	Haemato-oncology Ward
DTC	12	Day cases and Short Stay Unit
<b>Total</b>	<b>148</b>	

There is also a private patient unit, the Candover Clinic, which is funded and operated by Hampshire Hospitals Foundation Trust. The clinic had a 22-inpatient ward and two theatres

The trust had 34,186 surgical admissions from February 2017 to January 2018. Emergency admissions accounted for 9,003 (26.3%), 19,571 (57.3%) were day case, and the remaining 5,612 (16.4%) were elective.

We inspected Basingstoke and North Hampshire Hospital on 13 June 2018. We visited main theatres, the pre-assessment unit, C2, C3, C4, D1, D2, D4, DTC, EDCU and the Candover clinic.

We spoke with approximately 11 patients, relatives/visitors and 78 members of staff that included all grades of nursing staff, healthcare assistants, domestic staff, consultant surgeons, consultant anaesthetists, junior doctors, dieticians, therapists, pharmacists, pharmacist assistants and senior management.

We observed the care and treatment patients were receiving and reviewed 10 patient records.

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

# Surgery

## Summary of this service

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

- There was limited assurance about safety.
- Risks assessments were not consistently completed therefore care plans were not developed including actions to manage the identified risks appropriately.
- Medicines were not managed effectively and staff did not follow policies and procedures to ensure these were stored, administered and disposed of safely.
- Emergency equipment was not consistently checked in line with the trust's policy to ensure it was fit for purpose and available when needed.
- People did not always receive care and treatment in a caring manner.
- Patients' privacy was not given sufficient priority.
- The leadership, governance and culture did not always support the delivery of high-quality person-centred care.

However,

- Services were organised and delivered to meet the needs of the local population.
- Staff understood how to protect patients from abuse. Safeguarding was given sufficient priority.
- People's needs and preferences were considered and acted on to ensure that services were delivered in a way that was convenient.

## Is the service safe?

**Requires improvement** ● → ←

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

- The process for assessing and escalation for deteriorating patients were not always followed. There was a risk that staff may not recognise or respond appropriately to signs of deteriorating health or medical emergencies.
- Venous thromboembolism (VTE) and bleeding risk assessments were not consistently used with action. There was no evidence patients identified as high risk were followed up.
- The service did not have effective processes to manage medicines safely. Staff did not always follow best practice when storing, administering and disposing of medicines.
- Not all staff had completed mandatory training in key skills and were not compliant with the trust's target. Staff may not have the necessary skills to deliver care safely.
- The service did not give safeguarding training for medical staff sufficient priority. The trust safeguarding training target was only 80%. Medical staff's compliance with safeguarding training on how to recognise and report abuse was below the trust target for adults and children modules. There was a risk patients may not be safeguarded from harm.
- The service did not effectively control all infection risks. Equipment and premises were not always clean which could increase the spread of infection.

# Surgery

- The service had suitable premises but did not always use them appropriately or maintain them well. Equipment was not always well maintained or available.
- Emergency equipment was not checked regularly and in line with the trust's policy to ensure that they were safe to use and available to provide safe care to patients in an emergency.
- Staff were not following safety guidelines as the five steps to safer surgery checklist was not consistently followed. This may impact on patient safety during surgical procedures.
- There were periods of understaffing or inappropriate skill mix. Agency, bank and locum staff were regularly used to make up for staffing shortfalls. They did not always have the skills and competencies to ensure people's safety was always protected.
- Staff did not always keep detailed records of patients' care and treatment. Records were inconsistent and did not have information about patients' risks, these were not up-to-date and easily available to all staff providing care.
- Safety results were not always displayed for patients and visitors to see.

However,

- Nursing staff understood and followed the process to report safeguarding concerns.
- Staff recognised incidents and reported them appropriately.

## Is the service effective?

**Requires improvement** ● ↓

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

- Staff had access to national guidance but the service did not always ensure that care and treatment was consistently based on national guidance and that staff followed this guidance.
- There were gaps in management and support arrangements for staff, such as appraisal, supervision and professional development. Appraisal rates for all staff were below the trust target.
- The trust did not have a strategy for seven day services. Not all services in the surgical departments were offered seven days a week. Services that did operate mostly had limited capacity.
- There was limited focus on supporting people to live healthier lives.
- Staff had poor knowledge of how to apply the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. There was no mandatory training for the Mental Capacity Act 2005 or Deprivation of Liberty Safeguards.

However,

- Information about people's care and treatment, and their outcomes, was routinely collected and monitored. This information was used to improve care. There was participation in relevant local and national audits such as review of services, benchmarking and peer review. Surgical outcome data was mostly similar to the England average.
- Staff from a range of professional groups worked well together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Patients were provided with enough food and drink to meet their needs.
- Patients pain was managed well. They were assessed and monitored regularly and received pain control as needed.

# Surgery

- Consent to care and treatment was obtained in line with legislation and guidance.

## Is the service caring?

**Good** ● → ←

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

- Feedback from people who use the service and those who are close to them were mainly positive about the way staff treated them.
- Staff mostly responded compassionately when people needed help. Staff supported people to meet their basic personal needs as and when required including emotional support. People's personal, cultural, social and religious needs were understood.
- People who use services, carers and family members were involved and encouraged to be partners in their care and in making decisions, and received support they needed. Staff communicated with people and provided information in a way that they could understand.

However,

- People were not always treated with kindness or respect when receiving care and treatment.
- Mixed sex accommodation was not effectively managed or in line with national guidance.
- People's privacy and dignity was not always considered when they received care. Staff did not always understand the need to make sure that people's privacy and dignity was maintained.

## Is the service responsive?

**Requires improvement** ● ↓

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

- Theatre utilisation was sub-optimal due to a lack of resources and effective organisation.
- There was an upward trend of cancelled operations for non-clinical reasons over the last two years.
- There was a high number of non-clinical bed moves, including at night, with some patients moving two or more times. This could impact on patient's continuity of care and their well-being, especially where vulnerable patients were moved.
- The trust's responses to complaints were not always completed in a timely manner.

However,

- People's needs and preferences were considered and acted on to ensure that services were delivered in a way that was convenient.
- The needs and preferences of different people were taken into account when delivering and coordinating services, including those with protected characteristics under the Equality Act, people who were in vulnerable circumstances or who have complex needs.
- Staff were aware of learning from complaints.

# Surgery

## Is the service well-led?

**Requires improvement** ● ↓

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

- There was no current strategy with realistic objectives and plans for high-quality and sustainable service. Staff were unsure how they could achieve the trust's vision with the lack of staffing resources and the cost improvement program.
- The trust had an approach to continually improve the quality of its services but we were not assured of its effectiveness to keep patients safe. There were gaps in some of its governance processes including management of mixed sexed environments.
- There was no clarity in how the governance process for communication between clinical matrons and the operational service managers.
- Senior leaders were not always aware of risks. Risks, issues and poor performance were not always dealt with appropriately and in a timely way. The risk management approach was applied inconsistently or was not linked effectively into planning processes.
- The approach to service delivery and improvement was reactive and focused on short-term issues.
- Staff satisfaction was mixed with negative results in the staff survey for communication, managers skill and staff morale.
- There was limited innovation or service development.
- Relevant data and information was gathered but there was limited evidence of it being used to improve the service.

However,

- Structures, processes and systems of accountability were clearly set out at management level.
- Patient and relative's views and concerns were sought, listened to and used to shape services.
- The service engaged, listened and involved staff and service users.
- There was an active staff recognition scheme, and some staff were positive about their line managers.

## Outstanding practice

- The Pseudomyxoma service was of one of only two designated specialist treatment centres in the country. Pseudomyxoma is an extremely rare condition that usually develops from cancers of the appendix. The diverse multidisciplinary team at Basingstoke and North Hampshire hospital had developed the skills to help patients through extensive treatment and shared their knowledge on international courses and conferences.

## Areas for improvement

We found areas for improvement in this service.

The provider MUST ensure:

- That patient care and treatment are appropriate to meet their needs and reflect their preferences. Regulation 9 (1)

# Surgery

- Care and treatment is provided taking into account of people's privacy and dignity at all times, including relevant protected characteristics. Regulation 10 (1)(2)(a)(c)
- Staff assess the risks to the health and safety of service users of receiving care and treatment and do all that is reasonably possible to mitigate such risks. Regulation 12(2)(a)(b)
- That persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Staff have an appropriate level of life support training to respond to emergencies. Regulation 12 (2)(c)
- Equipment used for providing care or treatment to a service user is safe for use and is used in a safe way. Regulation 12 (2)(e)
- The proper and safe management of medicines at all times. Regulation 12 (2)(g)
- Preventing, detecting and controlling the spread of infections, including those that are health care associated, are managed effectively. Regulation 12 (2)(h)
- That premises and equipment are fit for purpose and infection control standards are followed at all time. Regulation 15(1)(2)
- There are effective leadership and governance processes for the delivery of safe and effective care. Regulation 17(1)(2)(a)
- Systems are in place to assess, monitor and mitigate risks relating to the health safety and welfare of service users. Regulation 17 (2)(b)
- There are sufficient adequately trained and skilled staff on all wards to meet the needs of the patients accommodated. Regulation 18(1)
- Systems are in place so staff receive appropriate support, training and appraisal to enable staff to carry out their duties safely. Regulation 18 (2)(a)

The provider SHOULD ensure:

- There is training for staff in the application of the Duty of Candour.
- Staff have sufficient access to pharmacy support.
- Patient confidential information is not displayed in public areas

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures

#### Regulation

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



This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

### Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

### Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

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 10 HSCA (RA) Regulations 2014 Dignity and respect

### 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 Fiona Wray, Inspection Manager.

The team included two inspection managers, seven inspectors, a range of specialist advisers, and one expert by experience. The well-led inspection was supported by five 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

### Report

<b>Committee:</b>	Health and Adult Social Care Select (Overview and Scrutiny) Committee
<b>Date:</b>	20 November 2018
<b>Title:</b>	CQC Local System Review – 3 months on
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Graham Allen

**Tel:** 01962 847200

**Email:** graham.allen@hants.gov.uk

#### 1. Recommendations

- 1.1 For the Health and Adult Social Care Select (Overview and Scrutiny) Committee to receive the updates on the action plan for the 3 month gateway.
- 1.2 For the Health and Adult Social Care Select (Overview and Scrutiny) Committee to receive a further update in March in relation to the 6 month gateway.

#### 2. Executive Summary

- 2.1 The purpose of this briefing paper is to provide a summary of the progress made in relation to the CQC Local System Review action plan. As a result of the CQC Local System Review in Hampshire (published 22 June 2018) a high level 12 month action plan was developed. The action plan has actions to be achieved at 3 month, 6 month and 12 month points. This paper provides an update at the three month gateway.
- 2.2 In summary, progress is being made both strategically and operationally to address the key issues faced by the system. This is especially important in the context of DToC performance and the winter pressures. There are a number of areas of work that all inter-relate and there a number of initiatives under way or recently started. The creation of the Improvement and Transformation Board and the system appointments of Debbie Butler, Director of Transformation, Patient Flow and Onward Care and Juanita Pascual, Clinical Lead, are helping to bring some coherence and much needed focused capacity to address the CQC Review findings.

#### 3. Action Plan Update (October 2018)

- 3.1 Appendix 1 contains an update to all the actions due for completion in October 2018. The identified leads and representatives from all organisations were invited to submit action plan updates and the appendix provides details of the updates received.
- 3.2 This information is extracted from the overall action plan which also contains details of the actions due in a further 3 months and 9 months time.

3.3 In addition to the information provided for the 3 month update the following have been confirmed as areas of progress:

### **Strategic Vision, Leadership and Governance**

- Health and Wellbeing Board – Terms of Reference have been refreshed and engagement with system leaders and key groups has been taking place over recent months, to identify draft priorities for the new Health and Wellbeing Strategy. Work to develop a draft Strategy is underway, with Clinical Commissioning Group partners involved in the drafting process. The Health and Wellbeing Board received a presentation of progress at the October meeting, with a draft Strategy being prepared for the Board to sign off on 13 December.

New governance arrangements to feed into the Health and Wellbeing Board have also been put in place, with the first meetings of the Improvement and Transformation Board (ITB) and the Integrated Commissioning Board (ICB) having taken place in September. Over the next 3 months, suitable reporting mechanisms to the Health and Wellbeing Board are being introduced to improve the Health and Wellbeing Board's ability to shape and monitor progress on key activities. Further development of the Health and Wellbeing Board and its architecture will be considered as part of the implementation of the new Strategy.

- Financial Management - In progress, the iBCF is a core programme of the ICB and there are opportunities for further pooling of resources being explored through the ICB, first priority is for Learning Disabilities & Mental Health placement funding.

### **Communication and Engagement**

- Promoting roles and sharing information - work is also underway to ensure there is effective and coordinated communication across the system, the system has agreed that the PaCT newsletter and webpages will be the hub and main source of sharing information and resources with providers. Governance structures are being signed off and the first newsletter will be sent out in November 18.
- Stakeholder engagement - Joint messaging and campaigns are already happening across Hampshire, coordinated through the Hampshire and Isle of Wight Communications and Engagement Network and as part of the development of the new Health and Wellbeing Strategy, the Board Manager will look to build on this existing joint working.
- Carers Strategy - Two engagement events have been held with users, carers and other agencies in the last quarter. Strategy subgroups are currently being set up for the next quarter and will include actions to improve the support that is available to link carers to services and to manage their health and wellbeing.
- Accessibility of information - the continual development of Connect to Support Hampshire, building on the recently launched app, other multi-media and technology are being explored on the site including Artificial

Intelligence – all of which are being designed to ensure as many people as possible are able to access the good quality and information in order for them to make good decisions about any support that will help them to remain independent.

A professional workshop is also being held on 7 December to begin looking at how to ensure there is less confusion with one key source of information being available for all practitioners.

### **Access and Transfer of Care**

- Safe Discharge pathway – DToC reduction targets and winter pressure challenges are being worked on Safe Discharge Pathway – DToC reduction targets and winter pressure challenges are being worked on comprehensively across the different systems. Reduction targets linked to additional reablement and home care provision and an improved, slicker pathway in respect of access to residential and nursing beds are being finalised. This will result in clear monthly trajectory's being in play by the beginning of November to cover the immediate winter period. The trajectories will be supported by any number of transparent delivery milestones.
- A series of engagement events took place through October with internal staff, key organisations and local authorities to look at improving the use of social work capacity targeted to reduce length of stay.
- Continuing healthcare - An education programme will be developed once the new pathways are agreed across all stakeholders.
- Integrated Intermediate Care – There has been some progress at both a strategic commissioning and operational level which was reported to the ICB in October. There is an increasing need to focus on the operational service to ensure that the out of Hospital system is as best placed as it can be to support the DToC reduction work and able to cope with the pressures that the winter will bring.

### **Collaborative working**

- We are developing plans and implementing a range of solutions to support more flexible working and to improve information sharing across the STP.

### **Workforce Planning**

- A Workforce Strategy paper has been presented to the ITB, with a focus on development of a strategic system wide relationship with the independent sector. A work programme will emerge which will deliver the key outcomes in the CQC action plan.

## **4. Governance arrangements**

- 4.1 The CQC Local System Review action plan will be governed by the Health and Wellbeing Board and progress updates shared at the newly formed

Improvement and Transformation Board and the Integrated Commissioning Board.

## **5. Conclusion**

- 5.1 Progress has been identified in relation to the areas identified by CQC as requiring improvement. Suitable arrangements are now in progress to continue addressing the actions identified and further updates will be made available in March 2019.



**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

**Other Significant Links**

<b>Direct links to specific legislation or Government Directives</b>	
The review was carried out under <a href="#">Section 48 of the Health and Social Care Act 2008</a> .	<u>Date</u> July 2008

**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.)

<u>Document</u>	<u>Location</u>
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:**

There are no equalities impacts arising from this covering report.

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

2.1. Not applicable.

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


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

No impact identified.

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

No impact identified.

## 1. Strategic Vision, Leadership and Governance

Key Area	Action	Lead/Owner	Timescale	Outcome	Progress/Assurance October 2018
1.1 Vision	<p>We will develop one strategic vision to be shared across the STP and HWB.</p> <p>The Vision articulated by system leaders will be cascaded and introduced through all levels of organisations so that it is fully understood by staff and stakeholders, particularly middle management layers.</p>	Graham Allen, Maggie MacIsaac, Heather Hauschild, Richard Samuel, Senior Responsible Officer, Hampshire & Isle of Wight STP	3 months	A common vision that can be articulated at all levels of organisations	<p><b>Partially Achieved</b> – strategic vision developed as part of the STP plan (see attached)</p> <p>However, need to ensure its fully understood by all staff</p> <p>There has been some cascade through organisations but this needs to be ongoing and revisited.</p> <div style="text-align: center;">  <p>HIOW STP Delivery Plan 21Oct16 FinalDr</p> </div>
1.4 Governance	Introduce ITB	Graham Allen	3 months	ITB initial meeting by September	<b>Achieved</b> – an Improvement and

					Transformation Board has been established with all system leaders represented.
<b>2. Communication and Engagement</b>					
<b>Key Area</b>	<b>Action</b>	<b>Lead/Owner</b>	<b>Timescale</b>	<b>Outcome</b>	<b>Progress/Assurance October 2018</b>
2.2 Promoting roles	Greater transparency and visibility will be provided concerning the roles that staff undertake across the system. This will be driven through the online tools that we have available e.g. Connect to Support Hampshire – pages to include roles a person will come across in all the settings they may encounter.	Nicky Millard, Information and Advice Manager, AHC Kaylee Godfrey, Communication Lead, CCGs	3 months	An understanding of roles and responsibilities across the system	<b>This action is in progress.</b> An interactive map on CTSH is being considered that has key buildings etc. on it from health and social care; identifies roles/services and provides links to more details about the role/service on other organisations websites.
<b>3. Access and Transfers of Care</b>					
<b>Key Area</b>	<b>Action</b>	<b>Lead/Owner</b>	<b>Timescale</b>	<b>Outcome</b>	<b>Progress/Assurance October 2018</b>
3.1 Safe discharge pathways	Appoint an Improvement and Transformation Lead (role to be	HWB Executive Group	3months	System wide co-ordination of	<b>Achieved</b> – the appointment of an

	<p>sponsored by all NHS organisations and Hampshire Adults' Health and Care) supported by Clinical Leadership to:</p> <ul style="list-style-type: none"> <li>• Manage a system wide delayed transfers of care improvement plan</li> <li>• Monitor system performance</li> </ul> <p>All actions arising from the Newton Europe work will be undertaken. Overarching action plan has the following strategic aims:</p> <ol style="list-style-type: none"> <li>1) To implement and align mindset</li> <li>2) Introduce improvement cycles and dashboards</li> <li>3) Ensure early referral to the right setting</li> <li>4) Adequate reablement availability</li> </ol> <p>Reduce reliance on bed based solutions and adopt a 'Home First' policy to improve the discharge flow through the hospital system by embedding a</p>	Steve Cameron, Head of Reablement, AHC,	3months	<p>delayed transfers of care activity</p> <p>Reduction in delayed transfers of care across the system</p> <p>Embedding of a Home First approach</p> <p>Initial target to</p>	<p>Improvement and Transformation Director and Clinical Lead has taken place and both post holders confirmed.</p> <p><b>This action is in progress</b> - commenced Aug 18, approach is to review and redesign HCC</p>
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	<p>home first approach using a reablement pathway</p>	<p>Paula Hull, Director of Nursing Southern Health NHS Foundation Trust, Sarah Austin, Chief Operating Officer, Solent NHS Trust</p>		<p>increase the % of users who go through reablement from 15% to 30%</p> <p>Stretch target for following 6 months to be established using learning from implementation</p>	<p>hospital model to support a home first approach with reablement as the default route. This includes developing a reablement led triage function and subsequent home first routes described as Independent, Supported and Enhanced.</p> <p>Single referral process established between HCC and SHFT for all potential IIC service users, service delivery and discharge support determined based on need rather than agency. Co location on sites achieved with OD work instigated to embed cultural change and ways of working.</p>
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3.4 Continuing Health Care	We will review the CHC process end to end to ensure alignment with system wide priorities. This will include a review of good practice and lessons learned from experience to date and implementation work from current CHC pilots	Ciara Rogers, Deputy Director, NHS Continuing Healthcare and Funded Nursing Care, West Hampshire CCG and the Hampshire and Isle of Wight CCG Partnership, Jess Hutchinson, Assistant Director, Learning Disabilities and Mental Health, AHC	3months	85% of CHC checklists and assessments taking place outside of acute hospital settings	Learning from pilots has taken place. A workshop in June 2018 reviewed the current pathways and agreed the future state pathway
	Review and update CHC measures including performance and outcomes		3months		Phase 1 CHC Discharge to Assess programmes are currently available in all systems
	Consider CHC risk share resource across the Hampshire system		3months		An education programme will be developed once the new pathways are agreed across all stakeholders  The length of time at each stage of the CHC pathway from checklist to decisions is being monitored. Time to source care and time to discharge are also being monitored. Outcomes of the CHC

					<p>assessment are recorded and reported on.</p> <p>Funding has been identified from iBCF and CCGs to continue CHC D2A Phase 1 until March 2109. A demand and capacity gap analysis is taking place.</p> <p>Additional staff are being recruited for the D2A CHC Assessor roles.</p> <p>A longer term funding agreement is being actively progressed.</p> <p>A paper is planned for the November 2018 ICB setting out the CHC D2A pathway and requesting approval for the funding arrangements</p>
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3.6 Integrated Intermediate Care	<p>Develop our ambition to provide an Integrated Intermediate Care offering and continue at pace:</p> <ul style="list-style-type: none"> <li>Appoint a single commissioner and agree commissioning intentions</li> </ul>	Graham Allen, Maggie Maclsaac, Heather Hauschild	3 months	An equitable Hampshire wide Intermediate Care Service that meets the needs of individuals	<b>Achieved</b> – single commissioner arrangement confirmed.
<b>4. Partnerships</b>					
<b>Key Area</b>	<b>Action</b>	<b>Lead/Owner</b>	<b>Timescale</b>	<b>Outcome</b>	<b>Progress/Assurance October 2018</b>
4.1 Building strong relationships based on trust	We will review the strong relationships that already exist to identify good practice: establish why the relationships work well and plan how to use this learning		3 months	Partnership working recommendations	A number of partnership initiatives have been initiated, accelerated by the CQC Review
	Identify opportunities for wider partner participation and engagement in all system initiatives – e.g. assign roles to different partner organisations as part of a programme of work		3 months	Governance for relevant existing initiatives includes system wide representation, with roles clearly defined	Detailed review work will commence in December regarding existing and developing arrangements.

	<p>Ensure that partnership working extends across the system (e.g. voluntary sector, carers, patients, GPs), to include a focus on Demand Management and Prevention</p> <p>Identification of 'quick win' areas where a joined up partnerships' approach can deliver tangible outcomes e.g. hospital discharge, community health and social care teams. Promote the benefits of working in a joined up way</p>		3 months	Evidence of joined up working/joint teaming	<p>Demand Management and Prevention strategy has now been finalised and work streams include the voluntary sector, as well as coproduction with service user and carer groups.</p> <p>Operational relationships have been strengthened across the key areas identified.</p>
<b>5. Workforce Planning</b>					
<b>Key Area</b>	<b>Action</b>	<b>Lead/Owner</b>	<b>Timescale</b>	<b>Outcome</b>	<b>Progress/Assurance October 2018</b>
5.2 Workforce Engagement	<p>Identify the sector representatives that we will form a closer working alliance with, including</p> <ul style="list-style-type: none"> <li>○ Mental Health – Solent Mind</li> </ul>	Sandra Grant, Nikki Griffiths, Mark Allen, Martha Fowler-Dixon, Head of Demand	3 months	Stakeholder Engagement Plan	We have engaged and made progress with a number of the groups that we need to form closer working alliances with; HCA,

	<ul style="list-style-type: none"> <li>○ Voluntary Sector – Communities First Wessex</li> <li>○ Independent Sector – HCA, HDCP</li> <li>○ Carers Groups</li> <li>○ Housing – District Councils</li> <li>○ Transport</li> </ul>	Management & Prevention, AHC			HDCP, CVSs, Carers. A wider stakeholder engagement plan is in development to ensure that key groups are worked with ahead of the implementation of the strategy (as outlined in 5.1)
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## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	20 November 2018
<b>Title:</b>	Hampshire and Isle of Wight System Reform proposal
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Graham Allen

**Tel:** 01962 847200

**Email:** Graham.allen@hants.gov.uk

#### 1. Purpose of Report

1.1 That the Health and Adult Social Care Select Committee:

- a) Receives an update on the continued developments of the Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP).
- b) Note and consider the recommendations outlined in the Hampshire and Isle of Wight System Reform Proposal.
- c) Identify and propose additional or different system reform proposals, as it sees fit through the Health and Adult Social Care Select Committee Working Group.

#### 2. Contextual information

2.1 The purpose of this presentation is to provide the Health and Adult Social Care Select Committee an opportunity to be briefed on the continued development of health and social care working arrangements and the options of how these can be further developed.

2.2 The STP has asked that all constituent organisations consider the proposals within the detailed briefing pack provided for this item.

2.3 The proposals have been developed through much of 2018 and are designed to support the continued development of inter-organisational working arrangements and, in so doing, support the delivery of and financial sustainability for all health and social care services across Hampshire and the Isle of Wight.

2.4 Contained within the proposals are different tiers of planning and delivery which are key to the success of health and social care organisations working together to achieve both large-scale strategic and operationally successful service delivery.

2.5 Central to the proposals are small, locality based arrangements for delivery of integrated care. These locality 'clusters' are predicated on populations of between 30 – 50,000, although across the 35 clusters within the Hampshire and

Isle of Wight area this population based care does vary above and below this figure. In Hampshire there are 23 such clusters.

2.6 Similarly, these delivery units come together around acute hospital footprints, within Local Care Partnerships, in order to ensure more hospital based, specialist care are both equitable and accessible to people.

2.7 Local care systems, predicated on the jurisdictions of Health and Wellbeing Boards enable consistency across the whole of our population. In Hampshire three Local Care Partnerships span our geography; South West Hampshire, Mid and North Hampshire and Portsmouth and South East Hampshire.

### **3. Conclusions.**

3.1 Much work has taken place in developing these system reform proposals.

3.2 The work of the Health and Adult Social Care Select Committee Working Group is vital in further advising the shape of these proposals.

3.3 It is proposed that the overall direction of travel is supported, pending comments the Health and Adult Social Care Select Committee Working Group may wish to make.

3.4 Cabinet will be asked to consider these proposals early in 2019.

# Hampshire and Isle of Wight System reform proposal

Statutory body pack

**August 2018**

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## Purpose of this document

This document summarises the system reform proposal as developed to date through the work of the Hampshire and Isle of Wight Sustainability and Transformation Partnership's (STP) Executive Delivery Group (EDG) and informed by the broader health and care system leadership.

It forms the basis for NHS provider board, CCG governing body and local government cabinet consideration at their respective meetings in autumn 2018.

## Context

The health and care system across Hampshire and the Isle of Wight has been working together to develop a response to the national ambition to improve the integration of health and care for the benefit of local people.

As the Care Quality Commission put it in its 2016/17 State of Care report:

*“People should be able to expect good, safe care when they need it, regardless of how this care is delivered... It’s clear that where care providers, professionals and local stakeholders have been able to do this – where they have stopped thinking in terms of ‘health care’ and ‘social care’ (or specialties within these) and instead focused their combined efforts around the needs of people – there is improvement in the quality of care that people receive. To deliver good, safe care that is sustainable into the future, providers will have to think beyond their traditional boundaries to reflect the experience of the people they support.”*

## National context

The most recent mandate given by the Government to NHS England includes increasing integration with social care so that care is more joined up to meet physical health, mental health and social care needs. More recently, the House of Commons Health and Social Care Committee has expressed its support for improving integration of care, highlighting its potential to improve patient experience.

NHS England’s policy goals in relation to this area have been clear for some time. NHS England’s ambition to transform the delivery of care in this spirit was first described in 2014’s Five Year Forward View (FYFV):

*“The traditional divide between primary care, community services, and hospitals – largely unaltered since the birth of the NHS – is increasingly a barrier to the personalised and coordinated health services patients need. And just as GPs and hospitals tend to be rigidly demarcated, so too are social care and mental health services even though people increasingly need all three”*



# Case for change

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## Our citizens have been consistent in telling us that...

- they want **better and more convenient access** to support to help them to live well for longer. We have diverse communities across Hampshire and the Isle of Wight and people want support better suited to their needs;
- **they value and have confidence in General Practice and the wider primary and community team**, but there is a bewildering array of teams who do not appear to communicate with each other. **People often have to repeat their story** multiple times, making accessing care a frustrating experience. So they want all of the clinicians and care workers involved in their care to know their care plan, to work together and to communicate with one another. Many people also want greater control of their care, from better access to their records through to personalised budgets;
- when they have an urgent care need, **rapid access to the right clinical advice and support** is the most important factor to them. They want the health and care system to make sure they know how to rapidly access a complicated and sometimes confusing system;
- when they are managing a long term physical and/or mental health condition they typically want continuity of relationship with a trusted clinician to support them; they want better support to understand and manage their condition; and they want to ensure that when they travel for specialist advice and support, then the journey is worthwhile. Currently **40% of people** whom have a long term condition tell us they **don't feel supported** to manage their condition.
- they are more **willing to travel a little further for specialist care** if the services they access will give them better outcomes. People also add however, that there is nowhere like home and that they would rather be there, than a hospital bed. Unfortunately a quarter of people in hospital still do not feel involved in decisions about getting them home.

## Our workforce are telling us that:

- they are **under more pressure than ever** before. They often feel that there is not enough time in the day, with too many targets to reach and administrative tasks to perform, both of which take time away from patients;
- services are running on such **low staff numbers** that any unplanned sick leave or annual leave has a significant effect. Despite significant efforts of some providers, we continue to exceed our planned expenditure on agency and locum spend;
- care professionals want a means by which to **share information** with other professionals within the system. There is often a poor interface between primary, secondary and community care with time wasted trying to contact other care services;
- whilst it doesn't feel this way in general practice, and in the community and hospital services, our workforce has actually increased over the last few years. However so too has the number of people leaving within two years;
- many frontline staff have spent large parts of their professional careers **trying to integrate care for patients**, often working around policies that construct rather than remove barriers to integrated care at local level;
- they want **better career options** along with opportunities to improve their skills and expertise.



## We need to strengthen our approach to prevention, early intervention and supported self-management...

- We have a national reputation for developing innovative models of prevention, case finding and early intervention and supported self-management. However, we have not systematically implemented these innovative models. For example, within three years, 330 heart attacks and 490 strokes could be averted with improved detection and treatment of hypertension and atrial fibrillation. This represents a cost saving of up to £2.5m for heart attacks and £6.7m for strokes through optimal anti-hypertensive treatment of diagnosed hypertensives.
- For cancer services, for example, we have made real progress in improving the early diagnosis of cancers over the past 4 years, and are now one of the best performing systems in the country. But we still only **diagnose just over half of cancers at stage 1 and 2**.
- The **life expectancy of people with serious mental illness is 15-20 years less** than the average life expectancy in Hampshire and the Isle of Wight, with two thirds of these deaths due to avoidable causes. And yet the number of health checks for people with severe mental illness in HIOW is below the national average.
- We are making improvements, but we are **not yet closing the inequalities gap** - the life expectancy gap (and disability-free years gap) across HIOW is not closing.

The complexity and fragmentation of our current system (including siloed budgets and payment systems) is currently holding back a system focus on this agenda.

## We have a significant opportunity to improve discharge and flow across Hampshire and the Isle of Wight...

- Our citizens continue to **stay in hospital for a long time** even though many are medically fit to leave. As we know the longer people stay in hospital, the more likely they are to develop complications and reduced independence; and it is also expensive to keep someone in hospital unnecessarily.
- Our flow and discharge is noted as being in the **lowest performance quartile in the country**
- We continue to be the **second poorest performing system in the country** with regards to **delayed transfers of care**.
- **We are the second poorest performer** nationally with regards to **CHC assessments in the community**.
- Recent data positions us as having one of the greatest opportunities nationally to reduce **excess bed days** and super-stranded patients.
- There has been a relentless focus on improving discharge and flow across all of our systems and yet despite this the number of delayed transfers of care per 100,000 population remains at the same rate it did two years ago\*

This data would indicate that continuing to operate as we have done in the past will not yield a different outcome. We need to reform the system in a way that best allows us to tackle the challenges we face.

\* with the exception of the Isle of Wight which now operates with three times fewer delays as other HIOW systems.



The past four years have seen significant progress in developing ‘new care models’ which are founded on integration between partners and a systematic focus on the whole population’s needs. Nationally we have seen both Multispecialty Community Provider and the Integrated Primary and Acute Care Systems develop. More recently the Next Steps on the Five Year Forward View further articulated the ambition ‘**to make the biggest national move to integrated care of any major western country**’.

Within our patch we are reporting very tangible benefits for our citizens as a result of health and care partners working together / integrating more effectively than we have seen before. In the most developed systems we are seeing:

- **1% reduced emergency admissions** compared to an average of 3.5% growth nationally;
- New models of care are successfully managing and treating people more effectively in the community **reducing potentially “avoidable” emergency admissions by 10%** on last year;
- **4% reduction in GP referrals** on last year;
- **Reduction in the number of people experiencing mental health crisis** / emergency admission to acute mental health beds as a result of enhanced support in the community
- **A&E attendances are holding at the same level** as last year compared to demographically similar systems which have increased activity on last year;
- Citizens engaging with integrated care teams are reporting **significant improvements in health status, personal wellbeing, experience and health confidence**;
- **Staff satisfaction rates significantly improving** where they are operating in integrated care teams.

These achievements are both important for citizens, staff and for the financial health of the system. We know that new models of care work, however, our integrated primary and community teams are at different stages of development and so too are their interfaces with local health and wellbeing footprints and the acute physical and mental health system.



## Increasing value for money

The current funding and budget systems make it hard to reallocate resources to where they are needed most. This can also be prohibitive to collaborative working between partner organisations. Frustratingly for all, the current payment systems can be unhelpful – rewarding activity rather than outcomes.

**Our financial position is unsustainable.** Hampshire and Isle of Wight NHS has forecast a ‘do nothing’ gap of £577million gap by 2020/21 (23% of our £2.5bn allocation) and in addition to this, the pressures in social care and local government more broadly are unprecedented. Whilst the required level of efficiency has been delivered to date we require a step change in productivity and cost reduction to ensure we meet our financial targets.

In many organisations too much resource and energy is focused on seeking to suppress expenditure in providers or generate additional income from commissioners, rather than work in partnership to focus on cost reduction, quality improvement and living within the system’s finite resources. **We will require different approaches**, including **collaboration**, e.g. pathology, pharmacy distribution centres; scale, eg: collective procurement; **back-office optimisation**, eg: HR, finance; **greater partnerships**, eg: increasing retention of our workforce, reducing bank and agency costs; and **reduced unwarranted variation** in practice.

If we are to make the transformational changes required to improve outcomes, experience, satisfaction, quality, performance, financial sustainability and address our workforce challenges **we must radically enhance our functionality, removing obstacles to enable far greater collaboration and integration.** These radical changes will become a reality only if there is a collective commitment from all partners to transform and implement a new way of working.

## Reducing complexity

- We have **21 NHS and local authority statutory partners** as signatories to our transformation partnership **and three non-statutory partners** (with leadership responsibilities around workforce, innovation and research).
- We have **grown our workforce by 4.5%** over the past three years. Too much of this growth has, however, been in non-clinical roles. One of the key drivers for this is the continuing burden of reporting, assurance and inter-organisational contract management.
- **We are a complex system.** Whilst there has been collaboration between provider, commissioner and regulatory partners, our system reform work over the past six months has demonstrated significantly greater opportunity to reduce system complexity; reduce the burden of assurance and reporting and ensure all partners collaborate towards clearer strategic goals;
- NHS England and NHS Improvement are currently undergoing a national and regional integration programme. The expectation is that locally the Hampshire and Isle of Wight system will develop **simpler but more effective self-regulation and assurance models** that will allow NHSE/I to work more strategically with the system.

The system reform programme is a means by which we can reduce this complexity and develop strong self-regulation and assurance models.



# The proposed system

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“Our vision is to support citizens to lead healthier lives, by promoting wellbeing in addition to treating illness, and supporting people to take responsibility for their own health and care. We will ensure that our citizens have access to high quality consistent care 24/7, as close to home as possible.





Supporting people to stay well

## We are taking action to prevent ill-health and promote self care...

- Empowering citizens, patients, service users and communities
- Harnessing technology more effectively to support wellbeing

Joining up care locally

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## We are strengthening local primary and community care...

- Developing integrated health and social care teams designed to support the needs of the local communities they serve
- Providing care in the right place at the right time by reducing over-reliance on hospitals and care homes
- Ensuring a strong and appropriately resourced primary care workforce
- Using technology to revolutionise people's experiences and outcomes;

Specialised care when needed

## We are improving services for people who need specialist care...

- Identifying, understanding and reducing unwarranted variation in outcomes, clinical quality, efficiency;
- Through consolidating more specialised care on fewer sites;

**We will make intelligent use of data and information to empower citizens, patients, service users and support our workforce to be more efficient and effective in delivering high-quality care**

The HIOW Executive Delivery Group (EDG) – representing the HIOW health and care system – recommend that to deliver our vision for health and care, we need to reform our system to ensure ‘form follows function’, signalling a shift from the separation of provision and commissioning to integrated planning and delivery. Nationally there is a similar realisation, which has led to the national guidance on Integrated Care Systems.

## What is an integrated care system (ICS)?

NHS England defines ICS as those systems in which:

“Commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations”.

## What will an integrated care system do?

National guidance sets a number of expectations for ICS:

- ICS are expected to produce together a credible plan that delivers a single system control total, resolving any disputes themselves.
- ICS will assure and track progress against organisation-level plans within their system, ensuring that they underpin delivery of agreed system objectives.
- [ICS] will be given the flexibility, on a net neutral basis, and in agreement with NHS regulators, to vary individual control totals during the planning process and agree in-year offsets in one organisation against financial under-performance in another.

- NHS England (NHSE) and NHS Improvement (NHSI) will focus on the assurance of system plans for ICS rather than organisation-level plans.

There is an expectation that, over time, ICSs will replace STPs.

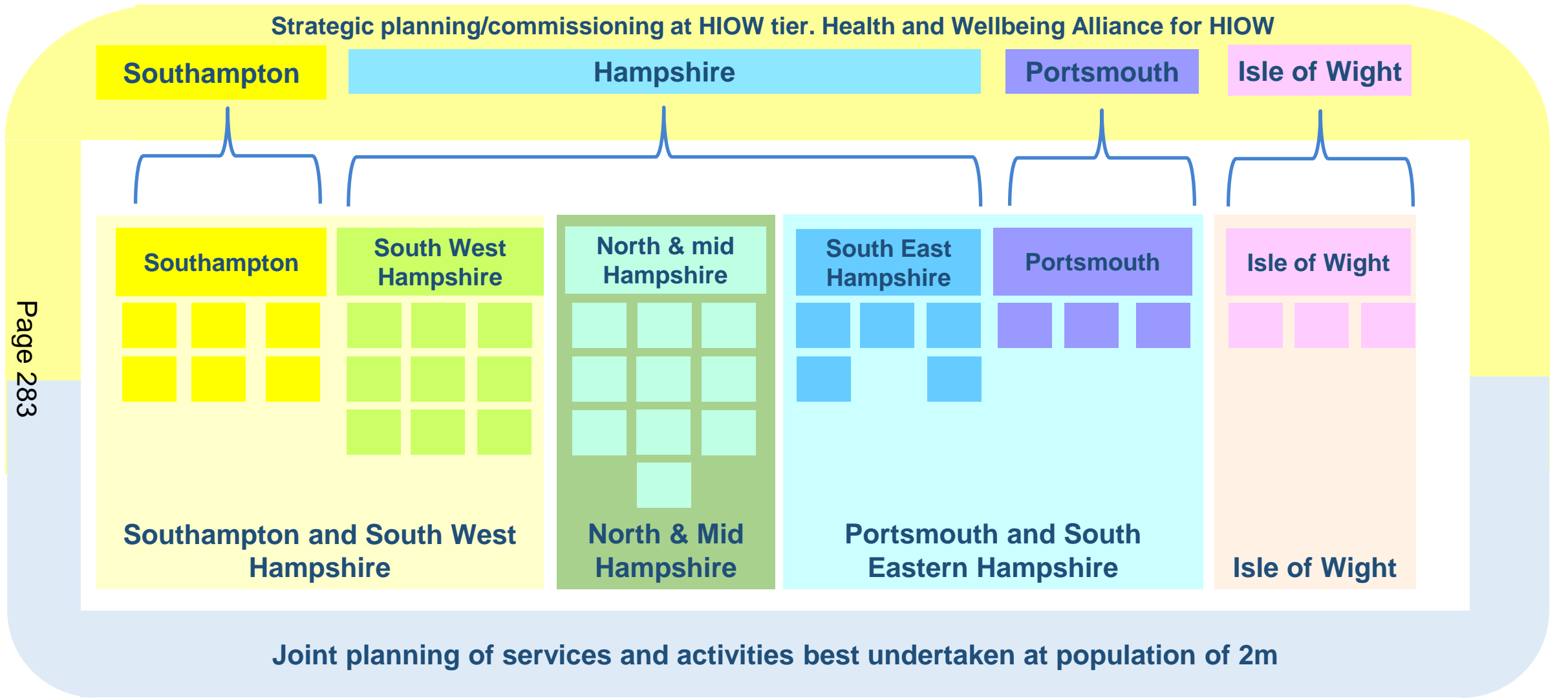
## Benefits of ICS – the national view

- Creating more robust cross-organisational arrangements to tackle the systemic challenges facing the health and care;
- Supporting population health management approaches that facilitate the integration of services focused on populations that are at risk of developing acute illness and hospitalisation;
- Delivering more care through re-designed community-based and home-based services, including in partnership with social care, the voluntary and community sector; and
- Allowing systems to take collective responsibility for financial and operational performance and health outcomes.

## Local alignment

The EDG tasked a sub-set of its members, supported by others, to form a series of task and finish groups to develop the key elements of a proposal for moving the HIOW system towards ICS (“the system reform programme”).

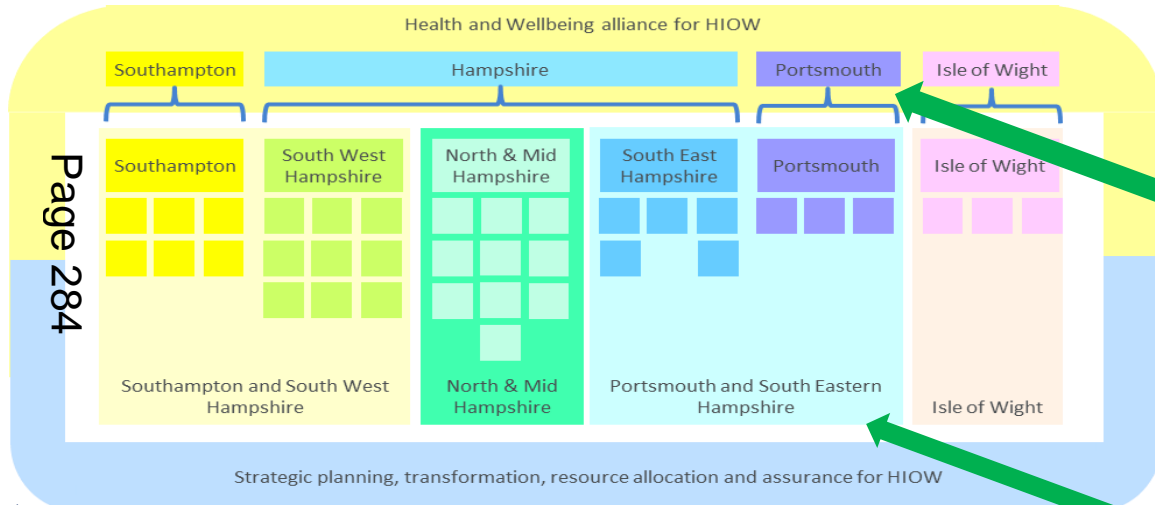
# How could HIOW look in the future?



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# The proposed HIOW integrated care system: A whole system planning, delivering and transforming in collaboration

The proposed reformed system envisages providers, commissioners and local authorities working in ever closer collaboration with each other and with citizens and voluntary sector organisations to address the case for change, empowering and supporting citizens to best manage their own health and wellbeing and frontline teams to provide and sustain the best possible services and care.



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Notes:

1. The term 'cluster' is used for consistency to describe the foundation of the system where general practices with statutory and voluntary community health and care services work together in 20-100k populations to meet the needs of local residents. A variety of terms are currently used to describe this including localities, extended primary care teams, natural communities of care, neighbourhood teams.
2. Where HWB and integrated care partnerships are coterminous, activities are undertaken together. In areas where integrated care partnerships span more than one HWB footprint, the partners will work together to determine the most appropriate allocation of responsibilities between HWB area and the integrated care partnership to achieve the shared objectives.
3. The Hampshire HWB area also includes North East Hampshire, which is also part of the Frimley Integrated Care System and therefore omitted from the figure above

Component	Purpose and description
<p><b>Accelerated implementation of 36 clusters</b></p> <p>Natural communities of 20-100,000 people</p>	<ul style="list-style-type: none"> <li>• The foundations of the reformed system</li> <li>• Strengthening primary care</li> <li>• Delivering integrated mental and physical health, care and wider services to cluster population</li> <li>• 36 clusters, aligned to 'natural communities'.</li> <li>• Proactively managing the population health needs</li> </ul>
<p><b>Ongoing development of place based planning</b></p> <p>Existing Health &amp; Wellbeing Board footprints</p>	<ul style="list-style-type: none"> <li>• Integrated local authority &amp; NHS planning</li> <li>• Aligned to HWB (local authority) footprints</li> <li>• Health &amp; LA aligned commissioning resource &amp; agreed leadership/management models</li> <li>• Basis of the JSNA, means through which HWB exert tangible influence on the direction of health and care services for the population through health and care commissioning and wider determinants of health</li> </ul>
<p><b>Simplified structure of 4 integrated care partnerships</b></p> <p>populations of c600k served by acute partners</p>	<ul style="list-style-type: none"> <li>• Support the vertical alignment of care enabling the optimisation of acute physical &amp; mental health services</li> <li>• Design and implement optimal care pathways</li> <li>• Support improved operational, quality and financial delivery</li> </ul>
<p><b>HIOW integrated care system</b></p> <p>Drawing together the above component parts, delivering some functions at a scale of 2 million population</p>	<ul style="list-style-type: none"> <li>• System strategy and planning</li> <li>• Implementing strategic change across multiple integrated care partnership footprints/places</li> <li>• Alignment of strategic health and LA commissioning</li> <li>• Provider alliances (acute physical &amp; mental health)</li> <li>• Oversight of performance and single system interface with regulators</li> </ul>

The development of an ICS for Hampshire and Isle of Wight has been based upon a variety of national guidance and evidence from around the country about best practice approaches. We have studied the work ongoing in Surrey Heartlands Dorset, Manchester and South Yorkshire and Bassetlaw and learnt from their experiences.

The work of the Kings Fund on integration is also helpful in setting out conditions which support greater integration. Their assessment is that current and future ICS must address the following development needs if they are to succeed in transforming health and care, building on new care models and related initiatives:

- Page 285
- Developing trust and relationships among and between leadership teams
  - Establishing governance arrangement to support system working
  - Committing to a shared vision and plans for implementing the vision
  - Identifying people with the right skills and experience to do the work
  - Communicating and engaging with partner organisations, staff and the public
  - Aligning commissioning behind the plans of the system
  - Working towards single regulatory oversight
  - Planning for a system control total and financial risk sharing.

The work involved in addressing these needs is time consuming and cannot be rushed: ‘progress occurs at the speed of trust’, **collaborative rather than heroic leadership holds the key to progress.**

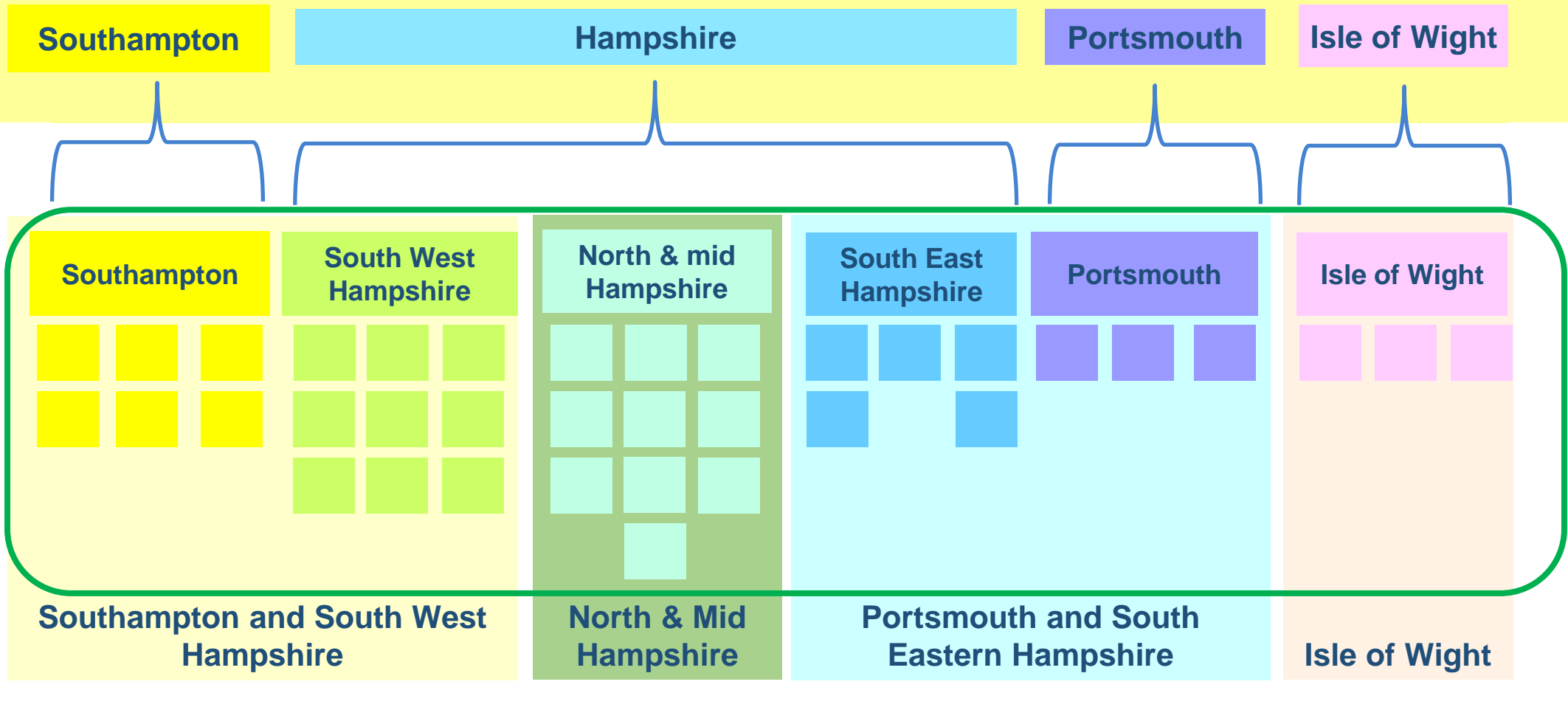


# Components of the system

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# Clusters - integrated primary and community care teams

Strategic Commissioning at HIOW tier. Health and Wellbeing Alliance for HIOW



Joint planning of services and activities best undertaken at population of 2m

# Clusters - integrated primary and community care teams 18

Clusters will be the bedrock of the reformed delivery system. The key purpose of our wider system reform arrangements is to support empowered clusters.

## Role and benefits of clusters:

- Clusters will see health and care professionals, GPs, the voluntary sector and the community working as one team to support the health and care needs of their local community. They will focus on helping people to manage long term conditions and improve access to information about healthier lifestyles and improving/maintaining wellbeing.
- Evidence shows that the most successful work of this type will reduce the overall number of people who need to be cared for in hospital and improve the health and wellbeing of communities. Clusters will shift the pattern of care and services to be more preventative, proactive and local for people of all ages

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### Impact of clusters for people

- ✓ People are supported to stay well and take greater responsibility for their own health and wellbeing
- ✓ People can easily access support and advice that is timely, delivered close to home and with the right professional to meet their needs
- ✓ People with chronic or complex illness receive care that is consistent, joined up and centred around their needs and wishes, with fewer hand-offs and reduced duplication
- ✓ People are only in hospital for the acute phase of their illness and injury and are supported to regain/retain independence in their usual place of residence
- ✓ People have greater choice and control over decisions that affect their own health and wellbeing

### Impact of clusters for HIOW system

- ✓ Increased capacity in primary and community care to manage local health and care needs
- ✓ Reduction in rate of acute mental and physical acute non-elective activity growth and demand for urgent care services
- ✓ Optimised resource utilisation as a result of better managed chronic conditions and reduction in preventable conditions
- ✓ Reduction in variation in access and outcomes
- ✓ Fewer permanent admissions to residential and nursing care
- ✓ Primary care is sustainable and supported leading to improving GP recruitment and retention rates
- ✓ Attract and retain right workforce in all sectors with particular emphasis on those sectors in greater need such as mental health
- ✓ More efficient bed use and fewer delayed transfers of care

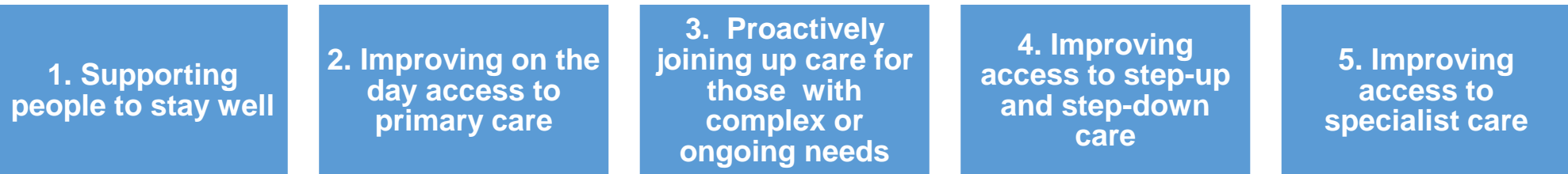


**Clusters will vary based on the needs of the communities they serve, but will be built on a common foundation and share common characteristics:**

- Clusters will be empowered to innovate in order to best serve their populations. In order to facilitate this, they will work to a specification which is outcome-based, but which is common across H10W. Developing this specification will be an early priority.
- Cluster footprints align to ‘natural communities of care.’ Areas must be meaningful to those they serve, as they provide the basis for community-focussed services. Clusters’ population range provides flexibility in cluster boundaries to ensure they align with both natural communities and GP registered lists.
- Clusters will include a range of mental and physical health, care and wider services in one place. Multi-professional working will be supported by multi-agency information sharing and, wherever possible, physical co-location.
- Co-ordinate services and teams from across organisations through alignment arrangements (MOU, alliance contract or joint venture) – allowing professionals to maintain their current employment status.

- Multi-professional (including clinical) leadership. Each cluster will have a named lead, and will be supported by a professional managerial team, who will be responsible and accountable for the performance of cluster services and the management of an indicative cluster budget. Clusters will manage their performance based on agreed datasets.
- GP federations will be vital in facilitating clinical leadership in clusters, as well as in leading the transformation of primary care, which will be vital to clusters’ capability.
- Clusters will identify, understand and reduce unwarranted variation between their practices. Colleagues and systems across the footprint of H10W and integrated care partnerships will support clusters in this, as well as identifying unwarranted variation between clusters (see below).
- Clusters and acute physical and mental health providers will work together in integrated care partnerships, to ensure alignment of pathways and integrate services to optimise the health and care support they provide, responsive to the populations they serve.

**The 5 core functions of a cluster:**



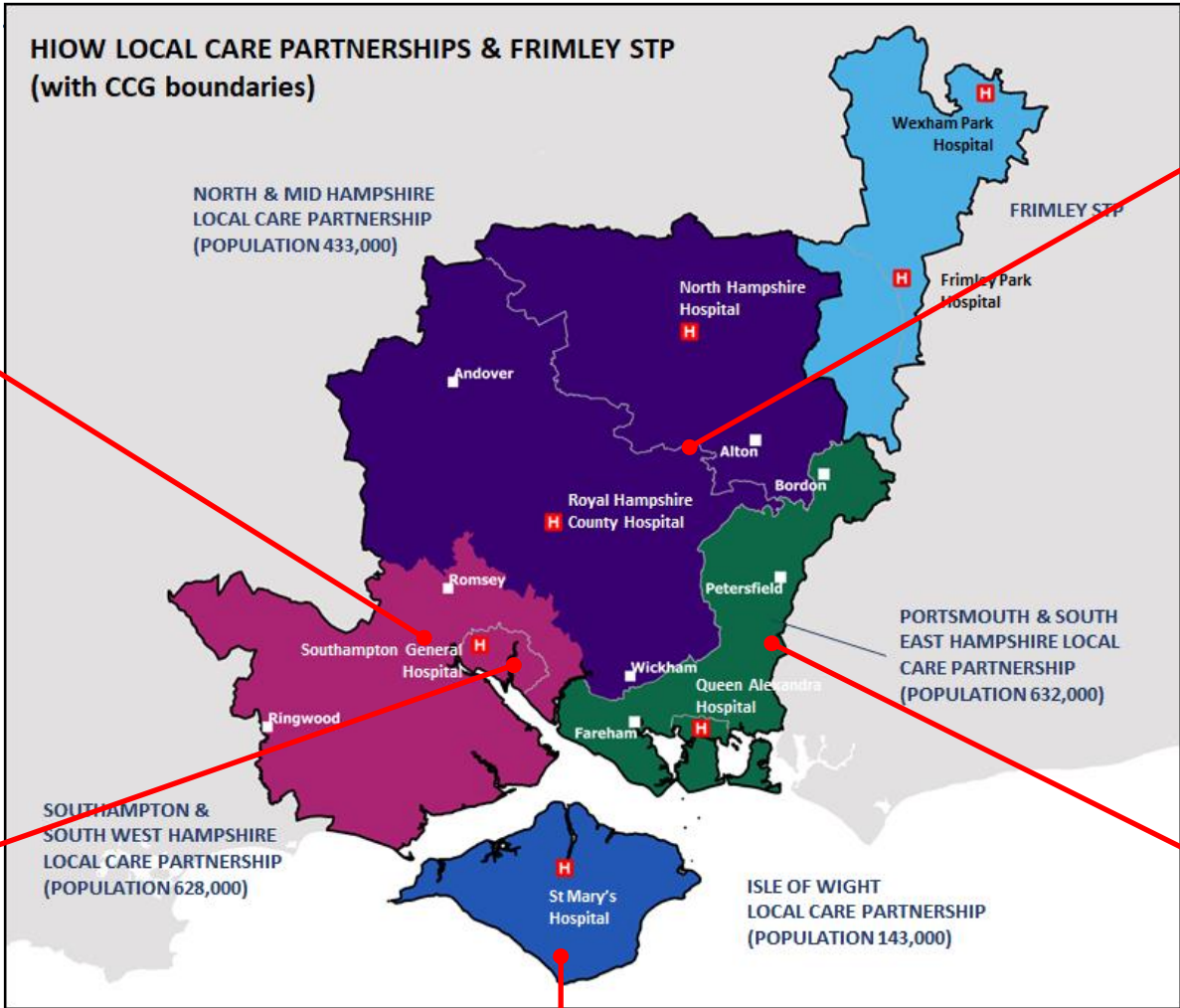
# 36 clusters across HIOW (as at August 2018)

## South West Hampshire

1. Eastleigh
2. Eastleigh Southern Parishes
3. Chandler's Ford
4. North Baddesley
5. Avon Valley
6. New Milton
7. Lymington
8. Totton
9. Waterside

## Southampton

1. Cluster 1
2. Cluster 2
3. Cluster 3
4. Cluster 4
5. Cluster 5
6. Cluster 6



## North and Mid Hampshire

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1. Mosaic
2. Whitewater Loddon
3. Acorn
4. A31
5. Rural West
6. Andover
7. Winchester City
8. Winchester Rural North
9. Winchester Rural East
10. Winchester Rural South

## Portsmouth and South East Hampshire

1. East Hampshire
2. Waterlooville
3. Havant
4. Fareham
5. Gosport

## Isle of Wight

1. North and East
2. West and Central
3. South Wight

**A key test of this proposal overall is that cluster governance must accelerate and facilitate, rather than impede, local change and improvement.** Therefore clusters will be encouraged to innovate and improve services for their citizens.

This innovation will be facilitated by both their contract /incentive structure and support from HWB and integrated care partnerships (see next slides).

HWB and partnerships will support clusters in identifying and reducing unwarranted variation, including striking the right balance between standardisation / consistency and local flexibility (ie. standardising only where this adds value).

Standardisation may apply across a HWB or partnership footprint, or more widely, as appropriate. We would expect some pathways, services, systems and processes to be standardised across HWB or partnership footprints, some to be standardised across the whole of HIOW. Elements not standardised will allow each cluster to take the approach which works best for them, but with encouragement and support to consider what other clusters are doing and the potential to spread best practice where it adds value (or reduces duplication of effort) to do so.

As part of this freedom to innovate, we recognise that clusters will continue to evolve. The current structure of clusters across HIOW (see next slide) may therefore change as clusters become established and take on an increasing role in service delivery.

**Operationalising clusters is a key priority. This will include developing an outcomes-based cluster specification and providing management and development resources to clusters from CCGs**



Every part of the HIOW system has confirmed the development of integrated cluster teams as a key priority for 2018/19, and every area has a change programme in place to deliver this.

- The 36 cluster teams across HIOW are at variable stages of development and maturity.
- The most established teams, formed under Better Care and Vanguard programmes, offer a wealth of evidence and learning about what works; however we are yet to effectively capitalise on this across HIOW.
- There are currently different names for cluster teams in each care system, reflective of evolutionary local plans.
- However, there are high levels of congruence in the overall description of the function and form of these teams across the system.

Therefore, the ambition for cluster development for 2018/19 is to:

- Accelerate and embed the infrastructure for all 36 cluster teams by March 2019
- Evidence impact on patient outcomes, primary care capacity, hospital admissions and system flow

Current thinking about the development of the clusters by March 2019 and March 2020 is described on the following page.



# The developing role of clusters

	October 2018 – March 2019	By April 2020
Strategy and Planning	<ul style="list-style-type: none"> <li>• Cluster priorities identified and delivery plan in place</li> <li>• Cluster level population data available and used to support priority setting and planning</li> </ul>	<ul style="list-style-type: none"> <li>• Longer-term cluster objectives being shaped, informed by data</li> <li>• Mechanism in place for co-production of plans and services with local people</li> </ul>
Care Redesign	<ul style="list-style-type: none"> <li>• Practices working together to improve access and resilience</li> <li>• Core cluster team membership defined</li> <li>• Integrated primary and community care teams in place with joint assessment and planning processes</li> <li>• Prototypes in place for highest risk groups</li> <li>• Gap analysis undertaken, end state defined for key functions</li> </ul>	<ul style="list-style-type: none"> <li>• Components of delivery model in place for each of key functions (minimum 50% completion)</li> <li>• Active signposting to community assets in place</li> <li>• Shift of specialist resources into cluster teams</li> <li>• Integrated teams fully functioning and include social care</li> </ul>
Workforce development	<ul style="list-style-type: none"> <li>• Cluster workforce plan defined with targeted action to support recruitment/retention of key roles</li> <li>• Cluster level OD/team development plan in place</li> </ul>	<ul style="list-style-type: none"> <li>• Development of new/extended roles in cluster teams to meet local need</li> <li>• Beginning to share workforce and skills within clusters</li> </ul>
Accountability & performance management	<ul style="list-style-type: none"> <li>• Information sharing agreements in place between all partners</li> <li>• Plan for shared care record confirmed</li> <li>• Cluster responsibilities documented via MOU/alliance agreement</li> </ul>	<ul style="list-style-type: none"> <li>• Data used to drive improvement and reduction in variation within and between clusters</li> <li>• Shared care record (health) in place</li> <li>• Cluster monitoring impact on key outcomes</li> </ul>
Managing collective resources	<ul style="list-style-type: none"> <li>• Cluster assets mapped to inform future planning (estate, back office, people, funding)</li> <li>• Resources identified to enable/support cluster plan delivery (eg change management)</li> <li>• Cluster level dashboard including outcomes in place</li> </ul>	<ul style="list-style-type: none"> <li>• Shift of specialist resources into cluster teams</li> <li>• Clusters have sight of resource use and can pilot new incentive schemes</li> <li>• Cluster level plan to optimise use of assets and early components in place</li> </ul>
Leadership & governance	<ul style="list-style-type: none"> <li>• Dedicated professional and operational leadership in place in each cluster</li> <li>• Governance arrangements in place in each cluster, eg cluster board</li> <li>• Cluster partners identified and engaged in the development and delivery of the cluster plan</li> <li>• Cluster engaged in integrated care partnership decision making</li> </ul>	<ul style="list-style-type: none"> <li>• Cluster leadership embedded with defined responsibilities for co-ordination of cluster responsibilities</li> <li>• Mechanism in place to share learning between clusters</li> <li>• Practices have defined how they wish to work together going forward</li> <li>• Cluster is full decision making member of integrated care partnership</li> </ul>

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# Statutory bodies are asked to:

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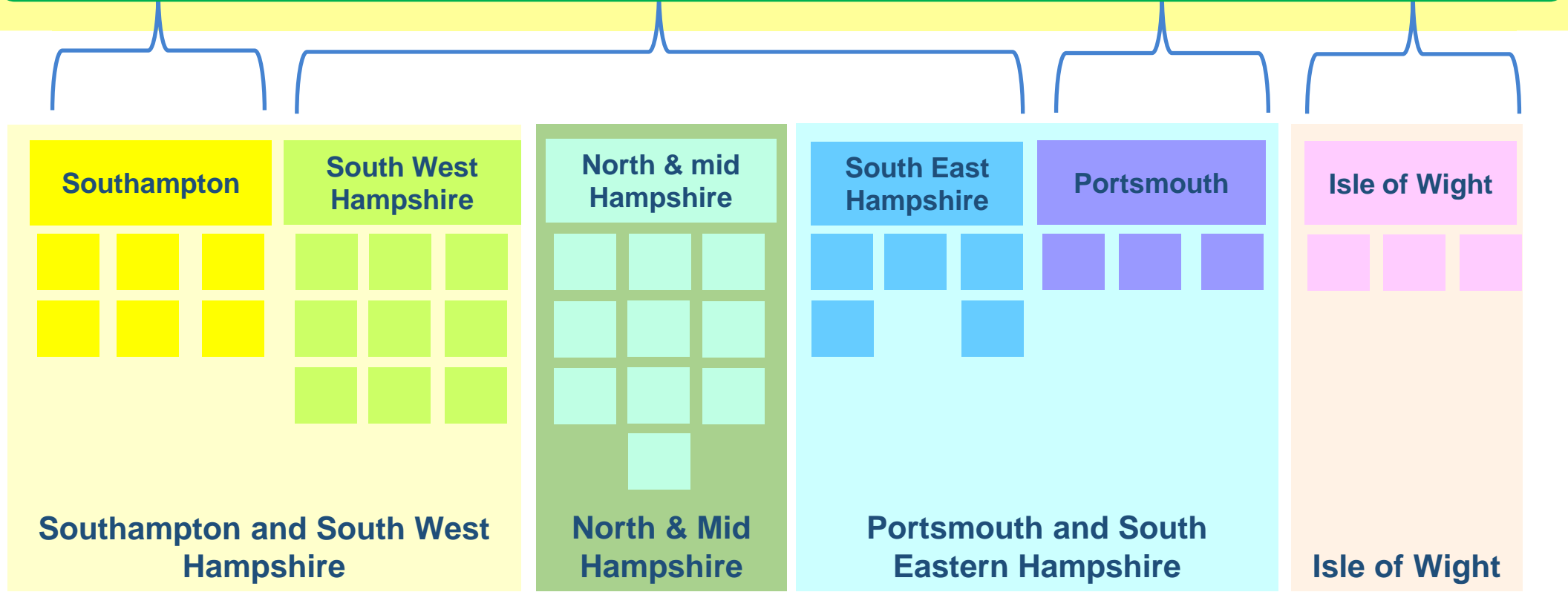
## Endorse:

1. The developing role of clusters as outlined on the previous slide
2. The recommendation that partners across HWB footprints and integrated care partnerships work together to define the resources required for cluster operation – a critical first step is establishing professional and operational leadership to drive cluster development

Page 294 3. the proposed next steps for the cluster task and finish group which are summarised as follows:

- a. Quantify the impact/expected outcomes of cluster teams (already in progress in most areas): defining outcome metrics for individual clusters and a small set of common metrics across whole HIOW
- b. Describe the support requirements and responsibilities to accelerate full cluster implementation
- c. Describe the proposed interplay between clusters and other components of the ICS, including governance and participation arrangements for clusters as part of HWB footprints and integrated care partnership structures
- d. Strengthen primary and social care involvement in this work at a Hampshire and Isle of Wight level (membership of the task and finish has already been extended to reflect this)

Strategic Commissioning at HIOW tier. Health and Wellbeing Alliance for HIOW



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Joint planning of services and activities best undertaken at population of 2m

# Restating the function of Health and Wellbeing Board footprints within an integrated care system

Local government partners have convened to start work on restating the critical function of integrated health and care planning and delivery on a Health & Wellbeing Board (HWB) footprint.

An early draft definition of the function is summarised below:

HWB footprints will continue to be **the focus for place-based planning** (undertaking population needs assessment) and for aligning health, care and other sector resources to focus on delivering the improved outcomes for local people, building on the long-established integrated working arrangements, e.g. Better Care Fund, Section 75 arrangements, etc. Working in collaboration, partners will maximise the potential to further improve wellbeing, independence and social connectivity through the wider determinants of health including public health, housing, employment, leisure and environment.

The statutory role of the HWB with their political and clinical leadership, means that they should be central to the governance of health and care planning for a 'place'. The sustainability of the health and care system depends on public and political acceptability and support – as well as the right systems of design and delivery. So the active and effective democratic engagement at all levels (cluster through to whole HIOW) is vital. Strong and equitable relationships between NHS and local government will provide the necessary collective energy and focus required for system change. Furthermore, cross sectoral partnerships of public, private and voluntary and community organisations have important roles in all components of the system.

Much of our prevention and health improvement activities will continue to be designed and delivered in HWB footprints. We will use our ability to align / pool monies between NHS and local government partners to ensure that a clear focus for each HWB footprint is the resourcing of our 36 clusters (integrated primary and community care teams).

Our HWBs are based on local authority footprints. We will continue to integrate our CCG and LA teams focused on place-based health and care planning on these HWB footprints, reducing complexity and duplication. We will also be deploying some of our health (CCG) and care staff directly to support the operationalisation of our 36 clusters.

All four LAs have committed to meet with health provider and commissioner colleagues during August/September as a task and finish group to further develop the above definition and proposed next steps (see more detailed recommendation on the next page).





# Statutory bodies are asked to:

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Endorse the following recommendations from the EDG, informed by the task and finish group work to date:

1. The emerging 'restatement' of the function of partnership working on a HWB footprint as described on the previous slide
2. The proposed next steps for a task and finish group by the end of September, which are to:
  - a. define the common functions of the role of HWB footprints in an integrated care system
  - b. clarify the relationship between this and the other component parts of the proposed Hampshire and Isle of Wight Integrated care system
  - c. set out a mechanism for achieving 'active and effective democratic engagement at all levels' across the Hampshire and Isle of Wight integrated care system (including the role of HWB)

Leads from the other Hampshire and Isle of Wight task and finish groups on integrated care partnerships, strategic commissioning and clusters will be involved in developing this thinking.



# Integrated care partnerships

Strategic Commissioning at HIOW tier. Health and Wellbeing Alliance for HIOW

Southampton

Hampshire

Portsmouth

Isle of Wight

Southampton

South West Hampshire

North & mid Hampshire

South East Hampshire

Portsmouth

Isle of Wight

Southampton and South West Hampshire

North & Mid Hampshire

Portsmouth and South Eastern Hampshire

Isle of Wight

Joint planning of services and activities best undertaken at population of 2m

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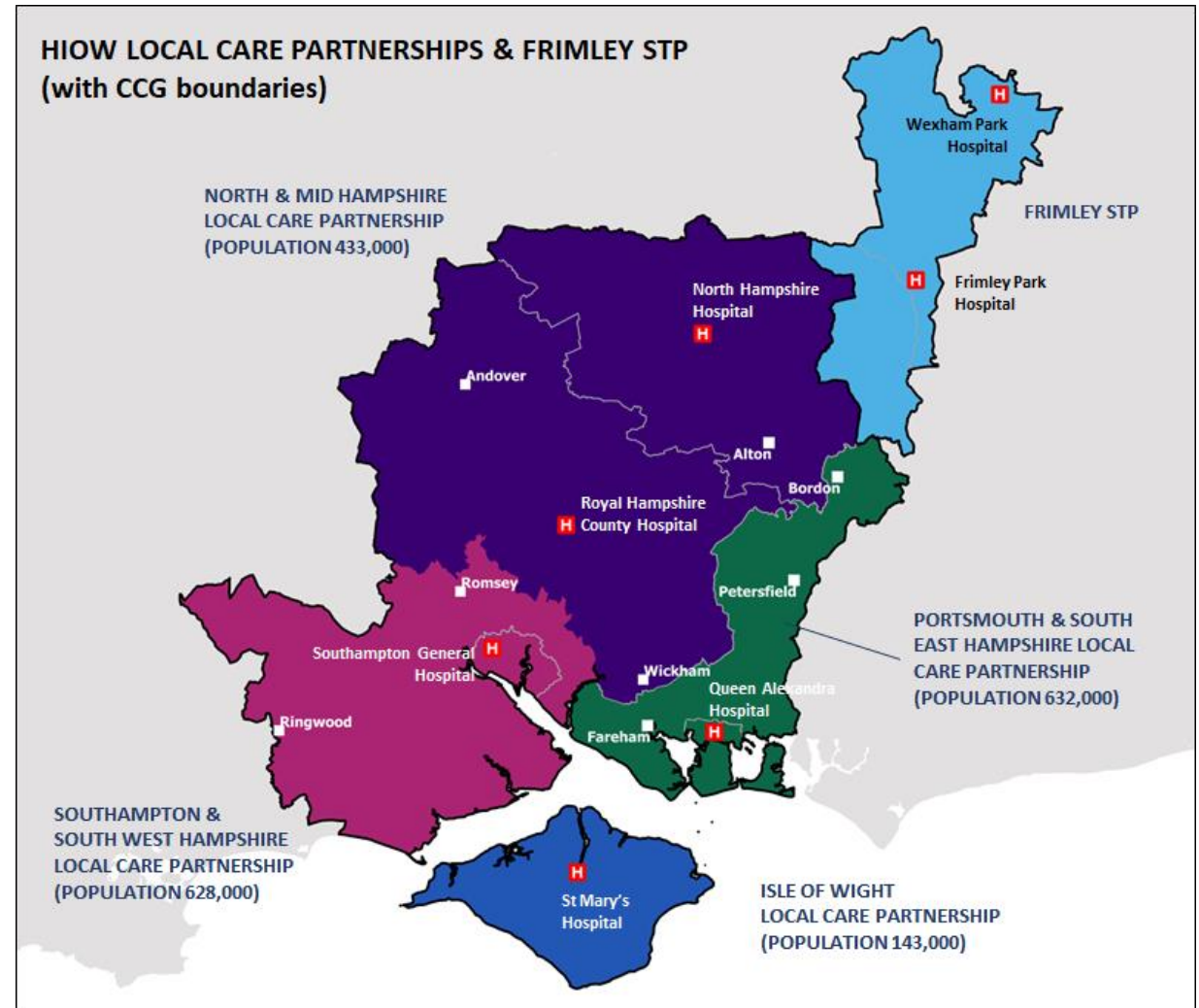
Integrated care partnerships are where we align the work of the local clusters, community services, acute and specialised physical and mental health services, for the benefit of the local population.

Providers of mental and physical health and care services including general practice, NHS commissioners, local authorities and voluntary sector organisations come together in geographies based on the local catchments of acute hospitals to benefit their local population.

The term 'integrated care partnership' [ICP] is being used to describe the collaboration of partners on these geographies.

The ICPs across HIOW will reflect local needs and will differ in the extent of their focus and work programme. For some, the focus may be predominately on improving operational ED performance. In others there is already an intent to work together on a more comprehensive basis with established governance structures to deliver agreed improvement programmes.

**The balance and focus of the planning and delivery that takes place in HWB footprints and integrated care partnerships will vary in each part of HIOW.**



# What could integrated care partnerships look like? 30

The nature of Integrated Care Partnerships [ICPs] will vary according to local circumstances, challenges and opportunities. For some the arrangements will mirror current state. For others their development is such that by **April 2020, integrated care partnerships could be working together to:**

- implement an integrated care partnership delivery plan which sets out the collective priorities of the integrated care partnership, over the medium term (3-5 years) and in the short term (1-2 years) [noting that as previously alluded to, the balance and focus of planning and delivery that takes place in integrated care partnerships is likely to vary in each part of H10W]
- design and implement optimal care pathways, and to identify, understand and reduce unwarranted clinical, operational and service variation
- make the best use of the collective resources of the integrated care partnership, including workforce, financial resources and estate, maximising system wide efficiencies and encouraging resources to flow to address the key risks facing the partnership
- support the ongoing development of the integrated care partnership:
  - progressively building the capabilities to manage the health of the population, to keep people well and to reduce avoidable demand
  - supporting the ongoing development of clusters, as the bedrock of the local health and care system
  - in some areas, potentially managing the transition to evolved organisational form arrangements that enable members of the integrated care partnership to sustainably meet the population needs

An integrated care partnership board could lead the partnership, providing strong system leadership, actively breaking down barriers that hinder progress in the delivery of integrated care, building trust and acting together to deliver improvements for citizens, for the system as a whole and through which partners hold each other to account for delivery of the shared priorities.

In integrated care partnerships, NHS providers including primary care, commissioners and local authorities work to overcome the barriers to collaboration associated with the separation of provision and commissioning. Whilst recognising the important individual statutory responsibilities of each partner, it is envisaged that:

- CCGs will deploy their people and resources to work collaboratively with other CCGs in the integrated care partnership, focussed on implementation of the integrated care partnership delivery plan – improving services, improving operational performance and delivering cost reduction.
- NHS providers will work together to make strategic and operational decisions that are in the best interest of the integrated care partnership.
- Where possible, in order to reduce duplication and bureaucracy, CCGs, NHS providers and if relevant local authorities, will seek opportunities to optimise corporate support services and infrastructure such as finance, quality, communications and governance teams.

**Current thinking about the development of integrated care partnerships by March 2019 and March 2020 is described on a subsequent slide.**



## We anticipate seeing:

- CCGs deploying their people and resources to work collaboratively with other CCGs in the local care system and with providers
- Providers making decisions and delivering care together – provider alliances
- CCGs, NHS providers and potentially local authorities sharing corporate support services and infrastructure?
- Over the next 18 months, working through together the impact on financial flows, contractual models and organisational forms (drawing national models such as the ICP contract consultation)

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## Enabling us to have:

- Better grip on improving the money, performance and quality
- Integrated care partnerships supporting clusters to develop and thrive
- Whole system implementation of improved care pathways, and reduction in unwarranted clinical, operational and service variation
- Collective support for all services in the integrated care partnership to meet operational performance and quality standards
- Reduced transaction costs

The ICP Task and Finish Group has been developing a vision of how the future might look. Each ICP will develop proposals that reflect their local context, challenges and opportunities



# A potential timeline for the development of ICPs

	October 2018 – March 2019	By April 2020
Strategy and Planning	<ul style="list-style-type: none"> <li>• Develop and agree plan to make optimal use of acute and specialised physical and mental health services</li> <li>• Aligning the work of clusters at HWB footprint with community and acute physical and mental health services</li> </ul>	<ul style="list-style-type: none"> <li>• Agreed single strategy and operational plan for the integrated care partnership describing collective priorities and how those priorities will be delivered</li> <li>• Planning undertaken jointly by CCGs, providers and LAs</li> </ul>
Care Redesign	<ul style="list-style-type: none"> <li>• Implementing Urgent &amp; Emergency Care priorities for the integrated care partnership</li> <li>• Developing optimal care pathways across the integrated care partnership</li> <li>• Agreed plan to support the development of clusters</li> <li>• Engaging staff and local communities in redesign</li> </ul>	<ul style="list-style-type: none"> <li>• 100% of clusters thriving, with lower mental and physical acute care demand as integrated teams support people to stay well at home</li> <li>• Managing a comprehensive programme of service improvement to address the integrated care partnership priorities</li> <li>• Population groups with high service utilisation or unmet need identified and action agreed</li> </ul>
Workforce development	<ul style="list-style-type: none"> <li>• Understanding the workforce issues for the integrated care partnership</li> </ul>	<ul style="list-style-type: none"> <li>• Securing the right workforce, in the right place with the right skills in the integrated care partnership, and ensuring the wellbeing of staff</li> </ul>
Accountability & performance management	<ul style="list-style-type: none"> <li>• Working together to monitor and improve delivery of constitutional standards</li> </ul>	<ul style="list-style-type: none"> <li>• Instigating clinically led quality improvement</li> <li>• Extensive use of data to drive improvement</li> <li>• Oversight of delivery in clusters</li> <li>• Leading recovery of standards without outside intervention</li> </ul>
Managing collective resources	<ul style="list-style-type: none"> <li>• Understand current resource use in the integrated care partnership</li> <li>• Working together to make the best use of the collective resources (workforce, estate, financial) in the integrated care partnership</li> <li>• Test new approaches to manage funding flows (e.g. DTOC)</li> <li>• Maximising system wide efficiencies</li> </ul>	<ul style="list-style-type: none"> <li>• Managing the collective resources of the integrated care partnership</li> <li>• Capable of taking on a delegated budget</li> <li>• Directing resources to address the key integrated care partnership risks</li> <li>• Shared corporate support services</li> <li>• Shared medium term financial plan including efficiencies</li> </ul>
Leadership & governance	<ul style="list-style-type: none"> <li>• Understanding the context, ambitions and challenges of each member of the integrated care partnership, building trust, acting together</li> <li>• Governance structure in place to enable collaboration</li> <li>• Cluster leaders engaged in integrated care partnership planning and decision making</li> <li>• Members of the integrated care partnership working together to agree any changes required to organisational structures</li> </ul>	<ul style="list-style-type: none"> <li>• Joint provider, CCG and LA leadership to enable planning and delivery in the integrated care partnership</li> <li>• Care professionals leading service integration</li> <li>• Governance mechanisms in place to enable decisions to be made in the best interests of the system and residents</li> <li>• Implementing agreed changes to organisational structures to better enable delivery in the integrated care partnership</li> </ul>

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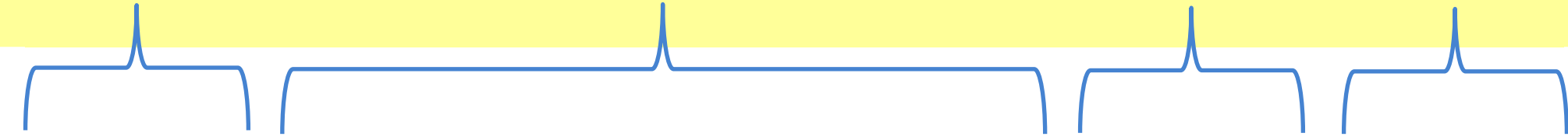
**Work with geographically aligned partners within the identified four ICP footprints to:**

1. Discuss and agree the remit and focus of the ICP;
2. By October 2018 prepare a Memorandum of Understanding [MoU] that sets out the remit, focus and the leadership / governance / decision making arrangements of the ICP and how the local Health and Wellbeing Boards (Care systems) and the ICP interface with one another - the balance and focus of each;
3. Set out the key milestones for the ICP for April 2019 and April 2020.

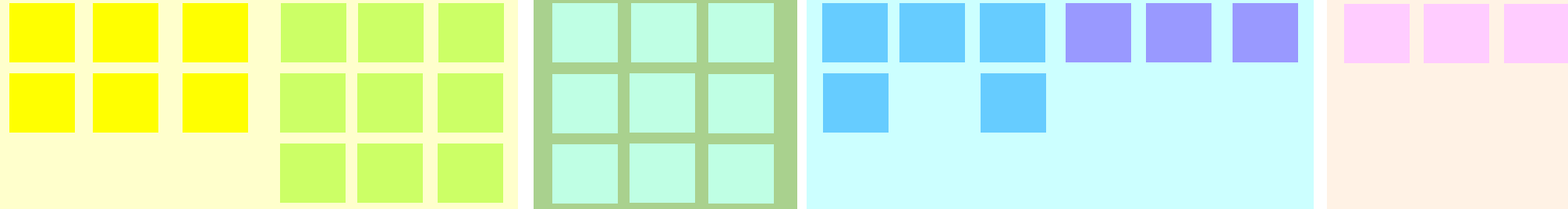
# Strategic planning, transformation, resource allocation and assurance at the scale of Hampshire & Isle of Wight

Strategic planning/commissioning at HIOW tier. Health and Wellbeing Alliance for HIOW

Southampton Hampshire Portsmouth Isle of Wight



Southampton South West Hampshire North & mid Hampshire South East Hampshire Portsmouth Isle of Wight



Southampton and South West Hampshire North & Mid Hampshire Portsmouth and South Eastern Hampshire Isle of Wight

Joint planning of services and activities best undertaken at population of 2m

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# Strategic planning, transformation, resource allocation and assurance at the scale of Hampshire & Isle of Wight

In order to support and add value to the work of clusters, HWB footprints and integrated care partnerships, it is envisaged that providers, commissioners and local authorities will work together to undertake strategic planning, transformation, resource allocation and oversight activities at HIOW level.

This could be achieved, by April 2020, through a single entity for HIOW which, in its mature form, would develop strategy, set priorities and provide strategic leadership and direction to the HIOW integrated care system.

The strategic planning and transformation function in the HIOW integrated care system would:

- include the input and expertise of providers, CCGs and local authorities
- programme manage the implementation of HIOW level transformational change (change that spans more than one integrated care partnership or which is most appropriately managed at HIOW system level)
- proactively support the development of integrated care partnerships
- manage the specialised commissioning budget for HIOW
- align the resources coming into HIOW from a wide variety of sources around the delivery of the agreed strategic priorities, in order to increase the impact for populations
- act as the assurance body for HIOW, providing oversight of operational, quality and financial performance, and enabling the HIOW integrated care system to take action to improve performance without the need for outside intervention.

Whilst recognising the important role of external regulation, it is anticipated that the integrated care system will increasingly develop the capacity and capability to role-model 'self-regulation' – where robust processes are in place to ensure that action is taken to identify issues and improve performance without the need for outside intervention.

Creating this strategic planning and transformation function for the HIOW, which involves providers, CCGs and local authorities, is an opportunity to bring together in one place a number of functions including: those CCG functions best undertaken at HIOW level, STP functions, functions currently undertaken by the Director of Commissioning Operations, NHS England/NHS Improvement regulatory functions, specialised services commissioning and potentially other NHS England direct commissioning activities; HIOW clinical networks.

**Current thinking about the transition towards this new way of working, by March 2019 and March 2020, is described on a subsequent page.**

It is proposed that, based upon national ICS, national guidance and evidence of best practice, an entity operating at the scale of HIOW could display the following characteristics:

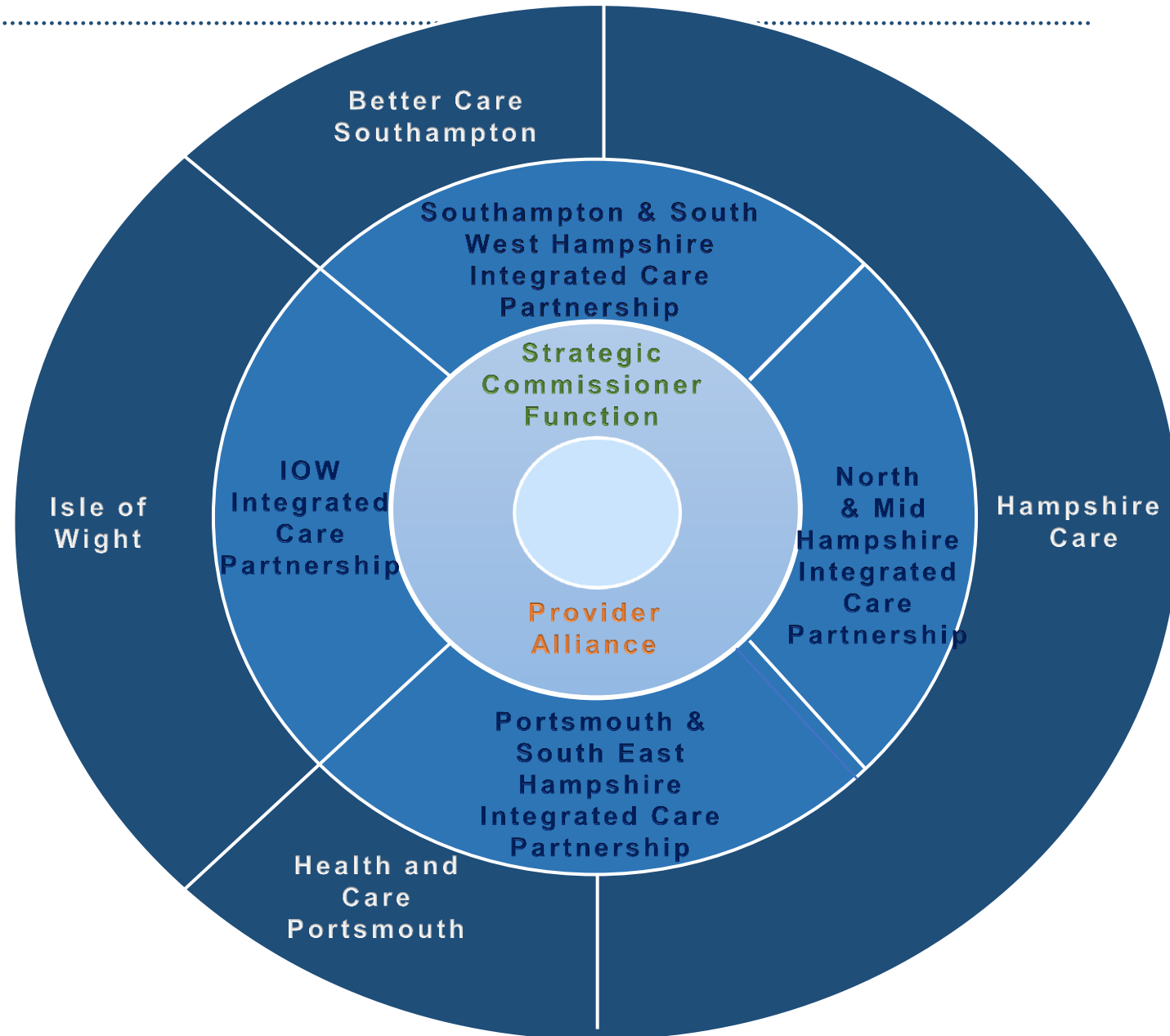
**Subsidiarity:** only undertaking functions that for reasons of cost or complexity need to be undertaken at the scale of 2m+ population. Unnecessary complexity and bureaucracy are stripped out with 80% of the transformation process led by local place-based teams;

**Inclusive:** national models / guidance show that prospective ICS are founded on partnership; for HIOW this would draw together:

- A newly established strategic commissioning function
- the four HWB footprints
- the four integrated care partnerships
- provider alliance

**Founded on self-regulation:** all components of reformed systems have effective self-regulation and enable a model of collective assurance at the scale of the ICS. This allows NHS England and NHS Improvement to deploy resource into the ICS and have a single touch point on delivery to the newly reformed regional and national infrastructure;

**Politically-led:** prospective ICS all demonstrate strong political leadership and close connection with Health and Wellbeing Strategies and Boards.



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# Strategic planning/commissioning at the scale of HIOW 37

As an immediate next step in the transition to this future system model, it is proposed that HIOW CCGs and local authorities establish a strategic planning/commissioning function during Q3 2018/19.

By working together at HIOW level, CCGs and local authorities expect to be able to reduce fragmentation and bring the following immediate benefits:

- stronger alignment of health and local authority commissioning
- the development & agreement of consistent whole system strategic priorities for HIOW
- improved and simplified commissioning decision-making for HIOW wide issues.

The functions of the strategic planning/commissioning function in its initial form would include:

- Setting consistent commissioning strategy and strategic priorities for HIOW
- Managing whole system resilience at HIOW level
- Management and deployment of supra-allocation resources (including capital)
- Demand and capacity planning and commissioning decisions about the future configuration of acute physical and mental health services for the 2 million population of HIOW
- Oversight of NHS constitutional standards, financial performance and quality improvement – with work to be done to ensure this activity isn't duplicated elsewhere
- Work with specialised commissioners, understanding current activity flows and costs, inputting to and aligning decision making
- It is also proposed that the strategic planning/commissioning function incorporates the transformation programme function of the HIOW Sustainability and Transformation Partnership.

Proposed governance:

- Established through a joint committee, in the first instance, during Q3 2018/19
- Members include CCGs, NHS England (specialist commissioning and Regional Director of Commissioning) and local authorities
- Joint committee will have delegated authority to make binding decisions in relation to the in-scope functions and responsibilities
- Expect by April 2019 the governance and organisational arrangements evolve further

**The strategic planning/commissioning function is a mechanism through which commissioners can pool skills, expertise, resources and accountability to deliver transformation at HIOW level. There is a strong desire to create a new way of working, rather than add layers to existing ways of working.**

# The developing functions at a scale of HIOW

	October 2018 – March 2019	By April 2020
Strategy and Planning	<ul style="list-style-type: none"> <li>• Clear commissioning priorities agreed for HIOW</li> <li>• HIOW system strategy and priorities being refreshed/updated</li> <li>• Demand and capacity planning for HIOW acute services</li> <li>• Agree aligned planning process for 2019/20-2020/21</li> </ul>	<ul style="list-style-type: none"> <li>• CCGs, providers &amp; LAs setting shared strategy &amp; priorities for HIOW with aligned health &amp; LA planning processes</li> <li>• Fully own a single HIOW system operating plan that brings together plans of constituent parts of the system</li> </ul>
Care Redesign	<ul style="list-style-type: none"> <li>• Decisions being made about future configuration of acute physical health and mental health crisis and acute care</li> <li>• Leadership of plans to improve urgent care for HIOW, including oversight of delivery of the Integrated Urgent Care Plan</li> <li>• Decisions about community services provision for Hampshire</li> </ul>	<ul style="list-style-type: none"> <li>• Well developed plans being enacted to support the development of integrated care partnerships</li> <li>• Programme managing the implementation of HIOW level strategic change programme</li> <li>• Leading on implementation of acute service and estate reconfiguration</li> </ul>
Workforce development	<ul style="list-style-type: none"> <li>• Understanding the workforce issues for the system</li> <li>• Influencing the addressing of key workforce issues</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic workforce plan in place and being implemented</li> <li>• Influencing future workforce supply and training requirements</li> </ul>
Accountability & performance management	<ul style="list-style-type: none"> <li>• Oversight of HIOW winter resilience and preparedness</li> <li>• Oversight of delivery of integrated urgent care plan</li> <li>• Acting as interface with assurance bodies for HIOW</li> </ul>	<ul style="list-style-type: none"> <li>• Collective oversight of quality, operational performance and money</li> <li>• Acting as the assurance body for HIOW – supporting the system to take action to improve performance and address challenges without the need for outside intervention</li> </ul>
Managing collective resources	<ul style="list-style-type: none"> <li>• Agree system wide capital and estate priorities and sign off wave 4 capital allocations</li> <li>• Develop understanding of whole system financial plans and financial risks</li> <li>• Plan for aligned management of specialised commissioning</li> </ul>	<ul style="list-style-type: none"> <li>• Take accountability for a HIOW system control total</li> <li>• Managing collective finances &amp; risk openly and as a system</li> <li>• Aligning resources flowing into HIOW to achieve priorities</li> <li>• Support integrated care partnerships to take delegated budget</li> <li>• Managing the specialised commissioning budget</li> </ul>
Leadership & governance	<ul style="list-style-type: none"> <li>• CCGs operating with a single decision making committee for HIOW level commissioning business</li> <li>• All STP partners involved in the design of the future HIOW level system strategic planning, implementation and assurance function</li> <li>• STP partners providing leadership to strategic change programmes</li> </ul>	<ul style="list-style-type: none"> <li>• A single coherent entity in place that brings together HIOW level CCG functions, STP and NHSE/I functions</li> <li>• Strategic alignment of providers, commissioners and local authorities around the system strategy and priorities</li> <li>• Clear clinical leadership for the system and input from HWB footprints and integrated care partnerships in decision making</li> </ul>

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# Statutory bodies are asked to:

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**Endorse the recommendations of the EDG, informed by the work of the strategic commissioning task and finish group, that:**

1. The strategic commissioning task and finish group further develop the proposal with an aim to establish a strategic commissioning function by October 2018, initially through a joint committee which will have delegated authority to make binding decisions in relation to its in-scope functions and responsibilities.
2. That a new task and finish group is convened including providers, commissioners, local authorities, and NHS England and NHS Improvement, to work together and take responsibility for the development of the next phase of the work to build the strategic planning, transformation, resource allocation and assurance function for HIOW, constructing ICS governance that supports our approach.

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# Summary of recommendations

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In summary, the governing bodies and boards of statutory organisations are asked to endorse the following recommendations from the EDG, informed by task and finish group work to date:

## Clusters

1. The developing role of clusters as outlined earlier
2. The recommendation that partners across HWB footprints and integrated care partnerships work together to define the resources required for cluster operation – a critical first step is establishing professional and operational leadership to drive cluster development

### 3. The proposed next steps for the cluster task and finish group which are summarised as follows:

- Page 311
- a. Quantify the impact/expected outcomes of cluster teams (already in progress in most areas): defining outcome metrics for individual clusters and a small set of common metrics across whole HIOW
  - b. Describe the support requirements and responsibilities to accelerate full cluster implementation
  - c. Describe the proposed interplay between clusters and other components of the ICS, including governance and participation arrangements for clusters as part of HWB footprints and integrated care partnership structures
  - d. Strengthen primary and social care involvement in this work at a Hampshire and Isle of Wight level (membership of the task and finish has already been extended to reflect this)

## Health and Wellbeing Board Footprints

1. The emerging 'restatement' of the function of partnership working on a HWB footprint as described earlier in the document
2. The proposed next steps for the task and finish group by the end of September, which are to:
  - a. define the common functions of the role of HWB footprints in an integrated care system
  - b. clarify the relationship between this and the other component parts of the proposed Hampshire and Isle of Wight Integrated care system
  - c. set out a mechanism for achieving 'active and effective democratic engagement at all levels' across the Hampshire and Isle of Wight integrated care system (including the role of HWB)

## Integrated care partnerships

Work with geographically aligned partners within the identified four ICP footprints to:

1. Discuss and agree the remit and focus of the ICP;
2. By October 2018 prepare a Memorandum of Understanding [MoU] that sets out the remit, focus and the leadership / governance / decision making arrangements of the ICP and how the local Health and Wellbeing Boards (Care systems) and the ICP interface with one another - the balance and focus of each;
3. Set out the key milestones for the ICP for April 2019 and April 2020.

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## Strategic commissioning

1. The strategic commissioning task and finish group further develop the proposal with an aim to establish a strategic commissioning function by October 2018, initially through a joint committee which will have delegated authority to make binding decisions in relation to its in-scope functions and responsibilities.
2. That a new task and finish group is convened including providers, commissioners, local authorities, and NHS England and NHS Improvement, to work together and take responsibility for the development of the next phase of the work to build the strategic planning, transformation, resource allocation and assurance function for HIOW, constructing ICS governance that supports our approach.



# Next steps

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A number of recommendations have been set out linked to each component of the proposed ICS. In addition to those associated with the specific components of the proposal, there are a number of overarching 'implementation programme deliverables', some of which will result as a coming together of the outputs from the various task and finish groups. These include:

- System reform implementation programme plan
  - Structure and leadership plan – transitional and end state
  - Development and implementation of a communications and engagement plan
  - Request for support (endorsement, agreement in principle, technical and financial) from NHS England, NHS Improvement and other arms length bodies such as the Local Government Association, NHS Leadership Academy, Health Education England
  - Proposals to replace STP infrastructure (inc. Chair & SRO) to align with future form
  - Organisational change plan and talent management plan
- HIOW ICS Chair and relevant leadership appointments
  - Indicative budgets and financial framework for all components of the ICS
  - Three year financial plans

**It is recommended that a working group is formed, reporting to the EDG, to support the development of the above. Members of EDG are asked to nominate a representative to represent the interests of their part of the system.**

# Glossary

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**Clusters** - also referred to locally and nationally as neighbourhoods, localities, primary care networks. Multi-disciplinary teams delivering integrated health, care and wider services to cluster populations based on natural communities of 20-100,000 people.

**Health and Wellbeing Board (HWB) footprints** – also known as care systems and are based on local authority footprints. The basis of the joint strategic needs assessment (JSNA), means through which HWB exert tangible influence on the direction of health and care services for the population through health and care commissioning and wider determinants of health. Locally the HWB footprints come under the guise of Better Care Southampton, Health and Care Portsmouth, Hampshire Care and the Isle of Wight Care Board.

**Integrated care partnerships** – also know as local care partnerships and are based on acute (physical) hospital footprints. Integrating care delivered in clusters with broader community and acute physical and mental health services; optimising the utilisation of acute services; designing and implementing optimal care pathways.

**Integrated care system** - the Hampshire and Isle of Wight health and care system, serving a population of 2 million citizens.

NHS England defines ICS as those systems in which:

“Commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations”.



## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select Committee
<b>Date:</b>	20 November 2018
<b>Title:</b>	Adult Safeguarding Update
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Jo Lappin, Head of Safeguarding, Quality and Governance

**Tel:** 01962 847971

**Email:** [Jo.Lappin@hants.gov.uk](mailto:Jo.Lappin@hants.gov.uk)

#### 1. Recommendations

1.1 That the Health and Adult Social Care Select Committee:

- a) Note the content of this report.
- b) Receives a further update on Adult Safeguarding in 12 months' time.

#### 2. Executive summary

2.1 The purpose of this report is to provide the Health and Adult Social Care Select Committee with an annual update on Adult Safeguarding. This update (as well as completed integral appendices A and B) is provided within the attached Cabinet report.

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# HAMPSHIRE COUNTY COUNCIL

## Decision Report

<b>Decision Maker:</b>	Cabinet
<b>Date:</b>	5 November 2018
<b>Title:</b>	Adult Safeguarding
<b>Report From:</b>	Director of Adults' Health & Care

**Contact name:** Jo Lappin, Interim Assistant Director, Older People & Physical Disability

**Tel:** 01962 847971

**Email:** [Jo.lappin@hants.gov.uk](mailto:Jo.lappin@hants.gov.uk)

### 1. Recommendations

- 1.1 That Cabinet receives this annual update report and notes the activity and progress within the area of adult safeguarding.
- 1.2 That Cabinet note the developments and risks in relation to the remit of our local authority statutory duty to safeguard and keep vulnerable adults safe.
- 1.3 That Cabinet note the contribution of the Hampshire Safeguarding Adults Board in leading the development of policy across the four local authority areas of Hampshire, Portsmouth, Southampton and the Isle of Wight.
- 1.4 That Cabinet receive a further update on adult safeguarding in 12 months time.

### 2. Executive summary

- 2.1. Adult safeguarding is a core duty of every local authority and the term is used to describe a broad range of activities and responsibilities undertaken to protect adults who may be vulnerable to a range of behaviours which could directly impact upon their wellbeing. This report provides an overview of developments and actions undertaken by Adults' Health and Care, the County Council and a range of partners in protecting the wellbeing of vulnerable adults in Hampshire.
- 2.2. Notable issues include the lead role the Hampshire Safeguarding Adults Board (HSAB) continues to take in leading the Inter Authority work across the wider Hampshire and Isle of Wight area. Work undertaken includes the development of responses to increasing awareness and the responses to adults who may be at risk of radicalisation and the positive work undertaken to support people with limited or no capacity to manage key decisions relating to their finances and property. Particular risks have previously been identified to Cabinet with regard to this latter area (Deprivation of Liberty Safeguards (DoLS)), and key issues are highlighted in more detail in this report. There are numerous positive elements of the adult safeguarding function that are identified including Hampshire County Council's work with partners, such as the continued

development of the Multi-Agency Safeguarding Hub (MASH), responses to emerging forms of abuse and increased activity through traded opportunities in the Client Affairs Service (CAS).

2.3. This report provides Cabinet with a detailed insight into the activities undertaken to keep vulnerable adults across Hampshire safe and to identify priorities over the coming year.

### **3. Context**

3.1. The statutory responsibilities for local authorities, Police and the NHS brought about by the Care Act 2014 has brought a change of emphasis and an enhanced focus on wellbeing, prevention and early intervention. The obligations now cover a wide range of activities and actions taken by a large number of individuals and organisations responsible for preventing, detecting, reporting and responding to the abuse of adults at risk. In a sense, the Care Act 2014 has therefore broadened the scope of adult safeguarding to include all activity designed to prevent harm from occurring, alongside our responsive duties following allegations of abuse or neglect.

3.2 For Adults' Health and Care much of the activity has focused on continuing to implement changes brought about by the Care Act 2014 and maintaining high levels of operational performance in this area. This has included refocusing internal resources to address our PREVENT duties and responsibilities.

### **4. Hampshire Safeguarding Adults Board (HSAB)**

4.1 The Hampshire Safeguarding Adults Board is a well established strategic Board whose membership includes all multi-agency partners. A new Independent Chair, Robert Templeton, took up post in January 2018. Mr Templeton is active in both local and national adult services / adult safeguarding networks. This is having a positive and beneficial impact by ensuring local arrangements across the wider Hampshire and Isle of Wight geography are wholly consistent with one another and that the Board is ensuring best practice against the national benchmark.

4.2 The policy framework for adult safeguarding is shared between the four local authority areas in Hampshire and the Isle of Wight. The Hampshire Safeguarding Adults Board continues to lead the policy development work on behalf of the other 3 Pan Hampshire local authorities. The policy, guidance and toolkit are ratified by the 4 Boards and this enables partner organisations such as the Police, Hampshire Fire and Rescue Service and NHS Trusts who work across local authority areas to benefit from a consistent approach. It is recognised that for some organisations the obligation to a high number of separate safeguarding boards and sub groups is challenging and may not be sustainable.

4.3 A key focus for the HSAB has therefore, been to identify opportunities for increased joint working and coordination across Hampshire's wider strategic partnership. The Board has therefore, undertaken joint work with neighbouring local safeguarding adult boards to introduce two new Pan Hampshire work groups addressing areas of common interest. This approach has enabled HSAB



not only reduce duplication but has also led to greater effectiveness and impact in a number of important areas including:

- Availability of consistent multi-agency policy and guidance.
- Sharing of expertise and best practice.
- Improved delivery of training and development.
- Wider application of learning from serious cases.
- Better use of time and resources for respective Boards and their partners.

- 4.4 HSAB has also been working in collaboration with the Hampshire Children's Safeguarding Board to promote the 'Think Family' theme across respective Board activities. This has resulted in the development of a Whole Family Protocol outlining a set of principles including a commitment to joint training, awareness raising within respective workforces, development of joint policies and guidance, awareness of the Mental Capacity Act 2015 and shared Learning into Practice activities. It is anticipated that this protocol will be formally launched at the joint 'Think Family' conference being held in January 2019.
- 4.5 Under the Care Act 2014, local safeguarding adults boards have a statutory duty to carry out a Safeguarding Adults Review (SAR) when an adult with care and support in its area dies and the Board knows or suspects the death was as a result of abuse or neglect and there is concern about how the HSAB, its members or organisations worked together to safeguard the adult. The purpose of the SAR is to establish whether there are any lessons to be learnt from the circumstances of a particular case and the way in which local professionals and agencies worked together to safeguard the adult at risk. The SAR brings together and analyses findings from investigations carried out by individual agencies involved in the case, in order to make recommendations for improving future practice where this is necessary.
- 4.6 In December 2016, HSAB commissioned a SAR to review the circumstances of Mr C's case to draw out specific learning relating to his support, care and treatment. As part of the SAR process, a multi-agency reflective workshop was held with the practitioners and operational managers involved in Mr C's care and support. This event focussed on Mr C's journey through the system and enabled reflection and shared learning in order to identify opportunities for improved working within and between agencies in the future.
- 4.7 Mr C was the third case since 2012 which involved the death of an adult with a learning disability highlighting concerns about the way deteriorating physical health needs of people with complex needs and behaviours are managed (Mr A 2012 and Ms B 2015). HSAB commissioned an independent thematic review and analysis of the issues and root causes across the three cases. The Thematic Review identified that there has been considerable improvement since the first of the three SARs and therefore there should be recognition of this.
- 4.8 The review highlighted however, that more still needs to be done to improve the experiences of those people with a learning disability who require admission to an acute hospital for diagnosis, care and/or treatment. People with learning disability often have a range of family, carers and health and social care professionals involved in their care. This makes coordination of that care when there is a change, especially complex for people for whom change can be

particularly difficult. HSAB has developed a multi-agency action plan to respond to the following common issues identified across all three cases which it will be progressing with partners over the coming year:

- Understanding and application of the Mental Capacity Act.
- Access to advocacy.
- Management of transitions in placements and to and from acute hospital care.
- Involving family in treatment decisions.
- Availability and access to the Learning Disability Liaison Nursing Service.
- Use of the Hospital passport.
- Effective hospital discharge planning.
- Continued use of the Care Programme Approach during hospital admission.
- Escalation and challenge

4.9 HSAB has produced its annual report for 2017/18 outlining the progress achieved against the priorities published in its strategic plan. These priorities focus on the themes of awareness and engagement; prevention and early intervention; workforce development; quality assurance; learning and review and service user involvement including Making Safeguarding Personal. The annual report highlights the key themes the Board will be focusing on over the coming year under the strategic priorities described above as well as a continued focus on joint working and coordination. The report was ratified at the September Board meeting.

## **5 PREVENT**

5.1 The Counter Terrorism and Security Act 2015 created a statutory duty to have due regard to the need to prevent people being drawn into terrorism. This duty applies to all public bodies (local authorities, police, NHS, schools, further and higher education providers, probation, prisons and youth offending services). The duty also applies to private providers supplying public functions for example, in the education sector. Previously, the lead responsibility for PREVENT lay with the police, however, local authorities now have the lead as PREVENT interventions are focused in the 'pre criminal space'.

5.2 Hampshire has an established PREVENT Partnership Board whose role is to provide a consistent and co-ordinated response. This is achieved through oversight of PREVENT activities across the area and ensuring PREVENT is addressed, as appropriate, in strategic plans and strategies.

5.3 The Hampshire PREVENT Partnership Board brings together agencies who provide services across Hampshire to share guidance, strategic work and improve co-ordination, however, in terms of governance the three neighbouring local authorities have their own delivery arrangements.

5.4 The Board has agreed a PREVENT Strategy and Action Plan which is monitored by the Board. The Board has launched a website providing access to a wide range of national and local multi-agency guidance.

- 5.5 Following the Home Office led peer review of the County Council's arrangements for PREVENT which took place in July 2017 a number of key developments have been implemented. These include the introduction of the County Strategy Group (CSG) and the creation of the Community Engagement Forum for Hampshire (CEFH).
- 5.6 Established under the Crime and Disorder Act 1998, the purpose of the CSG group is to provide strategic leadership and strategic direction for a range of community safety themes. The CSG is responsible for undertaking a strategic assessment of community Safety for the Hampshire County Council area and for the development of a County Agreement which sets out how partnership activity will be co-ordinated to address the priorities in the assessment, including effective working at the county and local levels. The focus of the CSG is on gaining assurance that the necessary work to address the priorities in the County Agreement is being coordinated effectively. Whilst there is no statutory accountability for performance to the CSG, the importance of evaluating the effectiveness of the co-ordination arrangements in addressing priorities and in agreeing any areas for development is reflected in the terms of reference. The work of the CSG will be included in the Council's wider scrutiny and governance arrangements reporting to relevant council committees as appropriate.
- 5.7 Since September 2017 work has been undertaken, using the principles of co-production, to establish a standing Community Engagement Forum for Hampshire (CEFH) emerging originally from the positive engagement of communities of interest in the PREVENT agenda positively recognised by a peer review of PREVENT carried out in 2016 with recommendations for further sustained development. In order to ensure the Forum is developed on firm foundations, a small advisory steering group has been established involving individuals from a range of communities of interest and the County Council. The steering group participants include representatives from the key 'protected characteristic' communities defined by the Equality Act 2010 as well as representatives from key partner organisations. A Community Engagement Plan has been produced by the steering group. A launch of the wider community engagement forum will be taking place in due course.
- 5.8 The PREVENT arrangements across Hampshire are chaired by a senior manager with a range of specialist and operational service delivery knowledge within Adults' Health and Care. Furthermore, Adults' Health and Care has also created a dedicated service manager role within the department to address the increasing volume and complexity of PREVENT related referrals into the County Council. This role will also focus on improving and co-ordinating Hampshire County Council's duties under the PREVENT agenda as a whole.

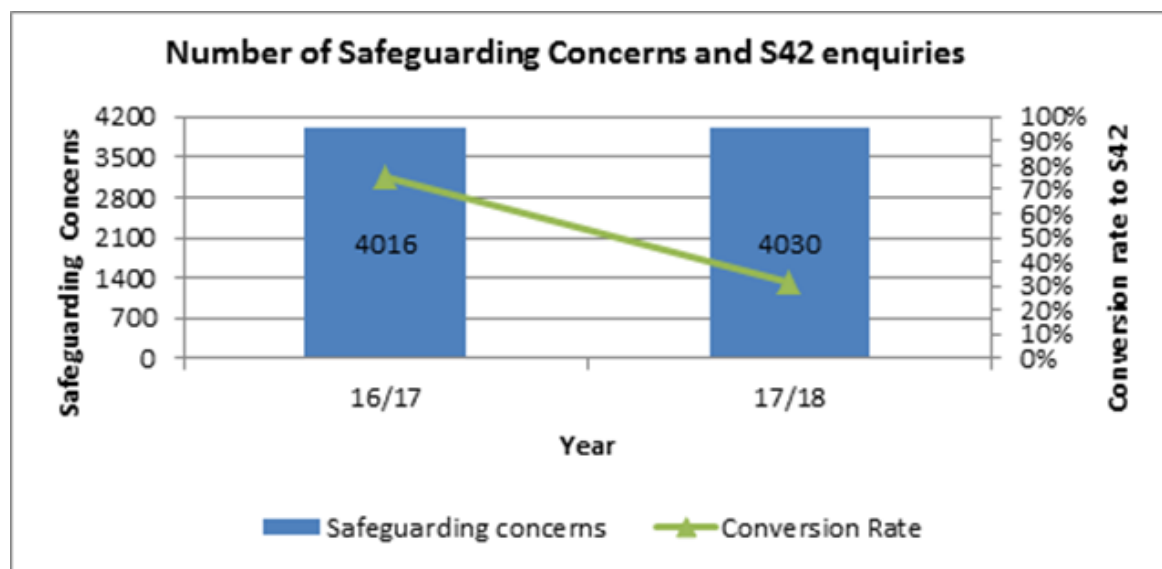
## **6. Activity**

- 6.1 Over the last few years Adults' Health and Care have continued to make improvements to the capture and reporting of safeguarding information. As a result of these changes it is not possible to directly compare activity between years.
- 6.2 The vast majority of safeguarding concerns are now directed to the Adult Multi-Agency Safeguarding Hub (MASH) where staff review them in relation to the

action required, consider multi-agency information sharing and proportionality. This enables the services to ensure that concerns that require a different response, for example a review of the care arrangements, are dealt with by the social work teams and not through safeguarding arrangements.

- 6.3 The nature of concerns reported to Adults' Health and Care are often on a continuum of poor quality care through to extremely serious abuse carried out where police investigation is required. Information gathering is required before a decision can be reached to establish if abuse or neglect has taken place.
- 6.4 MASH screen all safeguarding concerns for cases which are not allocated to a community team or keyworker, and advise on appropriate action.
- 6.5 Information is only forwarded to community teams where either follow on action is required by them, or the information needs to be shared to assist the local team to build a picture about a service/individual in their area. Despite the increase in concerns coming through the service the number of new S42 enquiries being opened does demonstrate that the role of MASH is having a positive impact on the workload of the community teams who would otherwise be undertaking much more of the screening function. Additionally the quality of the information that is passed to the community teams by the MASH team assists with robust decision-making and the quick identification of actions required.

6.6 An overview of recent annual referral numbers is shown below:



6.7 The chart above demonstrates the nearly static number of safeguarding concerns received (in blue) from 2016/17 compared with 2017/18. The conversion rate (represented with the green line) of actual formal S42 enquiries then initiated as a result of these concerns has reduced year on year from around **70%** to **30%**, this means that positive resolution is being achieved

without recourse to more formal and, by implication more time consuming enquiries and investigations.

6.8 There are two key reasons for this improvement; embedding the principles of Safeguarding as outlined in the Care Act 2014, specifically proportionality, meaning more alerts are resolved at an earlier stage, risks are reduced and outcomes reached negating the need for further processes.

6.9 The second reason for this change is greater use of our quality and contract monitoring processes. This means that where an alert is clearly as a result of the quality of care provision, for example late attendance at a domiciliary care visit or complaints to do with the quality or range of meals in care homes, then contractual remedies are employed to address this and increase the overall quality of the provider.

6.10 We expect to receive the national data for 2017/18 later this year which we will be able to use to benchmark this change against other parts of the country. This is important in order to determine whether the thresholds we are applying are in line with, or different from that, of other local authority's.

## **7. Recent Achievements**

7.1 The Client Affairs Service (CAS) operates to manage the property and financial affairs for people who lack the mental capacity to do this for themselves. People supported by the team have no family willing or deemed suitable to do this on their behalf. The CAS works with people who are subject to appointeeship and deputyship. An appointee is responsible for managing a person's benefits if the person has a low level of financial assets and is in receipt of benefits with no other sources of income.

7.2 If a person's financial affairs are more complicated (for example, if they have additional sources of income, investments or significant savings) then deputyship is used to manage all financial affairs including savings, pensions, all sources of income and assets such as property and valuables.

7.3 This is a growing area for the County Council as the contract to provide the service for Southampton City Council has recently been extended to include all their deputyship, not just the higher value cases. This 'sold' service is developing further due to recent agreements with Guernsey and an agreement with the Clinical Commissioning Groups (CCGs).

7.4 At the most recent assurance visit of the Client Affairs Service the Office of the Public Guardian referred to the Hampshire Service as being exemplary and a well performing team nationally.

7.5 The Service Manager for the DoLS and Client Affairs service is a Co-Chair of the National Association of Public Authority Deputies (APAD). In the capacity of this role she has been leading on a national training development to accredit the Client Affairs Case Officer Role using the Open College Network.

7.6 The Training plan has been written and now being piloted within Hampshire with 9 other local authorities attending. Once completed the plan is to roll out the

Accredited Training across England and Wales to nationalise the expected standard to operate corporate deputyship within local authorities.

## **8 Key Priorities**

- 8.1 One of the key priorities is to manage the demand as effectively as possible and address the opportunity for closer joint working system wide. This includes joining up responses between Children's Services and Adults' Health and Care regarding common areas.
- 8.2 In the light of the new operating model within Adults' Health and Care and the subsequent restructure through the introduction of the Contact Assessment Resolution Team (CART) this allows MASH to offer an enhanced service to keep hold of cases for longer so that they are able to resolve more and therefore send less through to the community teams.
- 8.3 Work is continuing to help improve the quality of Hampshire Police and South Central Ambulance Service alerts and positive progress has been made, working alongside Southampton, Portsmouth and Isle of Wight local authorities. The current reporting process (PPN1) has improved the quality of referrals from partner agencies. The PPN1 form is due to be replaced with a national PPN2 form which will place greater emphasis on consent of the subject and offers greater opportunity to improve referral quality.
- 8.4 The Children's MASH and the Adults' MASH operate from the same floor of the same building and the respective Service Managers continue to work together to join up systems wherever possible – e.g. shared referral process for PREVENT referrals.
- 8.5 Whilst it is recognised that there are different legal frameworks there is a significant opportunity to bring together the work of the teams where it would be valuable to do so and consider integrating processes where this would be beneficial to families.
- 8.6 As mentioned earlier in this report there is an increased focus on prevention and early intervention. A key aim in this regard has been to integrate safeguarding and the prevention and intervention agenda across the continuum of the procurement of services through to delivery.
- 8.7 Work streams include:
  - The further development of the Quality Outcomes Contract Monitoring (QOCM) framework. This informs the departmental risk log and there is now a county level reporting system. This different approach now allows for strategic oversight and early warning, intervention and support for providers who are commissioned by the Council to provide care and support in regulated settings including people's homes and in residential and nursing services.
  - As a preventative approach and in line with the new framework introduced in August 2018 additional quality checks for new providers before they are given business or added to the AIS system is now in place. This aims to ensure that a baseline of information is known about a service before the department commissions packages of care.

- Closer working with the social care regulator, the Care Quality Commission (CQC) and NHS colleagues to share information and agree consistent approaches to address poor quality care. The intention is to focus this approach to ensure that we have a robust approach to the management of quality in the sector to ensure we have pro-active embedded quality monitoring structures rather than just a quality improvement approach, largely based on a reactive risk based approach.

8.8 The local authority responsibility in respect of Modern Day Slavery/Human Trafficking derives from section 52 of the Modern Slavery Act 2015. The local authority is known as a 'first responder' and has a role in respect of the initial intervention and signposting. Adults' Health & Care have worked alongside the Police, Borders Agency, Salvation Army and the Medaille Trust to develop operational guidance which is now in place, with all referrals being managed via the Multi Agency Safeguarding Hub (MASH).

8.9 Victims of trafficking may not identify themselves as victims. They may appear extremely closed, distrusting and reluctant to communicate. Traffickers and exploiters often develop complex strategies to keep their victims dependent on them, making it especially difficult for victims to escape or disclose details, even if protection and support are offered. Modern Slavery training has therefore been the focus of recent safeguarding update training for the social work workforce to ensure a greater awareness of how to identify victims and the required response.

8.10 For this reason the scale of the crime is unknown. There have been two confirmed incidents in Hampshire since the new duties though there are reported incidents nationally and in neighbouring authorities. National examples include an increased prevalence amongst agricultural workers.

## **9 Risk Issues**

### **Deprivation of Liberty Safeguards (DoLS)**

9.1 The Local Authority acts as the 'supervisory body' under the Mental Capacity Act 2005 for Deprivation of Liberty Safeguards (DoLS). DoLS is the legal framework applied when someone has care and support needs which mean their liberty is deprived in order to keep them safe. Care homes and hospitals ('managing authority') must make an application to the local authority if they believe someone in their care, who lacks mental capacity, is deprived of their liberty as a result of care arrangements in place. These arrangements are necessary to ensure that no-one is deprived of their liberty without independent scrutiny.

9.2 The result of a Supreme Court judgement in March 2014 has had a considerable impact on resources as a result of the widening of the criteria in terms of who is eligible for a DoLS. This situation has been an issue of risk for the Council over the past four years and continues to be subject to significant management oversight. There are planned legislation changes, in July 2018 the Government published the Mental Capacity (Amendment) Bill which if passed into law will result in amendments to DoLS legislation currently named as Liberty Protection Safeguards. However, whilst we are fully supportive of this proposed approach, as set out in the Bill, this may take up to 4-5 years to be enacted. While this

gives the department time to prepare for new, amended responsibilities the risks that exist within the existing frameworks will continue to endure.

9.3 As a result of the judgement of March 2014, Adults' Health and Care has seen a significant increase in the number of DoLS applications.

9.4 The available budget in the DoLS service has been increased from 17/18, removing the financial risk. However, this means that the service must come in on budget whilst continuing to appropriately manage risks.

9.5 Productivity has further increased and revised ways of working have been proposed and are being piloted. In anticipation of the Liberty Protection Safeguards mentioned earlier, the service is developing a 'light touch' assessment – targeting people who have already been assessed at least twice, with no objection or conflict noted, no conditions and no change to the care plan, residing in the same location. The service then anticipates just one assessor visiting as opposed to two, with a records check, to then proceed on the basis of no change. The expectation is for throughput of assessments to significantly improve, but we can report on this at a later date.

### **Deprivation of Liberty (DoL)**

9.6 For people living in community settings requiring complex support packages there should also be due consideration as to whether the care and support arrangements amount to a deprivation of liberty. In these circumstances applications are made to the Court of Protection. The greatest area of risk is our learning disability services and we have now introduced a system to ensure service users who may be deprived of their liberty are appropriately referred to the Court of Protection with centralised management and oversight where this is the case.

9.7 This approach will now be rolled out across our services supporting Older Adults from Autumn 2018 once scoping work is completed and appropriate personnel identified.

### **Making Safeguarding Personal**

9.8 All practice should evidence a Making Safeguarding Personal approach to ensure the wishes and views of individuals are reflected in all decisions. Systems changes have been developed to enable recording of decision making but a recent internal review identified this to be an area for development. HSAB has Making Safeguarding Personal as one of its strategic priorities and the Board will be holding a Development Day in December to explore with multi-agency partners how this approach can be embedded in local safeguarding arrangements. Making Safeguarding Personal this has been by the four Local Safeguarding Adults Boards as an area of common interest which will benefit from a joint approach to implementation.

9.9 The internal safeguarding review has further identified opportunities to develop the service in respect of improving consistency, clarifying process and procedure and to take a more strategic approach to safeguarding across the



whole department. There is a practice steering group to implement a corresponding action plan to improve the overall safeguarding offer.

## **10. Gosport War Memorial Inquiry**

10.1 The recently published Gosport War Memorial Hospital Inquiry is an in-depth analysis of the Gosport Independent Panel's findings. It explains how the information reviewed by the Panel informed those findings and illustrates how the disclosed documents add to public understanding of events at the hospital and their aftermath. The documents that the Panel has found reveal that during an extended period at Gosport War Memorial Hospital the lives of a large number of patients were shortened by the prescribing and administering of "dangerous doses" of a hazardous combination of medication not clinically indicated or justified.

10.2 HSAB is the key mechanism for agreeing how local agencies will work together effectively to safeguard and promote the safety and wellbeing of adults with care and support needs who are at and/or are in vulnerable situations. Recent critical events such as the independent inquiry into Gosport War Memorial Hospital (and also similar past events such as Mazars) have highlight the need for the HSAB to be increasingly proactive in gaining assurance that partner agencies, both individually and collectively, have robustly addressed and implemented learning from the Inquiries in order to ensure similar events cannot happen again in the future. Going forward, HSAB will be establishing a multi-agency 'Learning from Deaths' Forum to help drive these improvements.

## **11. Finance**

11.1 Adult safeguarding is core work for every team and is embedded in all service provision as a core duty of the department. It is therefore impossible to provide a total cost for carrying out safeguarding work within the Department.

11.2 The HSAB budget is made up of agency contributions as follows - Adult Services 63%, Clinical Commissioning Groups 26% and the Police 11%. The total budget in 2017/18 is £126,384.

11.3 The Prevent duties attracted a £10k one-off payment for local authorities which were used for set up costs and the ongoing specific Prevent budget of £15k is met by Adults' Health and Care, Children's Services and the Office of the Police Crime Commissioner (OPCC) in equal measure.

11.4 The DoLS budget has been increased to £1.3million in order to manage the demand and the service will successfully operate within this budget.

## **12. Future Direction**

12.1 The main focus of the work over the coming months will be to:

- Ensure the approach of Making Safeguarding Personal is universally adopted
- Deliver the Hampshire Safeguarding Adult Board Business Plan
- Continue to support the development of PREVENT

- Continue to work with the NHS and CQC regarding quality improvement
- Continue to work to embed safeguarding into the commissioning and procurement of the department
- Risks in respect of the DoLS service continue to require attention and close management
- Address multi-agency learning and undertake any necessary actions arising from the Gosport Independent Panel review, as required.

**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

**Other Significant Links**

<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>
Care Act	2014

**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.)

<u>Document</u>	<u>Location</u>
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:**

The multi-agency policy, guidance and toolkit has its own equality impact assessment. The local authority approach to safeguarding is applicable across all communities.

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

2.1. Adults' Health & Care work alongside Hampshire Constabulary and key criminal justice agencies to support those who are at risk of, or suffering, abuse in order that they received access to justice in the event of criminal activity.

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

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

No impact has been identified

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 impact has been identified

## HAMPSHIRE COUNTY COUNCIL

### Report

<b>Committee:</b>	Health and Adult Social Care Select (Overview and Scrutiny) Committee
<b>Date:</b>	20 November 2018
<b>Title:</b>	Social Inclusion Task and Finish Group: Outcomes Report
<b>Report From:</b>	Social Inclusion Task and Finish Group

**Contact name:** Mark Allen

**Tel:** 01962 845056

**Email:** Mark.allen@hants.gov.uk

#### 1. Recommendations

- 1.1. As a result of their deliberations, the Task & Finish Group arrived at the following recommendations. The Health and Adult Social Care Select Committee is invited to endorse these recommendations and to submit them to the Executive Member for Adult Social Care and Health for consideration.
  - a) That the recommendations in the report '*Homelessness Support Services: Outcome of the Social Inclusion Transformation to 2019 Review*' under section 1 are endorsed to the Executive Member for Adult Social Care and Health for decision.
  - b) That the County Council actively participates in partnerships, at a district and county level, to reduce homelessness and end rough sleeping.
  - c) That the County Council actively engages with all partners to explore how the varying needs of individuals and families can be met earlier and before they may need more intensive services.
  - d) That the County Council continues to offer expertise to and partners with any District or Borough Council choosing to put in bids for additional funding opportunities, where the objectives of this funding aligns with the objectives of the Social Inclusion Services.

#### 2. Executive Summary

- 2.1. In September 2017 the Health and Adult Social Care Select Committee initiated a Task & Finish Group to support a review of Social Inclusion services.
- 2.2. The objective of this review was to realise savings that could contribute to the £56 million required by the Adults' Health and Care department and necessary to support the County Council to achieve a balanced budget by 2019, whilst safeguarding support for the most vulnerable.

- 2.3. This report outlines the work of the Social Inclusion Task and Finish Group, including their final conclusions and recommendations, and follows on from the interim report presented to the Health and Adult Social Care Select Committee in May 2018.
- 2.4. The Group has met 6 times over the last 12 months and each meeting has given Members the opportunity to question and scrutinise the approach being taken to the review of Social Inclusion services, hear the views expressed by a range of stakeholders, including district and borough councils, and provide input to support the development of final proposals.
- 2.5. The final proposals for changes to services are outlined in section 5 of the report *'Homelessness Support Services: Outcome of the Social Inclusion Transformation to 2019 Review'*.

### **3. Membership**

- 3.1. The Task and Finish Group was a cross party group and initially included the following Members:  
Cllr David Keast (chair)  
Cllr Ann Briggs  
Cllr Alan Dowden  
Cllr Marge Harvey  
Cllr Barbara Hurst
- 3.2. Cllr Barbara Hurst subsequently resigned from the group in February 2018 following her resignation from the Health and Adult Social Care Select Committee.

### **4. Contextual Information**

- 4.1. Social Inclusion services are accommodation-based and community support services for people who are homeless or at risk of homelessness, including hostel accommodation for people sleeping rough and preventative services to help people keep their accommodation.
- 4.2. Service users include rough sleepers, people with mental health problems, people with substance misuse issues and people with a history of offending.
- 4.3. To support understanding of the purpose of Social Inclusion services during the review period, services are now referred to as Homelessness Support Services.
- 4.4. The County Council currently spends £4.2 million on Social Inclusion services. A proposal to reduce the budget attached to these services by £2 million was included in the Adults' Health and Care Transformation to 2019 Revenue Savings Report and approved by full council in November 2017.

## 5. Considerations of the Task & Finish Group

- 5.1. At the first meeting in November 2017, the group considered their remit as set out in the Terms of Reference and heard about the objectives of the review. Officers shared information about current services and what it was hoped would be achieved through reviewing these services in partnership with the District and Borough Councils.
- 5.2. The Group were made aware of the membership and objectives of the multi-agency Social Inclusion Advisory group that had been set up to support the review process and development of proposals for changes to services that could achieve the identified savings. It was agreed that the HASC Task and Finish group would meet following each advisory group meeting to hear feedback from this group and scrutinise the progress of the partnership approach to the development of proposals.
- 5.3. Over subsequent meetings, discussions were had regarding the complex landscape in which the reduction in budget and review of services was taking place and it was noted that whilst the County Council has no statutory duty to provide these services, they do contribute to demand and prevention management and support a vulnerable client group.
- 5.4. It was also noted that some people who use Homelessness Support services may have eligible support needs which, under the Care Act 2014, the County Council has a duty to ensure are met.
- 5.5. The Group were also made aware of the significant changes to homelessness legislation introduced in April 2018 under the *Homelessness Reduction Act 2017*. This new legislation extends the statutory duties of the District and Borough Councils regarding the prevention and relief of homelessness. It was noted that funding is available to the District and Borough Councils for the prevention and relief of homelessness and that the ring fenced funding that was available to the County Council for housing related support services for people who are homeless or at risk of homelessness ended in 2012 .
- 5.6. Discussions were had regarding the range of existing community services that are available, the use of these resources and the need for early intervention to reduce demand on crisis services. All present felt that raising the profile of the range of community resources that are available to support people at an earlier stage would be beneficial and that this was key to reducing the impact of any proposed changes to services. Members said that the general public often want to help homeless people and considered that more could be done to ensure that donations go to voluntary sector services helping this group.
- 5.7. At each meeting, the Group heard about how the County Council was engaging with partners regarding the potential for joint investment in services and how the review was being used as an opportunity to improve partnership arrangements in the future.

- 5.8. The Group considered the detail of the proposed changes to services as they were being developed with the District and Borough Council homelessness leads.
- 5.9. Information about the funding available to the District and Borough Councils to deliver Homelessness prevention and relief services was shared on request, specifically the new burdens funding allocated to these Councils for implementation of the Homelessness Reduction Act and the ring-fenced Flexible Homelessness Grants. It was noted that these funding streams have only been confirmed until 2021. Members heard how some District and Borough Councils are considering (subject to their own cabinet approval) how they could jointly fund services with the County Council using some of their Flexible Homelessness Grant.
- 5.10. Members also asked about the additional central government funding available to support rough sleepers following the publication of the Rough Sleepers Strategy in August and information about the opportunities that may be available was shared. It was noted that any additional funding for homelessness would go to the District and Borough Councils as the local housing authorities responsible for the prevention and relief of homelessness. However, the County Council is keen to be involved in relevant partnership bids.
- 5.11. Officers shared information regarding how the proposed changes to County Council funded Homelessness Support Services would dovetail with the services available from the District and Borough Councils and the wider voluntary sector.
- 5.12. Members were interested in the role of other agencies in supporting the client group and the need for partnerships was stressed at several meetings. It was recognised that the multi- agency meetings had resulted in stronger partnerships and it was hoped that this momentum would continue.
- 5.13. A concern was expressed regarding the proposed reduction in lower level support services and the potential impact on people affected by the changes in welfare benefits, specifically the roll out of Universal Credit. Officers confirmed that the DWP had been a partner in the development of proposals and are providing information and support to manage the roll out of Universal Credit in partnership with the District and Borough Councils and voluntary sector.
- 5.14. Concerns were also expressed regarding the impact on Care Leavers. Officers confirmed that Children's Services were involved in the review process and invited to the multi-agency meetings.
- 5.15. In May the draft consultation documents were shared with the Group and Members were given the opportunity to scrutinise the planned approach to the consultation.
- 5.16. The importance of engaging with and seeking feedback from service users during the consultation was stressed and Members were satisfied that appropriate plans were in place to secure this engagement. A request was



also made for communications to the District and Borough Council Chief Executives and Portfolio Holders.

- 5.17. Prior to the start of the consultation, a decision was made by senior officers to reduce the savings target attached to this group of services to £1.8 million. This decision was a direct result of input from key partners and the Task and Finish Group and was made to ensure that community support would still be available to those with complex needs who may find it difficult to engage with more mainstream services without assistance.
- 5.18. In October, feedback from the consultation was shared and considered by the Group. The Group heard how this had been shared with District and Borough Councils and used to develop final proposals. It was noted that the consultation highlighted the need for stronger partnerships and more joined up solutions.
- 5.19. The Group considered the final proposals for changes to services and how the proposed changes could be implemented. Members agreed that the proposed recommendations were pragmatic given the complexity of the review and would ensure that disruption to service users was minimised.
- 5.20. In addition to the proposals for changes to County Council funded services, Members were also provided with information about the proposed joint funding arrangements with some District and Borough Councils and information about how others are intending to provide more support to people at risk of homelessness in house.
- 5.21. At the final meeting held in early November, the Group discussed high level plans for the implementation of the proposed changes should they be approved by the Executive Member on 5 December 2018. A full 8 months would be available to support the transition to the proposed new arrangements and anyone affected by the changes would be provided with information and help to access alternative services. Work would also be undertaken to ensure that access to alternative services is promoted across key stakeholders.

## **6. Conclusions**

- 6.1. Members considered the information they had received over the course of the Social Inclusion Task and Finish Group. The following was of particular note;
  - The statutory responsibilities of the District and Borough Councils to prevent and relieve homelessness.
  - How services contribute to the Adults' Health and Care Demand and Prevention management approach.
  - The support needs of people using services and those who may have eligible care and support needs as defined by the *Care Act 2014*.
  - Other sources of support that are available for those with less critical support needs.

- The importance of strong and effective partnerships to ensure the best use of collective resources for the delivery of homelessness support in the future.
  - The financial challenges facing the County Council and the need to target services to meet the needs of the most vulnerable.
  - The potential funding opportunities available to the District and Borough Councils to support the delivery of support services for rough sleepers.
  - The importance of the voluntary sector and ensuring that people receive support early.
  - The key role of the multi-agency Social Inclusion Advisory Group in the development of proposals for changes to services.
- 6.2. As a result of the information received and discussed, the Task & Finish Group agreed the recommendations in section 1 to submit to the full Select Committee.
- 6.3. These recommendations include the endorsement of the recommendations put forward in the report *'Homelessness Support Services: Outcome of the Social Inclusion Transformation to 2019 Review'* under section 1 for decision by the Executive Member for Adult Social Care and Health on 5 December 2018.

# HAMPSHIRE COUNTY COUNCIL

## Decision Report

<b>Decision Maker:</b>	Executive Member for Adult Social Care and Health
<b>Date:</b>	5 December 2018
<b>Title:</b>	Homelessness Support Services: Outcome of the Social Inclusion Transformation to 2019 Review
<b>Report From:</b>	Director of Adults' Health and Care

**Contact name:** Paul Archer

**Tel:** 01962 846124

**Email:** Paul.archer@hants.gov.uk

### 1. Recommendations

- 1.1. That the Executive Member for Adult Social Care and Health agrees to a reduction in spend on County Council funded Homelessness Support Services of £1.8m per annum from 1 August 2019 through the modification of current County Council contracts for Social Inclusion services and a new grant agreement with Basingstoke and Deane Borough Council.
- 1.2. That the Executive Member for Adult Social Care and Health approves modifications to the Social Inclusion contracts that include a change in eligibility and an additional optional extension to March 2022, as set out in this report.
- 1.3. That the Executive Member for Adult Social Care and Health grants permission to modify the contract for Winchester Night Shelter to include the option to extend this contract to March 2022 and approves an increase in spend of £61,680, increasing the aggregate value of this contract from £308,400 to £370,080, should the additional option to extend be exercised.
- 1.4. That the Executive Member for Adult Social Care and Health gives delegated authority to the Director of Adults' Health and Care in consultation with the Executive Member to exercise the option to extend the contracts referred to in 1.2 and 1.3 above to March 2022.
- 1.5. That approval is given by the Executive Member for Adult Social Care and Health to award a grant of up to £1,143,473 from 1 August 2019, for up to 32 months as outlined in 8.6, to Basingstoke and Deane Borough Council to enable them to commission Homelessness Support Services for their area in line with the grant conditions outlined in 8.3.

### 2. Executive Summary

- 2.1. This report outlines proposed changes to Homelessness Support Services that would achieve £1.8m savings per annum whilst maintaining services that provide support for the most vulnerable homeless people who are sleeping rough or at risk of sleeping rough.

- 2.2. The proposed changes would mean that people with less critical support needs would need to seek help from alternative services. This report outlines the potential impact of the proposed changes and the alternative support available.
- 2.3. These changes are being proposed against the backdrop of unprecedented financial challenges. The County Council must meet a funding shortfall of £140 million by April 2019, and of this, £56 million is planned to be met from the Adults' Health and Care budget. Savings of this scale mean that the County Council must challenge the way it currently provides services and looks at different ways to meet people's needs.
- 2.4. The proposals for changes to the way Homelessness Support Services would be commissioned and delivered in the future take into account key changes to homelessness legislation, the statutory duties of the District and Borough Councils and the County Council's duties under the Care Act 2014.
- 2.5. Whilst the County Council does not have a statutory responsibility to fund specialist Homelessness Support Services, a continued investment of £2.4 million is being proposed for services that meet the housing related support needs of the most vulnerable homeless people, some of whom may have eligible care and support needs or could develop eligible care and support needs in the future.
- 2.6. If approved, the proposed changes to services would take effect on 1 August 2019 through modifications to reduce the value and extensions to existing County Council Homelessness Support contracts together with a new grant agreement with BDBC. These new arrangements would be put in place for an initial term of 20 months, until the end of March 2021.
- 2.7. The option to extend both the County Council contracts and the BDBC grant agreement for an additional 12 months, to March 2022, is being requested.
- 2.8. This report details the extensive engagement that has taken place both with District and Borough Councils and other key stakeholders in order to establish the priorities for future investment, develop the proposals for changes to services and ensure a collaborative approach to the delivery of Homelessness Support Services in the future.
- 2.9. This report also outlines the feedback received following a public consultation on the proposed changes to services carried out between 15 June 2018 and 10 August 2018.

### **3. Contextual information**

- 3.1. Homelessness Support Services (the collective name for Social Inclusion Services and the Winchester Night Shelter) are housing related support services for people over the age of 18 who are homeless or at risk of homelessness.
- 3.2. Housing related support is defined as help that develops or sustains an individual's capacity to live independently in accommodation. This includes support to understand and manage the rights and responsibilities of their tenancy, manage debt and budget effectively, better manage physical health, mental health and substance misuse, and access healthcare, specialist services and Education, Training and Employment (ETE) opportunities.

- 3.3. The need for changes to the way housing related support services are provided is due to national austerity measures as well as combined demographic and inflationary pressures. With less money available and growing demand for council services we need to ensure these more limited resources are targeted at the most in need and the most vulnerable.
- 3.4. The *Serving Hampshire – Balancing the Budget* consultation carried out in 2017 sought the views of Hampshire residents on ways the County Council could balance its budget in response to continuing pressures on local government funding, and still deliver core public services.
- 3.5. The Adults' Health and Care Department is now pursuing a savings target of £56million by April 2019 through proposals which are in line with the approach preferred by residents; targeting limited resources to meet the needs of the most vulnerable, reviewing all commissioned services and exploring whether there are different ways support could be provided; for example, by working more closely with partners and by providing better information and support for people to access a range of existing services.
- 3.6. Proposals to reduce the budget attached to Homelessness Support (Social Inclusion) Services were published in the Transformation to 2019 Revenue Savings Report which was approved by Full Council in November 2017. In this report the County Council committed to working in partnership with the District and Borough Councils to ensure a more joined up approach to the commissioning and delivery of these services in the future.

### **Current services**

- 3.7. The County Council currently spends £4.2m per annum on Homelessness Support Services and funds support for people who are homeless or at risk of homelessness within three main types of service:
  - I. Intensive 24/7 supported housing and night shelter services:
    - These schemes provide short-term housing and support for people who are sleeping rough or at risk of sleeping rough.
    - Schemes have staff on site 24 hours a day and help people who have a high level of support needs.
    - The County Council also funds support services in one emergency night shelter which is based in Winchester but can be accessed by any individual with a connection to the Hampshire County Council area.
    - Only the housing related support within these schemes is paid for by the County Council. The housing costs are paid for by rent, which for most people is covered by housing benefit.
  - II. 'Lower' level and/or 'move on' supported housing
    - These schemes provide accommodation and support for individuals who are homeless and have less critical needs or are ready to move on from a more intensive supported housing service.
    - Whilst some services do have a 24 hour staff presence, most people living in these schemes receive help from a visiting support service.
    - As with the intensive 24/7 services, only the housing related support within these schemes is paid for by the County Council, the housing

costs are paid for by rent, which for most people is covered by housing benefit.

III. Community support (including homelessness outreach for people sleeping rough)

- These support services are available to any individual or family requiring housing related support to access accommodation or to maintain their current accommodation.
- Unlike the types of service described above, this support service is not 'attached' to accommodation and any person who is homeless or at risk of homelessness can receive help from this service regardless of their current housing status.

- 3.8. The County Council directly commissions services in Eastleigh, East Hampshire, Fareham, Gosport, Hart, Havant, New Forest, Rushmoor, Test Valley and Winchester and gives a grant to Basingstoke and Deane Borough Council to enable them to commission and procure their own local model of Homelessness Support Services.
- 3.9. Housing related support services for people who are homeless or at risk of homelessness have always been commissioned in partnership with the District and Borough Councils and support these authorities to meet their statutory responsibilities to prevent and relieve homelessness. These duties were extended in April 2018, under the commencement of the *Homelessness Reduction Act 2017*.

**Homelessness Reduction Act 2017**

- 3.10. From April 2018, the Homelessness Reduction Act placed significant new homelessness duties on the District and Borough Councils, as the local housing authorities, to prevent homelessness. This included a new responsibility to ensure that detailed personalised housing plans are produced and implemented for all homeless or potentially homeless people who approach these authorities for help.
- 3.11. In October 2018, the Act also introduced a new "Duty to Refer" which means that named public services including social services authorities, will need to identify and refer people who may be at risk of homelessness to the District and Borough Councils.
- 3.12. The Government anticipates that this legislation will have a positive impact by supporting early intervention to prevent homelessness.

**4. Transformation to 2019 Social Inclusion services review**

- 4.1. The Adults' Health and Care Transformation to 2019 revenue savings proposals were approved by Full Council in November 2017. Proposals included a £2m reduction in the budget available for Social Inclusion services (Homelessness Support services).
- 4.2. The proposals in the consultation on the proposed changes to services that took place between 15 June 2018 and 10 August 2018 followed extensive engagement with key stakeholders.

- 4.3. This engagement commenced in October 2017 and a multi agency advisory group was set up to support a partnership approach to the development of proposals that would deliver the identified savings. This group included representatives from all 11 District and Borough Councils, the Office for the Police and Crime Commissioner (OPCC), Probation, Community Rehabilitation Company (CRC), Department for Work and Pensions (DWP) and representatives from other Hampshire County Council departments with an interest in the outcomes achieved by these services, specifically Childrens Services, Public Health and operational Mental Health services.
- 4.4. This Advisory Group has met 7 times over the last 12 months to explore priorities for the County Council investment, alternative sources of support and partnership opportunities, and to develop the proposed changes to services outlined in this report.
- 4.5. One to one meetings with stakeholders have also been held to discuss concerns, challenges and potential solutions. One to one meetings have taken place with the CCG Mental Health commissioners, OPCC, CRC and the District and Borough Council housing leads
- 4.6. District level meetings have been an essential part of the review process due to the particular significance that these services have in terms of the delivery of local homelessness strategies.
- 4.7. The Chief Executives of the Hampshire Districts have been briefed in writing at key points during the review process and given the opportunity to ask questions and raise concerns with the Director of Adults' Health and Care.
- 4.8. Whilst stakeholder engagement has been essential in terms of developing the proposals for changes to services, the review has also determined that there is a positive opportunity to work more collaboratively to make the best use of collective resources, mitigate the negative impacts of spending reductions across the public sector and reduce the need for more costly statutory interventions.
- 4.9. Officers from Adults' Health and Care have also met regularly with a 'Task and Finish Working Group' comprising cross-party members of the Health & Adult Social Care Select Committee and briefed them on the progress of the review and emerging proposals. This group has met 6 times since November 2017 and each meeting has given members the opportunity to question and scrutinise the approach being taken and hear the views expressed by District and Borough Councils and other stakeholders over the course of the review.
- 4.10. The stakeholder engagement carried out between September 2017 and April 2018, alongside analysis of service data and impact assessments, and feedback from current service providers, showed that a more prudent approach to the savings required was to reduce the budget by £1.8m (from £2m) in order to safeguard services for people who have support needs whilst moving on from more intensive services. The shortfall of £200k has been accounted for within the overall T19 programme. It is considered that this additional investment would maintain support services for those most at risk and with limited alternative sources of support.
- 4.11. The final proposals have been developed in partnership with the District and Borough Councils to dovetail with the other services that these Councils provide to support the prevention and relief of homelessness.

## **5. Summary of Proposed Changes to Services**

- 5.1. The proposed changes to services prioritise the investment agreed by the County Council to directly meet the needs of the most vulnerable homeless people.
- 5.2. Under these proposals the support services in the intensive 24/7 supported accommodation and night shelter services that are used by people sleeping rough or at risk of sleeping rough would be retained.
- 5.3. In order to achieve this, the County Council would reduce the amount of money spent on lower level supported accommodation, move on accommodation and community support. This would mean that, in addition to the intensive 24/7 supported housing services, the County Council would fund community support for people:
  - who are moving on from intensive 24/7 supported housing,
  - living in lower level or 'move on' supported housing or moving on from these schemes and
  - sleeping rough or at risk of sleeping rough and have complex support needs which mean that they are unable to access support from other sources.
- 5.4. People who do not fall into these categories who currently use community support services for help to prevent homelessness would need to seek support from other services.

Other services include:

- Homelessness prevention and relief services provided by the District and Borough Councils
  - Hampshire County Council Family Support Services
  - Universal support services funded by the DWP to support the roll out of universal credit
  - Citizens Advice
  - Hampshire County Council commissioned Wellbeing Centres
  - Housing Authority and Registered Social Landlord tenancy support services
  - Other local voluntary sector partners who are working with the District and Borough Councils to provide services for this group
- 5.5. In districts where the County Council funds services in intensive 24/7 supported housing schemes, funding would cease for the support services 'attached' to lower level and 'move on' supported accommodation. However, people living in these schemes would still be able to access the community support service if they require additional support to engage with more mainstream services.
  - 5.6. The County Council would continue to fund support services 'attached' to some current 'lower level' supported housing in Hampshire districts that do not have 24/7 services and develop these services to ensure that they are able to support people with more complex needs. This proposal would



support the provision of supported accommodation for single homeless people in Havant, East Hampshire and Eastleigh.

- 5.7. The County Council would work with the District and Borough Councils and current service providers to plan the transition to any new arrangements and ensure that people who may be affected by any changes are provided with clear information regarding alternative support services and how to get help to prevent homelessness in the future.
- 5.8. Furthermore, under the Care Act 2014, the County Council has a duty to assess where it appears that there may be a need for care and support. Following assessment, where eligible care and support needs are identified, the County Council has a duty to ensure that these identified needs are met.
- 5.9. In the future, and in line with the changes made under the Homelessness Reduction Act, any individual or family who is homeless or at risk of homelessness would need to seek assistance from their local District or Borough Council. This would be the first point of contact for advice and support. Where appropriate, following initial assessment, people would be referred to the County Council for a needs assessment or signposted to other community services for additional support, including organisations offering welfare benefit and debt advice.
- 5.10. Families identified as requiring support in addition to their housing needs, could be referred to, or refer themselves to, the Hampshire Family Support Service. Following assessment, a family may be offered specialist family support or signposted to other community services including those provided by health professionals.

## **6. Consultation**

- 6.1. The County Council carried out a public consultation on the proposed changes to Homelessness Support Services between the 15 June 2018 and 11 August 2018. This was considered to be an appropriate period for consultation given the number of people that use each service. It also allowed other stakeholders, including District and Borough Councils, service providers and other interested parties to participate.
- 6.2. The consultation sought to understand:
  - The extent to which residents and other stakeholders support the County Council's proposals for changes to services;
  - the potential impact of the proposed changes and
  - any alternative options that could achieve savings through changes to Homelessness Support Services.
- 6.3. An information pack and response form were published on the County Council's website and the response form was also available as an online survey. Unstructured responses sent through other means, such as email, were also accepted as feedback.
- 6.4. The consultation was promoted through a media release and corporate social media channels. Emails were sent to key stakeholders, including local government councillors and constituency Members of Parliament. District and Borough Council partners were asked to forward details of the consultation to local partners.

- 6.5. Fliers advertising the consultation were placed in District and Borough Council offices and distributed to other homelessness sector partners to raise awareness of the consultation.
- 6.6. 17 consultation drop in events were held across the county to give service users the opportunity to talk one to one with a manager from Adults' Health and Care about the proposals, their experience of current services and alternative sources of support.
- 6.7. In addition, printed copies of the information pack and response form were sent by post to all current services users, along with a covering letter detailing dates and times of the consultation drop in events and a pre-paid envelope for the return of response forms.

## **7. Responses to Consultation**

- 7.1. 380 people submitted a consultation questionnaire, either via a paper questionnaire or online. 228 respondents were current or previous service users. The report detailing the full findings from the consultation is in appendix 1.
- 7.2. Just under a third of respondents (31%) supported the County Council's proposal to maintain funding for intensive 24/7 homelessness support services and reduce funding for 'lower' level and/or 'move-on' support housing services and community support services. 11% gave a neutral response.
- 7.3. The majority view was that services should be maintained – with over half (58%) of respondents saying they either disagree or strongly disagree with the County Council's proposal.
- 7.4. Those who agreed with the County Council's proposals regretted the need to make any cuts but recognised the importance of a focus on the most intensive support. Other respondents said that whilst the intensive 24/7 services were important, the lower level accommodation based and community support services were also vital within the overall model of support.

### ***Impact of proposed changes***

- 7.5. 321 respondents felt that the proposed changes would have an impact on themselves, their organisation or people who are homeless, or at risk of becoming homeless in the future.
- 7.6. Respondents felt that the impact of the proposals would be felt most keenly amongst current and future users of existing services, but that the proposed reduction in funding for 'lower' level and/or 'move-on' supported housing services and community support services would also affect related processes and services.
- 7.7. Of the 22 comments received from organisations, nine related to the impact on other services, and in particular concerns about their capacity to manage increased demand and to provide a comparable support service within existing resources.
- 7.8. The wider public perception centred on more general opposition to cuts, originating from concerns that a reduction in Homelessness Support Services would see levels of homelessness increase.

- 7.9. Current users of community support services were most vocal regarding the impact of reductions in this type of service, seeing this support as crucial to managing their finances, accessing benefits and negotiating with landlords so they can continue to retain their home.
- 7.10. Respondents also spoke of mental or physical health issues which prevented them from dealing with their tenancy issues personally. They were unclear of where else they would be able to seek this support.
- 7.11. Many current service users spoke of the way that service providers understood their needs. There was concern that they would not get this kind of empathy from other support services, or that one to one support would be lost as a result of increased demand should funding be cut.

### ***Alternative suggestions***

- 7.12. 186 respondents put forward alternative suggestions as to how the County Council could achieve savings through changes to Homelessness Support Services. These included a review of alternative funding streams, investigating ways of delivering services more efficiently, more effective partnership working and improving options for affordable housing.
- 7.13. The most prominent theme was that, due to its role in supporting some of the most vulnerable members of society, Homelessness Support Services should retain their funding (24% 42 comments).
- 7.14. Based on their direct experience, current service users were proponents of both reducing organisational costs and finding efficiencies in existing homelessness services, and put forward a number of practical suggestions as to how this might be achieved.
- 7.15. Responding organisations were less certain that savings could be found but made some suggestions as to how services could work better together to maximise opportunities and reduce duplication.
- 7.16. Individual respondents were also keen on further exploration of partnerships to deliver services (26 comments) and suggested a range of ways in which the County Council could better engage with local charities and public sector partners to provide a more holistic service.

## **8. Developing Recommendations**

- 8.1. The recommendations in this report are being made following consideration of the financial challenges faced by the County Council and thorough analysis of both the responses to the consultation and the impact assessments carried out during the review process.
- 8.2. Having carefully considered all of these factors, this report seeks permission to implement the proposed changes to services outlined in section 5 through the modification of the current County Council contracts for Homelessness Support Services in Eastleigh, East Hampshire, Fareham, Gosport, Hart, Havant, New Forest, Rushmoor, Test Valley and Winchester.
- 8.3. Basingstoke and Deane Borough Council (BDBC) currently commission and procure their own local model of Homelessness Support Services. Following a report on the positive outcomes achieved through this arrangement, BDBC have submitted a request to continue with this devolved commissioning arrangement. If approved, the grant agreement offered to BDBC would

include a condition to deliver a 24/7 intensive accommodation-based service and a targeted community support service to align with the priorities agreed for the County Council investment in partnership with key stakeholders, including all of the District and Borough Councils.

- 8.4. The County Council commissioned Homelessness Support services would be extended to 31 March 2021. Permission is also being sought for the proposed modification to include the option to extend these contracts for a further 12 months. The level of demand for statutory services and the pressure on County Council budgets is anticipated to continue over the medium term and the option to extend the Homelessness Support Service contracts to March 2022, is being requested and would be exercised, if it is considered that further time is required to fully explore all the potential options for recommissioning these services.
- 8.5. It is judged that modifying and extending current contracts would cause the minimum amount of disruption to partners and service users given the reduction in budget attached to services.
- 8.6. It is proposed that the new grant offer to BDBC would commence on 1 August 2019 and would be for an initial term of 20 months. The proposed agreement would include the option to extend to March 2022 in line with the proposals for the County Council contracts.
- 8.7. One of the objectives of the Transformation to 2019 review was to explore opportunities for joint investment in services. Discussions are ongoing with District and Borough Councils regarding the option of investing in Homelessness Support Services additional to those that would be funded by the County Council and that are outlined in section 5. Whilst some of the District and Borough Councils have confirmed investment in services, others have given an in principle agreement and would seek approval through their own governance procedures early in 2019.
- 8.8. Proposed changes to services would be made on 1 August 2019, allowing 8 months for the County Council to work with service providers, district and borough housing options teams and voluntary sector partners to implement the changes, support service users with the transition and to ensure that modified services both dovetail with the extended services offered by the District and Borough Councils under the Homelessness Reduction Act and complement the wider voluntary sector offer.
- 8.9. During the transition period, the County Council would assess individuals who may be affected by the proposed changes and who it appears to the County Council may have care and support needs. The County Council has a duty under the Care Act 2014 to ensure that any eligible care and support needs are met.
- 8.10. In response to consultation feedback the County Council would continue to engage with all partners to explore joint funding opportunities and improved partnerships for the delivery of housing related support and wider preventative services.

## **9. Key Risks**

- 9.1. There is a risk that, due to the vulnerability of some of the people who use community support services, they may not seek or access the help they need

to prevent homelessness. This could result in an increase in homelessness and street homelessness, and an increase in the number of people who subsequently require more intensive support services. This highlights the importance of effective partnerships between the County Council and District and Borough Councils in this area. It is believed that, by targeting services at the most vulnerable, improving partnership working, and ensuring access to alternative services is promoted across key stakeholders, this risk can be minimised.

- 9.2. There is also a risk that following Care Act assessments, alternative services for people with eligible care and support needs have to be provided by the County Council and that the cost of meeting identified needs exceeds the savings delivered through the proposed changes. Anonymised data provided by current service providers indicates that a significant number of people with mental health support needs are currently using services. The outcome of Care Act assessments will support the development of future mental health commissioning plans.

## **10. Financial context**

- 10.1. The proposals outlined in this report are designed to achieve savings of £1.8m per annum, which would contribute to the overall savings target of £56 million allocated to the Adults' Health and Care budget.
- 10.2. The County Council currently spends £ 4,225,146 per annum on Social Inclusion services across the county. Of this £3,478,678 is spent on contracts with organisations to deliver services in Eastleigh, East Hampshire, Fareham, Gosport, Hart, Havant, New Forest, Rushmoor, Test Valley and Winchester, and £746,468 on a grant agreement with Basingstoke and Deane Borough Council (BDBC) that enables them to commission and procure their own services locally.
- 10.3. The proposed reduction in County Council spend by area is shown in the table 1 below.
- 10.4. The proposed budgets for each area from 1 August 2019 do not represent an equivalent percentage reduction in existing spend. The review identified a need to maintain the 24/7 intensive supported accommodation and the proposed spend in each area reflects the higher cost of this provision.

**Table 1:** Current and proposed Hampshire County Council annual spend on Social Inclusion (Homelessness Support) Services

<b>Area</b>	<b>Current annual spend</b>	<b>Proposed annual spend from 1 August 2019 – 31 March 2021</b>	<b>Difference from current spend</b>
Havant, East Hants, Fareham and Gosport	£1,409,350	£712,108	£697,242
Winchester, Test Valley, Eastleigh and New Forest	£1,402,937	£807,323	£595,614
Hart and Rushmoor	£604,711	£390,380	£214,331
Winchester Night Shelter (county resource)	£61,680	£61,680	£0
Basingstoke and Deane	£746,468	£428,509	£317,959
<b>TOTAL</b>	<b>£4,225,146</b>	<b>£2,400,000</b>	<b>£1,825,146</b>

- 10.5. In order to ensure that sufficient time is available to implement the proposed changes, it is proposed that these changes do not take place until after July 2019. This has been taken into account in the Adults' Health and Care Transformation to 2019 delivery plan and the savings contribution from Social Inclusion services for 2019/2020 under these proposals would be £1.2 million. The full saving of £1.8 million would be released from 2020/2021.
- 10.6 Discussions are ongoing with District and Borough Councils regarding the option of investment in Homelessness Support services additional to those that would be funded by the County Council (outlined in section 5). These additional services would include street outreach, move on accommodation based services and community support and would therefore be most efficiently delivered through the existing County Council contracts.
- 10.7 Once the level of District and Borough Council investment has been confirmed, Service Level Agreements would be drawn up between each District Council and the County Council to enable jointly funded services to be delivered through the modified County Council contracts.

## **11. Equality Impact Assessment**

- 11.1. Integral appendix B contains the full Equality Impact Assessment (EIA) that has been completed on the proposed changes to Homelessness Support

Services. This EIA is an updated version of the assessment that was published alongside the consultation information pack in June 2018.

- 11.2. The EIA has identified that the proposed changes may have a high or medium negative impact on people with the following protected characteristics: age, gender and disability.
- 11.3. This negative impact is mitigated by District and Borough Council duties under the Homelessness Reduction Act 2017, County Council's duties under the Care Act 2014, stronger partnerships, a more integrated approach to the delivery of services and access to other existing services as detailed in integral appendix B.

## **12. Legal Implications**

- 12.1. Under the Care Act 2014, the County Council has a duty to carry out a needs assessment where it appears to the County Council that the person may have a need for care and support services.
- 12.2. When an adult is found to have care and support needs following a needs assessment under section 9 of the Act, the local authority must determine whether those needs meet the "eligibility criteria" set out in the legislation.
- 12.3. It is for the Executive Member as decision maker to have due regard to the need to: eliminate discrimination, harassment, victimisation and any other conduct prohibited under the Equality Act and advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- 12.4. Legal advice in respect to the modification of the contracts is set out in exempt appendix 1.

## **13. Conclusion**

- 13.1. Social Inclusion (Homelessness Support) Services have been reviewed together with the District and Borough Councils and other key stakeholders as part of the County Council's Transformation to 2019 programme.
- 13.2. The proposed changes to Homelessness Support Services would achieve £1.8m savings whilst maintaining services that provide support for the most vulnerable homeless people who are sleeping rough or at risk of sleeping rough.
- 13.3. The proposed changes to services and the recommendations within this report have been developed in partnership with the District and Borough Councils to ensure that services align with the services that these Councils provide to prevent and relieve homelessness.
- 13.4. Whilst the consultation highlighted the potential impact of both the proposed changes and the reduced budget, there was some recognition of the need to target the County Council's limited resources to meet the needs of the most vulnerable homeless people.
- 13.5. The County Council is facing some difficult decisions in order to deliver a balanced budget by 2019 and recognises that making changes to Homelessness Support services is not without risks. Stronger partnerships are recognised as key in terms of mitigating these risks and the County Council is committed to working with the District and Borough Councils and

other partners to ensure a collaborative approach to the delivery of support services for people who are homeless or at risk of homelessness in the future.



**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

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u>	<u>Date</u>
<a href="#">Basingstoke and Deane Borough Council Social Inclusion Grant</a>	25/07/18
<a href="#">Transformation to 2019: Revenue Savings Proposals</a>	21/09/17
<a href="#">Supporting People: Remodelling Social Inclusion Services</a>	24/06/15
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>
<a href="https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities">https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities</a>	June 2018
<a href="#">Homelessness Reduction Act 2017</a>	
<a href="#">Care Act 2014</a>	

## **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:**

The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

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:**

#### **Statutory Considerations**

##### **Age:**

##### **Impact: Medium**

Services support people aged between 18 and 64, and above where this is the most appropriate service to meet their needs. Whilst supported housing services are only available to single homeless people, community support is available to individuals and families. Available data shows that a significant majority of service users (97%) are aged between 18 and 60. Whilst there are variations around the county, the data shows a fairly even spread within the 18 and 60 age bracket. The available data does not show a marked variation in age between the users of the different types of Homelessness Support Services.

The proposal to target resources to meet the needs of the most vulnerable people who are sleeping rough or most at risk of sleeping rough would mean that families would no longer be able to receive support from this type of service. This may increase the risk of family breakdown and impact on children if families have to move due to becoming homeless. The reduction in housing related support for families may also result in increased demand for statutory Children's Services and

early help from the Family Support Service. Data available shows that approximately 350 families receive support from community support at any one time.

**Mitigation:** From April 2018, under the commencement of the *Homelessness Reduction Act*, people who are homeless or at risk of homelessness within the next 56 days can receive support to relieve and prevent homelessness from the District and Borough Councils. The County Council would engage with all organisations currently referring into Homelessness Support Services to support awareness of this referral pathway.

As a result of the *Homelessness Reduction Act*, the District and Borough Councils have the following duties:

- to carry out an assessment in all cases where an eligible applicant (regardless of priority need status, intentionality and whether they have a local connection) is homeless or threatened with homelessness
- to identify any support needed by the person to enable them to secure and retain accommodation and to work with them to develop a personal housing plan which will include actions to be taken by the authority and the applicant to try and prevent or relieve homelessness e.g. by helping them to stay in their current accommodation or helping them to find a new place to live before they become actually homeless
- to take reasonable steps to help the applicant to secure accommodation if the applicant is already homeless, or becomes homeless despite activity during the prevention stage

In October 2018, the Act also introduced a new “Duty to Refer” which means that named public services including Adult and Children’s Social Care will need to identify and refer people who may be at risk of homelessness to the District and Borough Councils. The government anticipates that this will have a positive impact by supporting early intervention to prevent homelessness.

Families identified as requiring support additional to their housing needs, could be referred to, or refer themselves to, the Hampshire Family Support Service. This service includes intensive family support for families whose lives may be being affected by multiple difficulties including issues such as health problems, children with poor school attendance and long term unemployment. Following assessment, a family may be offered specialist family support or signposted to other community services including those provided by health professionals. For families with lower support needs the Family Support Service offers an online local resource directory to signpost which community services are available to families within their locality. The District and Borough Councils can access this resource to support the development of Personal Housing Plans for families approaching these authorities for help to prevent homelessness.

**Gender:****Impact: medium**

All Homelessness Support Services in this cluster are mixed gender. However available data shows a variation in use of the different types of service. The majority of people using accommodation-based services are male whilst the majority of people using community support are female.

Whilst the changes being proposed for lower level and 'move on' supported accommodation would affect more men than woman, the changes being proposed for community support would affect more women than men.

**Mitigation:** The proposed changes for single homeless people would result in a service offer for the most vulnerable homeless people sleeping rough or most at risk of sleeping rough. Proposed services would be available to both men and women.

From April 2018, under the commencement of the *Homelessness Reduction Act*, people who are homeless or at risk of homelessness within the next 56 days can receive support to relieve and prevent homelessness from the District and Borough Councils. Following initial contact and where appropriate, people would be signposted to other community services for additional support, including organisations offering debt and money management advice. Where additional support needs are identified, the District and Borough Councils can refer people to other County Council funded support services, including drug and alcohol services, the Mental Health Housing and Support pathway, Wellbeing Centres, and for assessment under the *Care Act 2014*.

Any adult affected by these proposals who may have care and support needs will be able to have their needs assessed by the County Council and would be helped to access support to meet any identified eligible needs. The County Council has a duty under the *Care Act 2014* to ensure that people's eligible care and support needs are met and would work with current service providers to ensure that clear processes are in place to support access to assessments for anyone affected by the proposed changes to services.

**Disability:****Impact: High**

Data available shows that over 50% of service users experience mental health problems. Furthermore, approximately 80% of users of accommodation based services and 50% of users of community support receive Employment Support Allowance (ESA) because of illness or disability.

30% of people responding to the consultation on the proposed changes to services told us that their day-to-day activities are limited a lot because of a health

problem or disability which has lasted, or is expected to last, at least 12 months. A further 22% said that their day-to-day activities are limited a little because of a health problem or disability which has lasted, or is expected to last, at least 12 months.

Service providers have supplied evidence that they are working with more people with complex needs. People with complex needs have a combination of mental health and drug and alcohol problems and possibly additional issues such as a learning or physical disability and offending behaviour.

The proposed changes to services may mean that people with mental health and other health needs find it more challenging to access and maintain accommodation.

This may result in an increase in homelessness and street homelessness, and associated health problems such as substance misuse and mental health issues. This could in turn result in an increase in A&E and hospital admissions and demand for adult social care and other services.

**Mitigation:** Proposed changes to services would target support to meet the needs of the most vulnerable clients who are rough sleeping or most at risk of rough sleeping.

Under the Care Act 2014, the County Council has a duty to carry out a needs assessment where it appears to the Council that the person may have a need for care and support services. The County Council would work closely with the Homelessness Support service providers to ensure that people who may be affected by the proposed changes are able to access an assessment. Following assessment, they would be offered services to meet eligible needs or signposted to other community services.

People with mental health support needs are also able to access accommodation and support through the Mental Health Housing and Support pathway. Additionally, and where appropriate, individuals experiencing mental ill health can access support through the Wellbeing Centres that are also commissioned by the County Council and provide group and one to one support.

People with substance misuse issues would be able to access support through the specialist substance misuse services commissioned by the County Council. In addition to support for substance misuse, these services also help people with other issues such as problems with welfare benefits and engagement with health services. New contracts for these services started in July 2018 and services are working closely with the District and Borough Councils and a range of other organisations to support homeless people to access specialist substance misuse services.

The County Council will further consider the needs of people with complex needs through operational mechanisms, within any future review of Mental Health Housing and Support services and within the wider strategic plans for people with Mental Health support needs.

From April 2018, under the commencement of the *Homelessness Reduction Act*, people who are homeless or at risk of homelessness within the next 56 days can receive support to relieve and prevent homelessness from the District and Borough Councils. Following initial contact and where appropriate, people would be signposted to other community services for additional support, including organisations offering debt and money management advice. Where additional support needs are identified, the District and Borough Councils can refer people to other County Council funded support services, including drug and alcohol services, the Mental Health Housing and Support pathway, Wellbeing Centres, and for assessment under the *Care Act 2014*.

**Poverty:**

**Impact: High**

Available data shows that the majority of people using Homelessness Support services are in receipt of welfare benefits.

Homelessness Support services help people to access their full entitlement of benefits, attend appointments for benefit assessments and resolve issues with benefit claims. Service providers have reported an increase in the number of people requiring this type of support following the roll out of welfare reforms. Services also help people budget on a low income, access debt advice and prioritise rent payments. Support to access training courses, voluntary work, education and employment is available and pre-employment activities are provided to support vulnerable people who are not yet ready to engage with more mainstream employment support.

The proposed changes would result in a reduction in services available and may result in more people not accessing welfare benefits and less vulnerable people entering employment. Subsequently, more people may become homeless because of non payment of rent. Current service users who responded to the consultation told us that community support was crucial to managing their finances, accessing benefits and negotiating with landlords so they can continue to retain their home.

**Mitigation:** People who need support to claim benefits and resolve issues with existing claims would need to get this help either directly from Job Centre Plus or from other organisations offering this type of assistance.

Other organisations that offer support with benefit claims, debt and money management include the district and borough councils as part of homelessness advice. There are also a range of voluntary sector organisations that can offer support including: Citizens Advice, Money Advice Service, Income Max, Step Change, Pay Plan and Christians against Poverty.

People living in accommodation owned by district and borough councils or larger registered social landlords can access in house services for support with benefit issues.

General support to find employment is available through Job Centre Plus and specialist employment support programmes are available for people in receipt of disability benefits. People in receipt of universal credit can access this support through their work coach.

Support and information is also available through the Hampshire Local Welfare Assistance Information and Advice line. This is a Freephone number where people facing financial hardship can find out more about the options available.

## **Rurality**

### **Impact: Low**

The reduction in community support may mean that people living in more rural areas could find it harder to access the support they need. Accommodation based services are in urban areas and people who currently receive a visiting community support service may need to travel to get support from other services.

**Mitigation:** Single homeless people moving on from accommodation based services would receive short term support to help them maintain housing regardless of the location of the accommodation they move on to.

As part of the programme to prevent and/or reduce demand for formal adult care services, the County Council is currently working with voluntary and community groups in rural areas to understand the assets within rural communities. This programme will consider the needs of people who currently use community support services.

## **Sexual Orientation, Race, Religion or Belief, Gender Reassignment, Pregnancy and Maternity, Marriage and Civil Partnership**

### **Impact: Neutral**

### **Additional information**

The proposed changes to Homelessness Support services would mean that some people with lower support needs who are currently using community support would need to access alternative services. People who may be affected include single homeless people, people with mental health support needs, people who misuse substances, people with a history of offending, care leavers and other people, including families, who use these of the services for support to maintain accommodation.

The County Council would work with the District and Borough Councils and current service providers to plan the transition to any new arrangements and ensure that people who may be affected by any changes are provided with clear information regarding alternative support services and how to get help to prevent homelessness in the future.

Whilst other sources of support are available, the vulnerability of some of the people who use services may mean that they do not seek or access the help they need to prevent homelessness. This could result in an increase in homelessness and street homelessness, and increased demand for health, criminal justice and social care services.

The County Council is committed to working with partners to make the best use of collective resources and will work with all partners to explore how we can collectively meet the varying needs of individuals and families earlier and before they may need more intensive services. The following actions have been identified as key to reducing the potential impact of the proposed changes:

- Developing Connect to Support Hampshire as an online resource directory for use by both organisations and individuals seeking advice, information and support.
- Strengthening referral pathways from Local Housing Authorities into other County Council services, including the services provided for people with substance misuse and mental health support needs.
- Engagement with all agencies who we anticipate may see an increase in demand for their services.
- Working closely with the District and Borough Councils to ensure that remodelled services dovetail with the statutory services provided by these councils to prevent homelessness.
- Active participation in local partnership approaches to tackling homelessness led by district councils to support the best use of County Council, District and Voluntary Sector resources. This would include partnership bids for any funding available for new initiatives to tackle rough sleeping.
- Where District and Borough Councils or other statutory partners wish to collaborate more closely and invest in housing related support services, the County Council would provide commissioning and procurement resources to buy jointly funded services. This could reduce the cost of administration, achieve economies of scale and support the delivery of joined up services for vulnerable people who currently receive support from multiple agencies.

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

- 2.1. The proposals outlined in this report may have an impact on crime and disorder. Homelessness Support Services assist people with a history of offending to address issues that may have led to their offending behaviour and could lead to further offences. Under these proposals services would be reduced and less people would be able to receive housing related support in the future.



2.2. It has been identified through the EIA that a reduction in services could result in an increase in homelessness, street attachment and rough sleeping. Street attachment and rough sleeping is on occasions associated with anti-social behaviour and community safety issues. The County Council and contracted service providers will continue to work in partnership with the District and Borough Councils to reduce rough sleeping.

**3. Climate Change:**

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

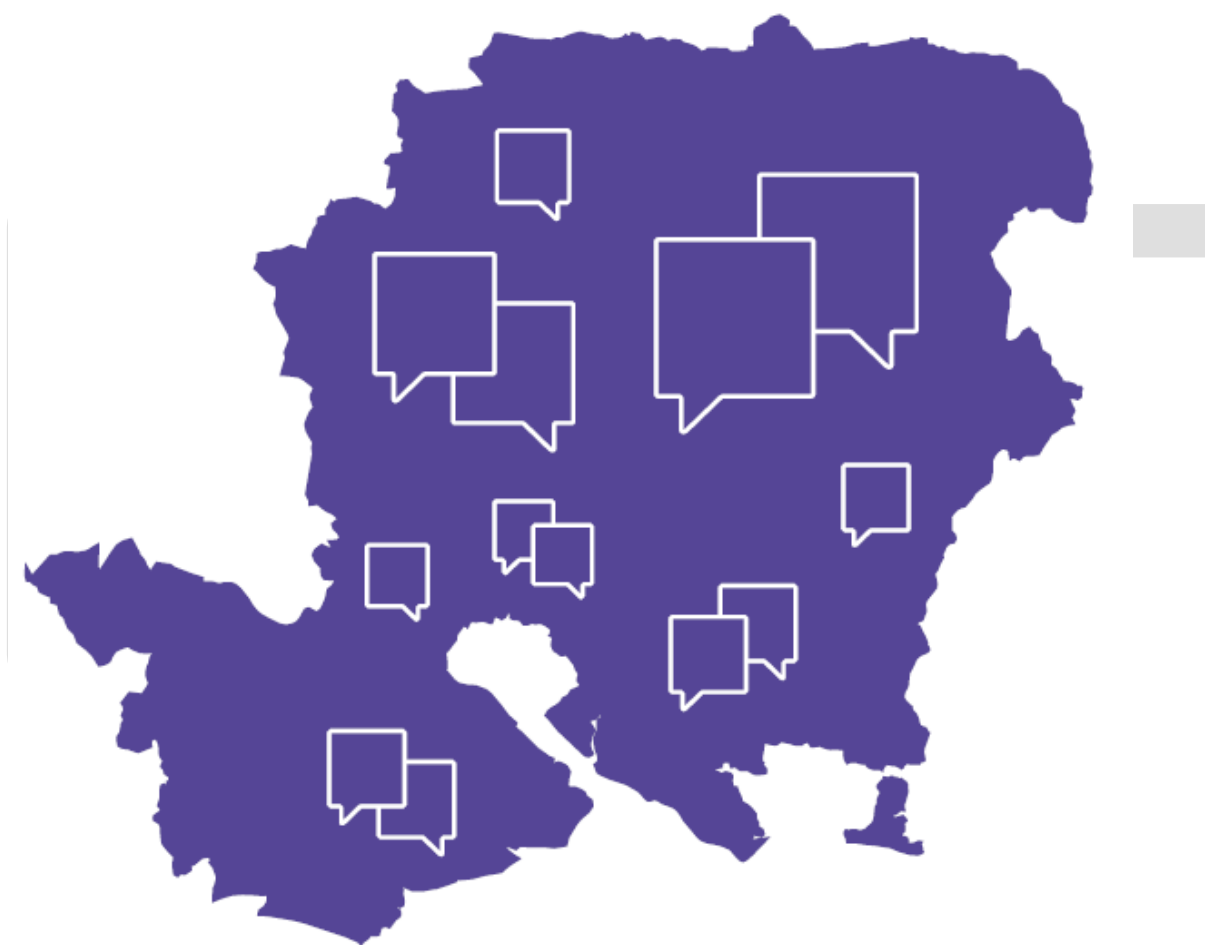
No impact identified

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

Not applicable to this proposal

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# Consultation on proposed changes to Homelessness Support Services



## Key Findings Report – September 2018

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## Consultation overview

From 15 June 2018 to 10 August 2018 Hampshire County Council held an open consultation in order to seek the views of service users, members of the public and other interested stakeholders on proposals to change County Council funded Homelessness Support Services<sup>1</sup>.

The need for changes to the way housing related support services are provided is due to national austerity measures as well as combined demographic and inflationary pressures. With less money available and growing demand for council services, tough decisions need to be made about what the County Council can and cannot do in the future, across the board. The County Council must meet a funding shortfall of £140million by April 2019. Of this, £56million is planned to be met from the Adults' Health and Care budget.

The Council is proposing a model of Homelessness Support Services which focuses on buying services that meet the needs of the most vulnerable homeless people (who are street homeless or at risk of street homelessness) and reduces funding for services for people with less critical needs. If agreed, these proposals could achieve a proposed budget reduction of £1.8million, but would also ensure a continued £2.4million spend on services that directly meet the needs of the most vulnerable.

The consultation sought to understand:

- the extent to which residents and other stakeholders support the County Council's proposal
- the potential impact of the proposed changes and
- any alternative options that could achieve savings through changes to Homelessness Support Services.

In total, **380** responses were submitted. **130** were received via the online response form, consisting of 108 individual respondents and 22 from an organisation or group. **250** responses were received via the paper response form, of which 243 were from individual respondents and seven were from an organisation or group. In addition, eight 'unstructured' responses were received within the consultation period.

This report sets out a summary of the findings from the consultation and is intended to support the County Council in making a decision regarding proposed service changes.

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<sup>1</sup> Homelessness Support Services (also known as Social Inclusion Services) are housing related support services for people over the age of 18 who are homeless or at risk of homelessness.

## Key findings

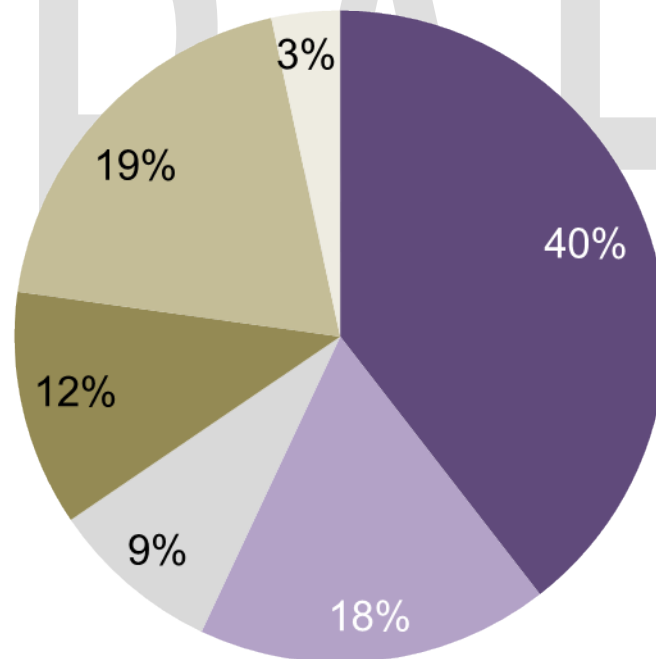
- Overall, respondents gave a negative response to the proposal to maintain funding for intensive 24/7 services and reduce funding for 'lower' level and/or 'move-on' supported housing services and community support services, with 58% of those who submitted a response form either disagreeing or strongly disagreeing with the proposal and 31% in favour.
- This majority view was shared by individuals and organisations/groups, as well as those submitting an unstructured response.
- Respondents who had used Homelessness Support Services in the past were most likely to disagree with the Council's proposal (71%). However, the view of current service users was more varied. Whilst the majority (59%) opposed a reduction in funding, most of those currently living in supported housing or hostel accommodation were in favour of the proposal (68%).
- Respondents felt that the impact of the proposals would be felt most keenly amongst current and future users of existing services, but that the proposed reduction in funding for 'lower' level and/or 'move-on' supported housing services and community support services would also affect related processes, and services and organisations that would be required to adapt to fill the service gap.
- Suggestions as to how else the savings could be achieved through changes to Homelessness Support Services included a review of alternative funding streams, investigating ways of delivering services more efficiently, more effective partnership working and a focus on preventative measures – such as improving options for affordable housing.

## Overall response to the proposal

Just under a third of respondents (31%) supported the Council's proposal to maintain funding for intensive 24/7 homelessness support services and reduce funding for 'lower' level and/or 'move-on' support housing services and community support services.

However, the majority view was that services should be maintained – with over half (58%) of respondents saying they either disagree or strongly disagree with the Council's proposal.

To what extent do you agree or disagree with the proposal to maintain funding for intensive 24/7 services and reduce funding for 'lower' level and/or 'move-on' supported housing services and community support services? (Base: 355)



■ Strongly Disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly Agree ■ Not sure

This view was shared by both individuals and responding organisations or groups. Responding groups and organisations expressed the strongest opposition, with over two thirds (68%) disagreeing with the Council's proposal, and only 27% in agreement.

Six out of ten individual respondents (59%) disagreed with the proposal to reduce funding for 'lower' level and/or 'move-on' support housing services and community support services, rising to over seven out of ten respondents who had used Homelessness Support Services in the past (71%).

Agreement / disagreement with the proposal by service relationship.  
(Base: 355, 203, 25, 127. *Data excludes 'not sure'*)

In contrast to past service users, those currently using Homelessness Support Services showed some level of agreement with the proposals. Although the majority view remained negative (55%) almost four out of ten current service users (38%) supported the proposal.

The driver here appears to be the type of support that current service users are experiencing. Those using services which may be impacted by the proposal are markedly opposed, whilst those using more intensive 24/7 services are in favour.

Agreement / disagreement with the proposal amongst current service users.  
(Base: 86, 25, 26, 65. *Data excludes 'not sure'*)

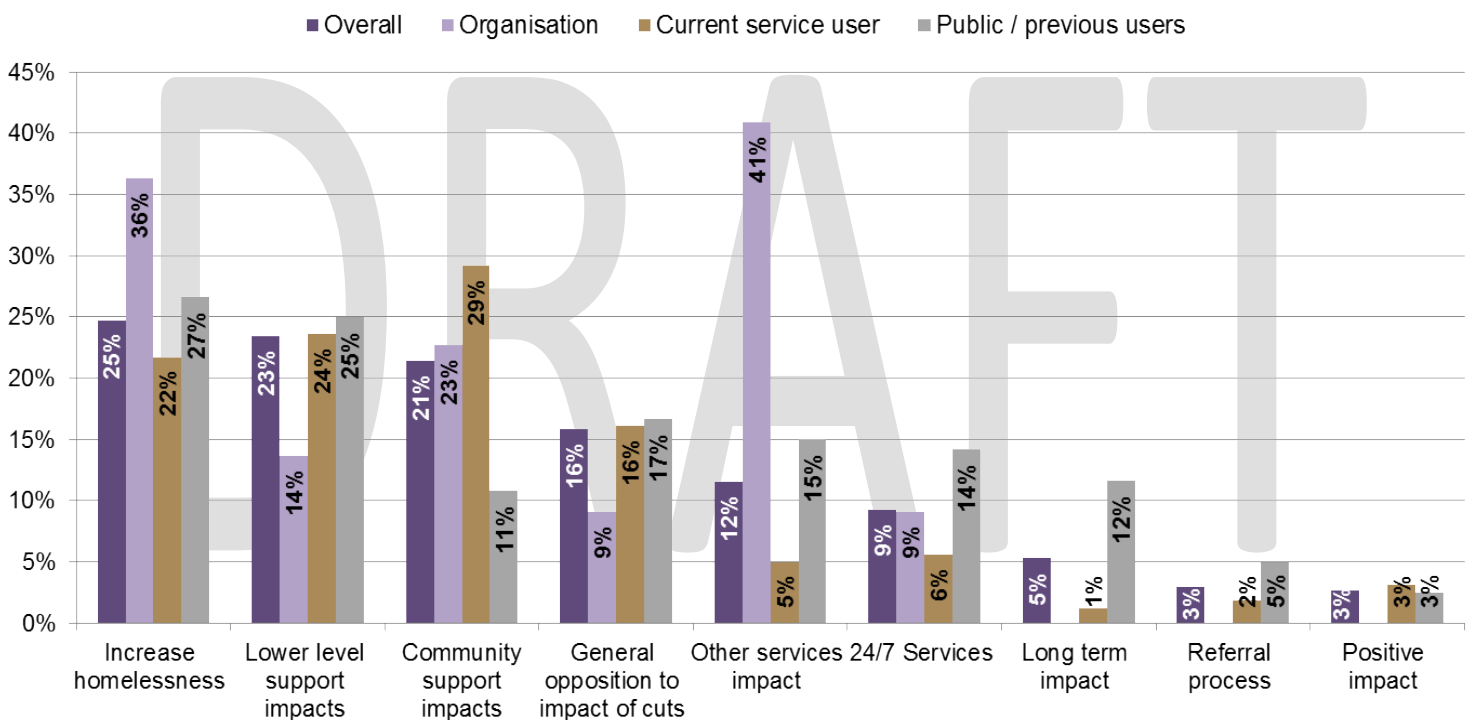


## Impact of proposed changes

321 respondents felt that the proposed changes would have an impact on themselves, their organisation or people who are homeless, or at risk of becoming homeless in the future.

Their perception was that the impact would be felt most keenly amongst current and future users of existing services, but that the proposed reduction in Homelessness Support Services would also affect related processes and services, and organisations that would be required to adapt to fill the service gap.

*What type of impact do you think the proposed changes to Homelessness Support Services may have? (By respondent type. Base: 303, 22, 161, 120. Multi-tick quantification of verbatim, rebased to exclude n/a)*



Those who **agreed with the Council’s proposals** regretted the need to make any cuts, but recognised the importance of a focus on the most intensive support.

“I needed 24hr support: coming off the street it is very scary, you have no-one else.” (current service user)

“Any cuts to homeless services will have an impact. We need to think of those most in need and prioritise the funds.” (member of the public)

“There would be nothing for us if the 24/7 hostel went.” (current service user)

“May impact lower level users, but those most vulnerable would still be supported.” (member of the public)

**Responding groups and organisations** focussed mainly on the ability of other services to provide a realistic alternative to the existing support. Of the 22 comments received from organisations, nine (41%) related to the impact on other services, and in particular concerns about their capacity to manage increased demand and to provide a comparable support service within existing resources.

“Two Saint have been the safety net for the most marginalised at risk client group in our community. The idea that the support can be found from other avenues is a smoke screen as it does not exist. The current Mental Health community support commissioned provider. . is not funded to manage this.”

“We have become more dependent on Two Saints due to the changes with the Adult Mental Health Social Work Team and dissolution of the section 75 with health in East Hampshire. I believe if you stop the lower level support such as Two Saints there will be more pressure on the actual housing department and homeless service.”

Subsequently there were notable concerns (36%/ eight comments) that a reduction in ‘lower level’, ‘move-on’ and community support would result in an increase in homelessness.

“Young people who are not care leavers will have no support available to them when they move out of supported accommodation services & risk of tenancy breakdown is more significant and increasing homelessness issues. This equates to 77% of the young people living in post 16 contracted supported accommodation.”

“We are seeing an increase in debt issues, easier access to credit and big changes in the benefits system. People are struggling to manage their money and negotiate the benefits system. The cost of housing, either to rent or buy is high and without proper proactive support many will find themselves at a high risk of homelessness.”

“Increase in street homeless due to the reduction in social housing • Non-engagement from vulnerable people (stage two clients not in supported accommodation) with floating support services will mean repeat homelessness. Current tenancy support offer lacks tenacity. Resources should go into short-term intensive outreach.”

“Because "sofa surfing" is not sustainable if the "low level" help is not available then sofa surfers will become vulnerable homeless. It is very likely that the number of rough sleepers will increase and their physical and mental health will deteriorate which will put an extra strain on other services who are already struggling.”

Those organisations perceived as likely to feel the impact were health and emergency services, borough and district councils and charities – on whom there would be an increased reliance.

“The proposed changes will likely negatively impact local authority support provision, at a time they themselves are facing funding cuts and increased responsibilities under the new Homelessness regulation.”

“Reducing services will result in a rise of caseloads for Care Leaver Teams. Reduction of support will affect post 16 supported accommodation (SA) based services.”

“Costing more in the longer term due to the increased admissions to hospital, prison stays and the use of other 'higher cost' services.”

“The impact of reducing funding for lower level services. . . would have a significant impact on public sector organisations i.e Police and the NHS, thus costing more in the longer term due to the increased admissions to hospital, prison stays and the use of other 'higher cost' services.”

“An increase in demand on the Housing Options Team to provide more in depth support to individual households not assisted by the new service.”

“The impact will also be felt on charities like ours where we will fill the gaps for the services that get cut.”

**The wider public perception** centred on more general opposition to cuts, originating from concerns that a reduction in Homelessness Support Services would see levels of homelessness increase. 123 comments were received from members of the public (including 22 who had previously used Homelessness Support Services) – 27% of which felt that there would be a direct correlation with an upturn in homelessness.

“Homelessness and the risk of homelessness is only ever going to increase unless comprehensive support and finance is given to the issue. Medium and long term housing options must be provided as well as short term services. Severely reducing funding with no equivalent budget increase in borough and district funding will result in greater and escalating issues.”

“Supported housing is essential to help people with a multitude of problems move on from intensive 24/7 accommodation. Intensive 24/7 accommodation rarely addresses the problems that have caused homelessness, particularly drugs, alcohol, mental health and services for these people are woefully rare.”

“I am concerned that people at risk of homelessness will not get support and will end up being homeless. There is a lack of clarity in the proposal on the alternative support that will be available to this group. This needs to be more explicit.”

“People in a housing crisis need help from people who care and understand their situation...Getting off the street is one thing, sustaining this is a whole new world.”

“If this service is not available then homelessness will increase as those with mental health problems or learning difficulties are unlikely to seek help.”

For these respondents, maintaining Homelessness Support Services was key to avoiding homelessness. 25% (30 comments) felt that a reduction in 'lower level' and/or 'move-on' support could see more people failing to move on from being homeless, whilst a further 11% (13 comments) highlighted the value of community support in helping struggling tenants to avoid the risk of becoming homeless.

“It is being overlooked that some individuals who are housed are more vulnerable than street homeless.”

“Focusing on the top tier issues is to be applauded, but any social need situation can not be addressed by just dealing with the urgent.”

“Group housing is not suitable for all clients - by having staged support there is greater flexibility - for example there are clients who are unable to cope with the rules in hostel accommodation because of chaotic lifestyles, but can be supported to manage a tenancy, whilst the local authority has not committed a secure tenancy on a client in chaos.”

“I agree with support for homeless people but although I am in a secure tenancy I have physical and mental health problems, also am dyslexic, have learning difficulties and still need to have someone to visit me and help with bills and letters and other problems.”

“These are the people that are trying to pick themselves up that need the most support and input to get their lives back on track. Without full support it would be easy for them to fall back into old patterns again and therefore be more of a drain on society in the long run.”

“Without the low level of support people very quickly snowball into a crisis.”

“Community Support helped me so much. They got me benefits I was due and didn't know. . . I know some have been facing eviction, but Two Saints helped them keep their home - we need more of that type of help, not less.”

Responding members of the public were therefore concerned about the longer term impact of a failure to provide preventative services (12% / 14 comments), and the escalation of demand onto 24/7 service support (14% / 17 comments).

“There is a danger that by reducing the lower levels of supported housing and community support that this will increase those threatened with homelessness or being made homeless.”

“This will be a false economy saving, money not spent on keeping the "lower level" and "at risk" people out of homelessness will end up being required to be spent on the 24/7 type accommodation that must cost significantly more per person attached to it.”

“The long-term impact can only be that high need services will eventually have to respond to this demand.”

“The alternative is to see more people that could have been helped easily end up needing Intensive support.”

“More people would actually become homeless so end up accessing the higher level services.”

**Current service users** were most vocal regarding the impact of losing Community Support Services (29% / 47 comments). As previously illustrated, users of these particular services were most opposed to the consultation proposals – seeing preventative support as crucial to managing their finances, accessing benefits and negotiating with landlords so they can continue to retain their home.

“Would have a huge detrimental effect on me, and others like me, who struggle with issues like budgeting and dealing with authority. Community Support has prevented me from being made homeless, helped me agree repayment plans and supported me to maintain them.”

“They helped me sort out my rent and council tax/HB debts when I was threatened with eviction. So I've been able to stay in my house and not have to sleep on the streets. Why should this help not be more available for other people to help them when they need it?”

“Loss of my support would probably worsen my depression and increase my risk and thoughts of suicide. Without the help and stability offered by the community support I would have nothing - no one else to help me or advise me.”

“I would not be able to mentally cope if the community service were to cease. I do not leave my home unless I am with someone. I can't cope with any post, form filling, budgeting and I would be made homeless as I can't deal with people.”

“If my support re. housing issues stopped I would not be able to cope - it would all go in a drawer and I would try to ignore it. Then it would get out of control and I might get evicted. Cutting low level support would lead to an increase in depression and mental health disorders and potentially more evictions and suicides because people would not be able to get help from anywhere else. Other cuts in other services mean help is very hard to find - especially in the more rural areas.”

“I rely heavily on A2 Dominion Community Services to maintain my tenancy and keep me safe.”

Often those responding spoke of mental or physical health issues which prevented them from dealing with their tenancy issues personally. They were unclear of where else they would be able to seek this support.

24% of current service users (38 comments) described the likely impact of the proposed changes relating to 'lower level', 'move-on' and community support services. Here again the focus was on the mental health of those requiring this support and concerns about how people would be able to move forward with their lives should services become harder to access.

“I believe this will filter those vulnerable but unreachable into mental health services, causing further cost to social or similar schemes, to decipher how to help them once there. Possible secondary impact on crime, thieving, business and town centres generally facing vagrant behaviour.”

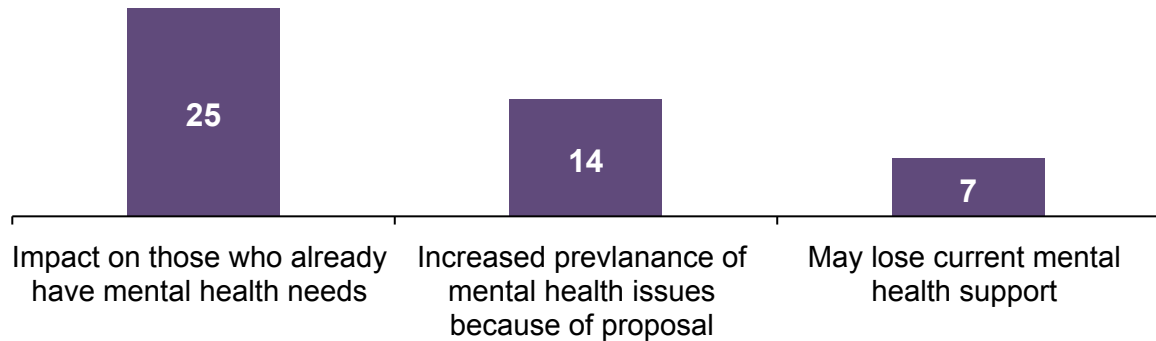
“I used support whilst in temporary accommodation I received food parcel and help with my mental health issues and issues regarding my small child. Without this help no matter how little the support I don't think I would of been ok in temporary accommodation as no one contacted me from housing or the council I was just left to struggle.”

“My mental health would suffer. I would become more isolated. It could lead to me being homeless again. I get more support here than anywhere else, my support would end and I would really find life difficult.”

“Not able to resolve a problem, getting the right support in time. I would struggle to deal with problems and give up, leave things 'til they become urgent/crisis - this affects my mental health, adding more pressure to services.”

“Less people like me will have the support they need to live independently and to learn how to live on their own.”

The graph below shows a quantification of the comments that were made regarding mental health and the potential impact the proposal could have on the type of services that users received:



Base: 41

Many current services users also spoke of the way that specialist service providers understood their needs (19% / 30 comments). There was concern that they would not get this kind of empathy from other support services, or that one to one support would be lost as a result of increased demand should funding be cut.

“Having such a quick response was so reassuring, I finally felt like I was no longer on my own and I had an advocate who was able to support me and come up with a comprehensive plan to face my imminent homelessness.”

“The service A2 provide is all under one roof - one person. If I am not well or have no money for bus fare my support worker comes to me. I have nearly lost my home due to my mental health. I would find it confusing using several services and I might have to wait ages for help that would make me anxious.”

“Who would help to challenge benefit decisions; sanctions without Two Saints service. Job Centre can't help. I would've been homeless if not for all their help.”

“I am currently street homeless, although I have only been working with Two Saints for around two weeks, so far they have been a great help. It can be a struggle to get this kind of support from other services as they don't care about you as an individual.”

“When Two Saints took over this helped a lot. Sometimes its hard to get support from services in the way that they support us.”

“I find it difficult to get the level of support that Two Saints offer from other services. They have been a great help in resolving a notice that I unnecessarily received from my landlords.”

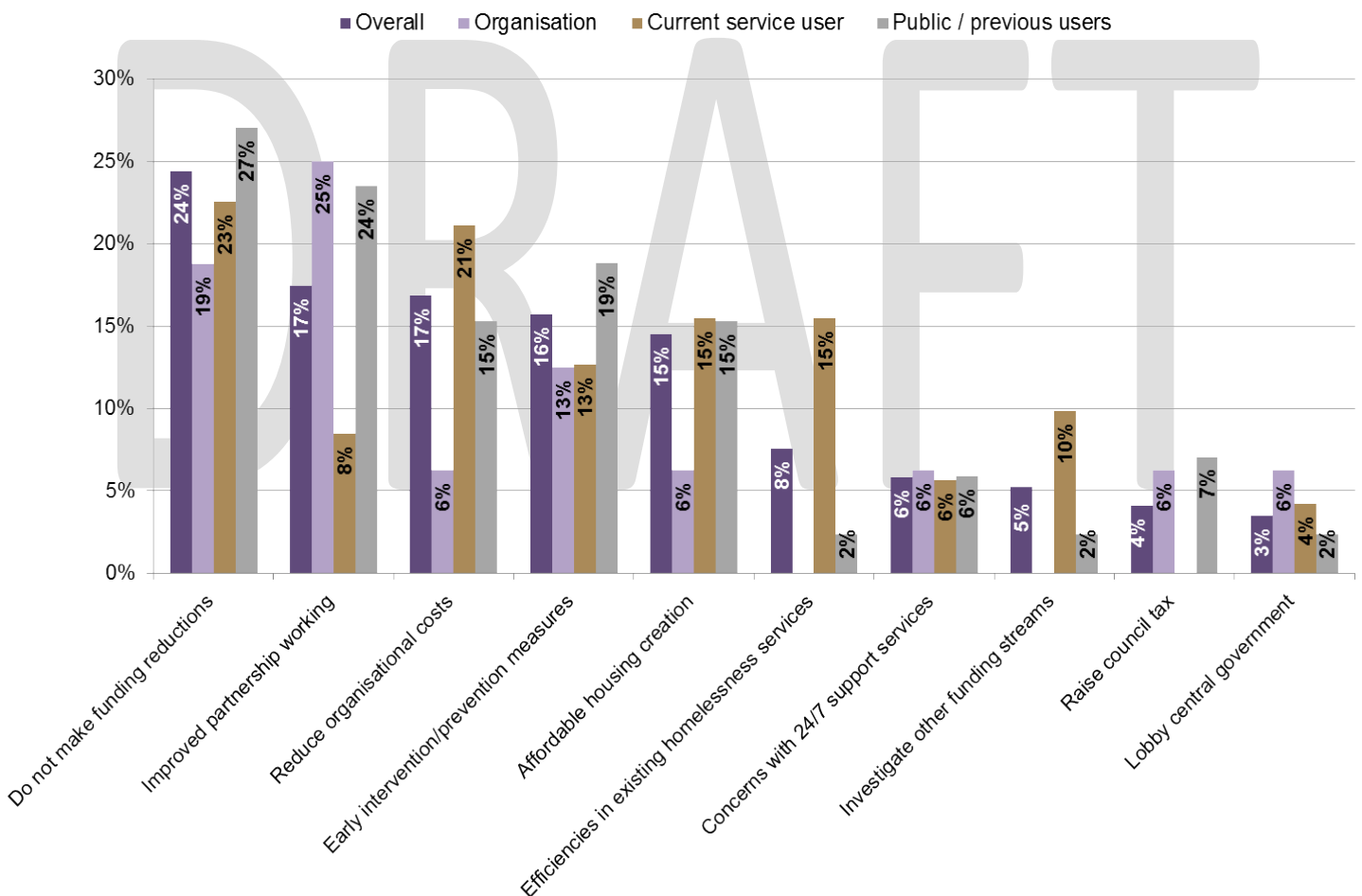
“I use A2 dominion's services quite a bit. The 1 2 1 support is great. My support workers have be great and drop in is useful.”

## Alternative options

186 respondents put forward alternative suggestions as to how the County Council could achieve savings through changes to Homelessness Support Services. These included a review of alternative funding streams, investigating ways of delivering services more efficiently, more effective partnership working and improving options for affordable housing.

### Alternative suggestions as to how the County Council could achieve savings through changes to Homelessness Support Services

(By respondent type. Base: 172, 16, 71, 85. Multi-tick quantification of verbatim, rebased to exclude n/a)



The most prominent theme was that, due to its role in supporting some of the most vulnerable members of society, Homelessness Support Services should retain their funding (24% / 42 comments).

“Homeless people and vulnerable people at risk of homelessness need all the support they can get and to suggest reducing funding for them in order to make savings is immoral and should NOT happen.” *(member of the public)*

“The savings need to come from other areas. Homelessness prevention and support is critical to preventing rough sleeping. Once a person or family ends up on the street, the costs rocket and additional burden is placed on more expensive support levels, such as the police and NHS.” *(member of the public)*

“Given the rate at which homelessness is increasing this is not an area for savings.” *(member of the public)*

“More money is needed for this vital service not saving money. If money is reduced the system will fail.” *(member of the public)*

“There are no areas of the services which are provided that funding can be saved when more services are needed.” *(current service user)*

“There needs to be stability and a longer term plan to avoid further costs.” *(organisation)*”

Some respondents recognised that additional income would be required to achieve this, with a small number suggesting that this could come via an increase in Council Tax (4% / 7 comments) or through central government (3% / 6 comments). A number of current service users (10% / 7 comments) also suggested that money could be raised via fundraising events or corporate donations.

“This could be funded by raising council tax especially for the highest band properties so that people living in excess can support people totally without.” *(member of the public)*

“Lobbying the government to make changes to the current draconian system of welfare benefits. An end to austerity measures.” *(member of the public)*

“Hampshire County Council should have more charity events to raise money for the homeless.” *(current service user)*

“It is the equivalent of less than £2 per year for every resident in the administration area of Hampshire CC and I would happily pay the extra £1 per month on Council Tax to fund these services.” *(member of the public)*

“Lobby the government for additional funding.” *(organisation)*

“Relevant businesses may take an interest if they know impacts of their help on crime, homelessness etc. May event be an asset to their organisation.” *(current service user)*”



Many of those who recognised that raising money may not be feasible proposed saving money as an alternative option. Based on their direct experience, current service users were particular proponents of both reducing organisational costs (21% / 15 comments), and finding efficiencies in existing homelessness services (15% / 11 comments), and put forward a number of practical suggestions as to how this might be achieved.

“There are plenty of other areas where savings can be made - council gardening and public space maintenance and travel services for example.”  
*(member of the public)*

“Reduce the salaries of highly paid executives. When building new council houses ensure these are environmentally friendly. Maybe use utility services where money can be ploughed back into the council. Use reserves you may have.”  
*(member of the public)*

“Reduce the spending in other areas. Sell/occupy empty buildings.” *(current service user)*

“Inclusion and CRC, plus mental health workers and DWP workers could all co-locate within hostels, giving a one-stop shop during the day and alleviating the need to have more staff on site, relating that funding to be used in the community for prevention, resettlement or engagement.”  
*(member of the public)*

“Reduce hours on night shelter maybe only operate 5pm - 10am to save money.”  
*(current service user)*

“Maybe have residents help clean the hostel on a rota basis so cut out paid cleaners and rewards such as vouchers etc. if done properly.”  
*(current service user)*

Responding organisations were less certain that savings could be found, but were able to make some suggestions as to how services could work better together to maximise opportunities, reduce duplication and thereby safeguard support for those at risk of homelessness (25% / 6 comments).

“Combine the community support element for both mental health and inclusion therefore having one agency providing all community support.”*(organisation)*

“There is an opportunity to join up existing community/floating support in some areas. An audit of existing services will show services which are under utilised- some have quite narrow criteria.” *(organisation)*

“We have been approached by commissioned agencies to work with them to provide outreach and other services that are already in existence within our services.” *(organisation)*

“Maybe improve liaison between Primary Care services and support services to work together to try and prevent homelessness as a result of mental ill health.” *(organisation)*

“We would suggest that you commission a flexible, joint move-on/community support service that can deliver varying levels of support, as needed, in a variety of locations but that some of those support hours are tied to designated supported accommodation.” *(organisation)*

“Work together with all agencies so that work is not duplicated. Speak to one another e.g. Nightshelter and Trinity sometimes offer the same services.”  
*(organisation)*

Individual respondents were also keen on this approach (24% / 26 comments) and suggested a range of ways in which the Council could better engage with local charities and public sector partners to provide a more holistic service.

“It may be better if HCC focus services on where they have an advantage compared to District Councils . For example liaison with Mental Health/Substance misuse/Probation to give a coordinated response.” *(member of the public)*

“By working with partners such as district councils and charities to engage with clients and provide services. The Housing First model should be used and invested in.” *(member of the public)*

“Embrace other service providers outside of the normal sphere. Religious organisations, for example, have a will and potential access to different finance streams to directly benefit the homeless.” *(member of the public)*

“Collaboration between all the local support services, working together, sharing resources and information could save a substantial amount of council money.” *(previous service user)*

“Look at the work Portsmouth City Council is doing through Project Bridge.” *(member of the public)*

“Liaise more with outside organisations. I am living in supported living taking up a property which someone else desperately may need, when I would be able to manage with community support, but you won't house me appropriately. If you housed appropriately you could save money.” *(current service user)*

Most respondents felt that preventative measures were key to avoiding escalation into homelessness. Although not necessarily within the remit of Hampshire County Council, some saw the solution from a housing supply perspective – utilising empty buildings or encouraging development of more affordable or supported housing (15% / 25 comments).

“Hampshire property costs are high, can you not look at developers - who are no longer being required to commit to building social housing, and seek for them to sponsor the costs of a valuable service like supported tenancies, rather than seeking to cut the service?” *(member of the public)*

“Incentivise private landlords and agencies to enable those without a guarantor or deposit to get accommodation.” *(member of the public)*

“Perhaps one of the many unused office blocks (esp. Basing View) could be converted for use as a larger hostel as May Place House is always full.” *(current service user)*

“The problem with reducing move on accommodation will eventually result in bed blocking of the emergency services. Very few landlords would take them without proven time in accommodation. Provide more money to local authorities to develop housing first accommodation.” *(current service user)*

## What do other demographic groups think of the proposal?

The chart below shows a breakdown of responses by the current accommodation and family status' of individual respondents.

Respondents currently living in supported housing or hostel accommodation were the only group to support the Council's proposition to reduce funding for community, 'lower level' and 'move-on' support, with almost two thirds (65%) being in agreement.

Their view was contrary to that held by respondents living in other types of accommodation, across which there was a predominantly negative response to the proposal. Those living in rented accommodation were most likely to oppose any reduction to community, 'lower level' and 'move-on' support services - in particular those living in rented social housing and families with children.

Level of disagreement	Agreement / disagreement with the proposal by . . .		Level of agreement
59%	Response type	All respondents	32%
22%	<b>What is your accommodation status?</b>	Supported housing / homeless hostel	65%
36%		Other supported housing	40%
*		Staying with friends	*
*		Street homeless	*
*		Sleeping in car	*
71%		Tenancy - private rented	25%
89%		Tenancy - registered social landlord	12%
79%		Tenancy - local authority	18%
*		Bed and Breakfast	*
*		Other temporary accommodation	*
69%		Owner occupier	22%
46%		Living with parents	27%
*		Other	*
61%		Prefer not to say	22%
54%	<b>Are you</b>	Single	35%
69%		Married or co-habiting	27%
73%		Family with children	27%
60%		Other	27%
53%		Prefer not to say	33%

Please note where there are fewer than ten responses, this category has not been included due to levels of data accuracy, and to ensure the anonymity of respondents indicated by \*. Data excludes 'not sure'.

The following chart illustrates how responses varied by personal demographic – including by gender, age, whether a respondent has a disability and by ethnic group.

Most groups had a negative response to the proposal, with very few exceptions. Key headlines are:

- two thirds of female respondents (66%) disagreed with the proposal, compared to just over half of males (51%)
- respondents aged 18-21 years were almost twice as likely than average to agree with the proposal (64% vs 32%)
- older respondents were most likely to oppose the proposals, with two thirds of those aged 65-74 years and three quarters of those aged 55-64 expressing their disagreement
- respondents with a disability that limits their day-to-day activities ‘a lot’ were more likely to disagree with the proposal when compared to the average response – with 69% disagreeing
- those that indicated they are from a mixed or multiple ethnic group, were also more likely to disagree with the proposal with 78% of this group disagreeing.

Level of disagreement	Agreement / disagreement with the proposal by . . .		Level of agreement
59%		All respondents	32%
51%	<b>Are you?</b>	Male	42%
66%		Female	23%
*		Other	*
69%		Prefer not to say	15%
*	<b>What is your</b>	16-17 years	*
27%	<b>age?</b>	18-21 years	64%
65%		22-24 years	17%
46%		25-34 years	48%
54%		35-44 years	38%
58%		45-54 years	34%
75%		55-64 years	15%
67%		65-74 years	22%
*		75+ years	*
67%		Prefer not to say	20%
69%	<b>Respondent</b>	Yes, a lot	26%
45%	<b>has a</b>	Yes, a little	44%
56%	<b>disability?</b>	No	35%
68%		Prefer not to say	9%
58%	<b>Ethnic</b>	White	33%
78%	<b>group</b>	Mixed / Multiple ethnic groups	11%
*		Asian / Asian British	*
*		Black/ African /Caribbean /Black British	*
*		Other ethnic group	*
63%		Prefer not to say	26%

Please note where there are fewer than ten responses, this category has not been included due to levels of data accuracy, and to ensure the anonymity of respondents indicated by \*. Data excludes ‘not sure’.

## Unstructured responses

### Unstructured responses received from groups and organisations

The consultation received eight 'unstructured responses'. These are responses that were made within the consultation period, but were not submitted using the consultation questionnaire. Of those responses received, five were submitted from organisations. Two organisations that submitted an unstructured response brought together the views from their wider organisational network through focus groups which accounts for the higher number of mentions. Key points, grouped by theme are outlined below.

#### Perceived impacts:

Similar to the responses received through the consultation response form, organisations were concerned about a potential increase in demand for other services. There were 18 comments relating to the demand for services, which perceived that:

- other services, which are already felt to be at full capacity and struggling financially, may not be able to provide community support and the proposals may put pressure on services such as health and social care and District and Borough Councils. This could lead to some service users 'falling between the cracks' (ten mentions)
- there was a fear that homelessness may increase as a result of reduced funding, with the knock on effect of other more intensive services being used in place of 'lower level' support (six mentions)
- an increase in safeguarding issues, as well as community safety issues may also arise as result of the proposal, which organisations identified would contribute to higher costs in public spending in future (two mentions).

*"...other agencies will not have the capacity to pick up individuals who access community support services."*

*"Whilst people are waiting to get in to the system it is likely that their needs could increase, that there could be increased pressure on health and community services resulting in increased ASB, 999 calls."*

*"...The cut in the community services is likely to result in an increase in homelessness, which would have an impact, as the budget cuts trickle down on all the services that work together."*

Some organisations also mentioned that funding should increase, rather than decrease and that the focus should be on the needs of service users. There were eight mentions in total around the theme of funding, the main points raised were:

- funding for 'lower level' support should not be cut, in order to prevent the use of higher cost intensive support (four mentions)
- concerns that the current system is service led, not client led. Organisations call for consideration of the needs of the client over service provision in general. The proposal itself is focused mainly on the high level services that will remain, rather than having a clear approach regarding the impact on 'lower level' support individuals (four mentions).

*"In response to question 6, we disagree in that we believe that there is a need to both fund stage intensive 24/7 supported housing services **and** do the more detailed resettlement and broader prevention work for the wider community that wouldn't fall to the local council to fulfil."*

*"There needs to be a mapping of potential client needs, with clear, unambiguous descriptions of priorities. Solutions then must be mapped against needs and those with the highest priority funded."*

In addition, concerns were raised around what will be provided following the possible implementation of the proposal. There was a perceived danger that referrals and information might not reach those who need it most – specifically that:

- if the proposals went forward, there would be uncertainty around the referral process and how this might work, and what the offer might be. A lack of a joined up approach may cause distress for service users and may increase delays in individuals receiving the time critical support they need as well as causing confusion between agencies (six mentions).
- there should be more detail around what Districts and Boroughs can provide (two mentions)
- the criteria to access intensive support may be changed, which could mean that many service users are missed (three mentions).

*"...implying in the impact assessment that clients can simply go to the local housing authority is very optimistic..."*

*"[The] County council to proactively establish with every district the exact sum of money that they are prepared/able to contribute to the continuation of these services, post August '19, and to do that **now**."*

*"Clients accessing 'low level support' still have high needs and are often very vulnerable. Our concern is that the proposed changes mean that the criteria to access the more intensive support services will be pitched at a level where the vast majority won't be able to access them."*

## Alternative suggestions

The alternatives suggested through unstructured responses submitted by organisations also reflected those submitted via the questionnaire. The main points raised were that:

- the County Council should do more to work with District Councils and understand where existing provision in local areas is, in order to match this against areas of highest need. Clear criteria should be established in order to target those that are hardest to house. (three mentions)
- combining with other services such as mental health services and working in partnership with other agencies could have a positive impact on homeless support services, but this does require a joined up approach by all providers (two mentions)
- other funding streams should be considered, such as private capital (one mention)
- the introduction of assistive technology with the use of volunteer helplines could help with budget savings (one mention)
- having a longer term contracts will help give providers of Homelessness Support Services more confidence to invest (one mention).

*“...It makes sense to focus attention on the “hardest to house”, the most complex cases and those most in need. This group need intensive support and long-term specialist services. Certain criteria would need to be established and agreed at multi-agency level to identify the cohort.”*

*“The County Council should work closely with District Councils to map existing provision in local areas, and match demand intelligently, so that services are focused in areas of highest need.”*

*“Is there any way that these services could be seen alongside the mental health pathway, wellbeing centres, young people’s contracts, the drug and alcohol contracts and any OPCC and community safety funding to pool available resources for people over 18?”*

*“There needs to be the option of parallel capital spend by the local authority to enable the more effective delivery of service solutions.”*

*“Could assistive technology and the use of volunteer helplines keep costs lower but also be person-centred and manage safety effectively?”*

*“There needs to be a more creative and innovative way of contracting for services. Three years is insufficiently long for a service to move from initiation through learning, maturing to sustained good practice.”*

## Unstructured responses received from members of the public

Three unstructured responses came from members of the general public, the main concerns of these responses were:

- there should not be any cuts to funding and support (two mentions)
- purpose run facilities should be there to help rehouse people, and help with addictions and to get work (one mention)
- introduction of cuts will inevitably make it harder for vulnerable homeless people (one mention)
- Central Government should be lobbied to bring in more funding (one mention)
- changes to how people are referred through the system will cause distress to those in need (one mention)
- there are similarities with this and universal credit system in terms of the impact felt (one mention)
- as an alternative, the use of volunteers could be helpful (one mention)
- day services should be increased, and vital services should be in the day centre for vulnerable people (one mention)
- PSCOs/Community Safety Officers should be on the street (one mention)
- drop in services should be offered where you can get help (one mention).

*“I strongly feel that it is important to keep the funding for these services as it is presently. There should be no cuts.”*

*“By changing the access to housing support, more complicated procedures arise causing more distress to the applicant as he/she tries to work through the system.”*

*“I feel that more cuts will make life almost impossible for the vulnerable homeless.”*

*“We really need to have purpose-run facilities – the ultimate aim is rehouse them, help get work, help re. addictions etc.”*



## Appendices

### Appendix 1: Research approach

#### Open consultation

The County Council is committed to listening to the views of local residents and stakeholders before deciding which actions to take, and therefore carried out an open consultation to seek residents' and stakeholders' views on the proposals.

A consultation Information Pack and Response Form were made available to view, print and download from the County Council's website. Responses could also be submitted through an online questionnaire.

To aid participation, alternative formats were available upon request.

Paper copies of the consultation questionnaire were provided at various hostels and supported housing locations as well as community support drop in centres across Hampshire in order to ensure that the views of service users were represented.

'Unstructured' responses could be sent through via email or written letters, and those received by the consultation's close date are included in this report.

The consultation was also promoted through the County Council's social media channels, and released to local press.

#### Interpreting the data

The consultation was run as an open consultation, and allowed anyone who wished to make a response the opportunity to do so. This means that responses can not be described as representative of the views of Hampshire's population, as respondents were not sampled in a random manner. However, in order to better understand the views of different groups, respondents were asked to provide information on themselves and their households. This has allowed comparisons to be drawn between different types of respondents (for example service users vs non service users), to give an understanding about how the groups who responded feel about the proposals in contrast to each other.

All questions in the consultation questionnaire were optional. The analysis only takes into account actual responses – where 'no response' was provided to a question, this was not included in the analysis. As such, the totals for each question add up to less than 380 (the total number of respondents who replied to the consultation questionnaire).

A list of organisations or groups (where names were provided) can be found in *Appendix 3*. A profile of individual members of the public responding to the consultation can be found in *Appendix 4*. Coded responses to open questions and additional data tables can be found in *Appendix 5* and *6*

## **Publication of data**

All data is processed according to the General Data Protection Regulation as detailed below:

Personal data is collected for the performance of a task carried out in the public interest and for reasons of substantial public interest. The data provided will only be used to understand views on the proposed changes set out in this consultation. Anonymised responses will be summarised in a public consultation findings report.

All individuals' responses will be kept confidential and will not be shared with third parties, but responses from businesses, groups or organisations may be published in full. All personal data will remain within the UK. Responses will be stored securely and retained for one year following the end of the consultation before being securely and permanently deleted or destroyed.

Please see Hampshire County Council's Data Protection webpage: [www.hants.gov.uk/privacy](http://www.hants.gov.uk/privacy) for further details about how the County Council uses and handles data. You can contact the County Council's Data Protection Officer at [data.protection@hants.gov.uk](mailto:data.protection@hants.gov.uk) If you have a concern about the way that Hampshire County Council is collecting or using personal data, you should raise your concern with us in the first instance or directly to the Information Commissioners Office at [www.ico.org.uk/concerns](http://www.ico.org.uk/concerns). Hampshire County Council's privacy notice can be found at: [www.hants.gov.uk/aboutthecouncil/privacy](http://www.hants.gov.uk/aboutthecouncil/privacy)

# Consultation on proposed changes to Homelessness Support Services in Hampshire

## Questionnaire



Consultation period: 15 June – 10 August 2018

## Introduction

Hampshire County Council is seeking the views of service users and other interested stakeholders on proposals to change County Council funded Homelessness Support Services.



Homelessness Support Services (also known as Social Inclusion Services) are housing related support services for people over the age of 18 who are homeless or at risk of homelessness.

The County Council is proposing a model of Homelessness Support Services which focuses on buying services that meet the needs of the most vulnerable homeless people (who are street homeless or at risk of street homelessness) and reduces funding for services for people with less critical needs. This could achieve a proposed budget reduction of £1.8million.

It is strongly advised that you read the Information Pack carefully before completing this questionnaire as it contains important additional information about the proposed changes.

The findings from this consultation will be taken into account by the Executive Member for Adult Social Care and Health when making a decision on the proposed changes to Homelessness Support Services later this year.

**The consultation opens on midday Friday, 15 June 2018 and closes at midday on Friday, 10 August 2018.**

  
 **Privacy notice**

Hampshire County Council is seeking to record your views, comments and other information about you through this response form. The information you provide in this questionnaire will only be used to understand views on the proposed changes set out in this consultation. All individuals' responses will be kept confidential and will not be shared with third party processors, but responses from organisations may be published in full. All data will remain within the UK. Responses will be anonymised and summarised in a public consultation findings report. Responses will be stored securely and retained for one year following the end of the consultation before being deleted or destroyed.

Where the information provided is personal information, you have certain legal rights. You may ask us for the information we hold about you, to rectify inaccurate information the County Council holds about you, to restrict our use of your personal information, and to erase your personal data. When the County Council uses your personal information on the basis of your consent, you will also have the right to withdraw your consent to our use of your personal information at any time.

Please see our website [www.hants.gov.uk/privacy](http://www.hants.gov.uk/privacy) for further details. You can contact the County Council's Data Protection Officer at [data.protection@hants.gov.uk](mailto:data.protection@hants.gov.uk). If you have a concern about the way we are collecting or using your personal data, you should raise your concern with us in the first instance or directly to the Information Commissioners Office at [ico.org.uk/concerns](http://ico.org.uk/concerns)



**Q1. Are you responding on your own behalf or on the behalf of an organisation or group?** (Please tick one box only)

- I am providing my own response *(Please go to Q4)*
- I am providing a response on behalf of an organisation or group *(Please go to Q2)*

*Please only complete Q2 and Q3 if you are responding on behalf of an organisation or group.*

**Q2. Please provide details of your organisation or group** (Please write in)

Name of organisation/group	<input type="text"/>
Postcode of organisation/group	<input type="text"/>
Your role	<input type="text"/>

**Q3. Which of these best describes the primary function of your organisation or group?** (Please tick one only)

- Charity, voluntary/third sector organisation
- Housing provider
- School/college/place of education
- Local public sector organisation (e.g. district or borough council, emergency services, health services)
- Local business
- Social enterprise
- Other

Please only complete Q4 and Q5 if you are responding as an individual.

**Q4. Do you currently use Hampshire County Council's Homelessness Support Services (Social Inclusion Services) or have you used these services in the past?** (Please tick one box only. If you need more information about Homelessness Support Services, please read the description on the next page.)

- I am a current service user
- I have used these services in the past *(Please go to 'Our proposal')*
- I have never used this type of service *(Please go to 'Our proposal')*

**Q5. Which service are you currently using?** (Please tick one box only)

- Supported housing or hostel with staff on site 24 hours a day
- 'Lower' level or 'move on' supported housing
- Community support (visiting service)
- Community support (drop in)

UNAFI

## Our proposal

The County Council currently funds housing related support in three main types of service:

### **I. Intensive 24/7 supported housing and night shelter services:**

These schemes provide short-term housing and support for rough sleepers and people at risk of rough sleeping.

### **II. 'Lower' level and/or 'move on' supported housing:**

These schemes provide short-term accommodation and support for individuals who are homeless and have less critical needs or are ready to move on from a more intensive supported housing service. Whilst some services do have a 24 hour staff presence, most people living in these schemes receive help from a visiting support service.

### **III. Community support services:**

These are support services available to any individual or family who is homeless or at risk of homelessness. Unlike the types of service described above, this support is not 'attached' to accommodation and people can receive help regardless of their current housing status. Services aim to prevent people from becoming homeless and support them to find accommodation if they do.

The County Council would **continue to spend £2.4million on Homelessness Support Services** and our proposal is to prioritise this funding to **directly meet the needs of the most vulnerable homeless people**.

This would mean that we would **continue to fund the intensive 24/7 supported housing and night shelter services** that are used by people sleeping rough or at risk of sleeping rough and **reduce the amount of money spent on services in lower level and 'move on' supported housing and community support by approximately 70%**.

In most cases, support would no longer be 'attached' to 'lower' level and/or 'move on' supported housing, enabling services to be targeted to meet the needs of the most vulnerable.

This would mean that, in addition to the intensive 24/7 supported housing and night shelter services, the County Council would fund community support for:

- people who are moving on from intensive 24/7 supported housing
- people who are living in 'lower' level and/or 'move on' supported housing or moving on from these schemes, and are unable to access support from other sources



- single homeless people and couples with complex support needs who are unable to access support from other sources.

**Most people who currently use community support services for help to prevent homelessness would need to seek support from other services.**

The County Council would work with the district and borough councils and current service providers to plan the transition to any new arrangements and ensure that people who may be affected by any changes are provided with clear information regarding alternative support services and how to get help to prevent homelessness in the future.

These proposed changes to Homelessness Support Services could achieve £1.8million of savings and contribute to the £56million proposed budget reduction for Adults' Health and Care.

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**Q6. To what extent do you agree or disagree with the proposal to maintain funding for intensive 24/7 services, and reduce funding for 'lower' level and/or 'move-on' supported housing services and community support services?** (Please tick one box only)

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not sure
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q7. What type of impact do you think the proposed changes to Homelessness Support Services may have?** (Please use the box below to tell us how the proposed changes would affect you, your organisation and people who are homeless, or at risk of becoming homeless, in the future)

**Q8. If you have any alternative suggestions as to how the County Council could achieve savings through changes to Homelessness Support Services, then please provide these in the box below. (Please write in)**

## About you

*Please only complete this section if you are responding as an individual.*

The following few questions will help us to understand the views of different groups of people and how these might vary in different areas of Hampshire. Please be assured that we'll only use your responses for this purpose, and we'll make sure that no individuals can be identified in the reports that we produce.

**Q9. Which district of Hampshire do you live in? (Please tick one box only)**

- |  |   |
|--|---|
| <input type="checkbox"/> Basingstoke and Deane | <input type="checkbox"/> New Forest                     |
| <input type="checkbox"/> East Hampshire        | <input type="checkbox"/> Rushmoor                       |
| <input type="checkbox"/> Eastleigh             | <input type="checkbox"/> Test Valley                    |
| <input type="checkbox"/> Fareham               | <input type="checkbox"/> Winchester                     |
| <input type="checkbox"/> Gosport               | <input type="checkbox"/> Not sure                       |
| <input type="checkbox"/> Hart                  | <input type="checkbox"/> I do not live within Hampshire |
| <input type="checkbox"/> Havant                | <input type="checkbox"/> Prefer not to say              |

**Q10. What is your current accommodation status?** (Please tick the box that best describes your current accommodation status)

- Supported housing/homeless hostel (24 hour staff support)
- Other supported housing
- Staying with friends
- Street homeless
- Sleeping in car
- Tenancy - private rented
- Tenancy - registered social landlord
- Tenancy - local authority
- Bed and Breakfast
- Other temporary accommodation
- Owner occupier
- Living with parents
- Other
- Prefer not to say

For 'Other', please describe in the box below:

**Q11. What is your current relationship status?** (Please tick one box only)

- Single
- Married or co-habiting
- Family with children
- Other
- Prefer not to say

For 'Other', please describe in the box below:

**Q12. Are you?** (Please tick one box only)

- |                                 |  |
|---------------------------------|--|
| <input type="checkbox"/> Male   | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to say |

For 'Other', please describe in the box below:

**Q13. What was your age on your last birthday?** (Please tick one box only)

- |                                      |                                      |  |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> 16-17 years | <input type="checkbox"/> 35-44 years | <input type="checkbox"/> 75+ years         |
| <input type="checkbox"/> 18-21 years | <input type="checkbox"/> 45-54 years | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 22-24 years | <input type="checkbox"/> 55-64 years |  |
| <input type="checkbox"/> 25-34 years | <input type="checkbox"/> 65-74 years |  |

**Q14. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?**  
(Please tick one box only)

- |  |  |
|--|--|
| <input type="checkbox"/> Yes, a lot    | <input type="checkbox"/> No                |
| <input type="checkbox"/> Yes, a little | <input type="checkbox"/> Prefer not to say |

**Q15. What is your ethnic group?** (Please tick the option that best describes your ethnic group or background)

**White**

- English, Welsh, Scottish, Northern Irish, British
- Irish
- Gypsy or Irish Traveller
- Any other White background

**Black/African/Caribbean/  
Black British**

- British
- African
- Caribbean
- Any other Black background

**Asian/Asian British**

- Indian
- Pakistani
- Bangladeshi
- Nepalese
- Chinese
- Any other Asian background

**Mixed/multiple ethnic groups**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background

**Other ethnic group**

- Arab
- Any other ethnic group

- Prefer not to say**

Thank you for taking the time to respond to this consultation.

**This consultation will close at midday on Friday, 10 August 2018.**

Please use the Freepost envelope provided to return your response to Hampshire County Council. If you do not have one, please send your response to '**Freepost HAMPSHIRE**', writing 'AS Consultation' on the back of the envelope.

Your feedback will help to inform the decisions regarding changes to services to be made by the Executive Member for Adult Social Care and Health later in the year.

DRAFT

### **Appendix 3: List of organisations or groups who responded to the consultation**

- Basingstoke Social Inclusion Partnership
- Camrose Centre
- Citizens Advice, Hampshire
- Two Saints
- Winchester Churches Nightshelter (3 responses)
- Citizens Advice Basingstoke (2 responses)
- Fareham & Gosport CMHT (3 responses)
- Gosport Borough Council
- Gosport Family Support Service
- Hampshire County Council Children's Services
- Hart DC
- Liss Food Bank
- New Forest Citizens Advice
- New Forest District Council
- One Way, Harvest Church Alton
- Ringwood Foodbank
- Rushmoor Borough Council
- Society of St James
- St Francis Church Food Bank
- Trinity Winchester (4 responses)

## Appendix 4: Consultation participant profile

The breakdown of respondents by category is shown below:

Counts, Break, % Respondents	
<b>Base</b>	<b>380</b>
<b>Are you responding on your own behalf or on the behalf of an organisation or group?</b>	
I am providing my own response	358 94.2%
I am providing a response on behalf of an organisation or group	22 5.8%
<b>Which district of Hampshire do you live in?</b>	
Basingstoke and Deane	85 22.4%
East Hampshire	47 12.4%
Eastleigh	9 2.4%
Fareham	22 5.8%
Gosport	17 4.5%
Hart	7 1.8%
Havant	13 3.4%
New Forest	18 4.7%
Rushmoor	24 6.3%
Test Valley	22 5.8%
Winchester	82 21.6%
Not sure	3 0.8%



I do not live within Hampshire	3 0.8%
Prefer not to say	4 1.1%
<b>What is your current accommodation status?</b>	
Supported housing / homeless hostel (24 hour staff support)	88 23.2%
Other supported housing	26 6.8%
Staying with friends	2 0.5%
Street homeless	3 0.8%
Sleeping in car	0 0.0%
Tenancy - private rented	25 6.6%
Tenancy - registered social landlord	64 16.8%
Tenancy - local authority	32 8.4%
Bed and Breakfast	2 0.5%
Other temporary accommodation	3 0.8%
Owner occupier	74 19.5%
Living with parents	11 2.9%
Other	6 1.6%
Prefer not to say	20 5.3%

<b>Are you currently. . . ?</b>		
	<b>Single</b>	228 60.0%
	<b>Married or co-habiting</b>	66 17.4%
	<b>Family with children</b>	30 7.9%
	<b>Other</b>	16 4.2%
	<b>Prefer not to say</b>	17 4.5%
<b>Are you?</b>		
	<b>Male</b>	175 46.1%
	<b>Female</b>	160 42.1%
	<b>Other</b>	1 0.3%
	<b>Prefer not to say</b>	14 3.7%
<b>What was your age on your last birthday?</b>		
	<b>16-17 years</b>	0 0.0%
	<b>18-21 years</b>	11 2.9%
	<b>22-24 years</b>	23 6.1%
	<b>25-34 years</b>	53 13.9%
	<b>35-44 years</b>	79 20.8%
	<b>45-54 years</b>	93 24.5%
	<b>55-64 years</b>	56 14.7%
	<b>65-74 years</b>	19 5.0%
	<b>75+ years</b>	3 0.8%
	<b>Prefer not to say</b>	17 4.5%

<b>Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?</b>	
<b>Yes, a lot</b>	<b>112 29.5%</b>
<b>Yes, a little</b>	<b>83 21.8%</b>
<b>No</b>	<b>132 34.7%</b>
<b>Prefer not to say</b>	<b>24 6.3%</b>
<b>What is your ethnic group?</b>	
<b>White</b>	<b>308 81.1%</b>
<b>Mixed / Multiple ethnic groups</b>	<b>10 2.6%</b>
<b>Asian / Asian British</b>	<b>4 1.1%</b>
<b>Black / African / Caribbean / Black British</b>	<b>6 1.6%</b>
<b>Other ethnic group</b>	<b>2 0.5%</b>
<b>Prefer not to say</b>	<b>21 5.5%</b>

## Appendix 5: Coded responses to the open questions

Impact of the proposal broken down by respondent type:

	Overall	Organisations	Current users	Public / previous users
Other services impact (Macro)	12%	41%	5%	15%
Other services: increased demand/ unable to support increased demand	5%	23%	1%	6%
Other services: increased reliance on charities	2%	5%	1%	2%
Other services: Not fit for purpose/ money to afford comparable service limited	2%	9%	2%	
Other services: lack of trained professionals	3%	5%	1%	4%
Other services: knock on effect on health care/ emergency services	2%	14%	1%	3%
Other services: knock on effect on borough and district councils	2%	14%		3%
Increase homelessness (Macro)	25%	36%	22%	27%
Increase homelessness: other knock on effects	3%		5%	1%
Increase homelessness: gap in provision				
'Lower level' support impacts (Macro)	23%	14%	24%	25%
'Lower level' support: should not reduce funding	2%			6%
'Lower level' support: won't be able to cope with lack of support	5%		6%	4%
'Lower level' support: would struggle to move to permanent housing/ move on/ rebuild life	5%	5%	6%	3%
'Lower level' support: could lead to whole system failing	1%			3%
'Lower level' support: Access to other services is difficult / hard to access	1%		2%	
'Lower level' support: just as important as higher level	1%		1%	1%
'Lower level' support: impact on access to mental health support/ increase in mental health issues	6%	5%	6%	6%
'Lower level' support: less help for those who have addiction/ health needs	1%	5%	1%	
Community support (Macro)	21%	23%	29%	11%
Community support: help with maintaining tenancy crucial or risk of homelessness increases	12%	14%	17%	4%

Community support: intervention is key to reducing financial cost	4%	5%	4%	3%
Community support: should not reduce funding	2%	5%	2%	3%
Community support: anxiety around where to get similar service	4%		5%	3%
Community support: other knock on effects	1%		1%	
Referral process (Macro)	3%		2%	5%
Referral process: people may get missed	2%		1%	4%
Referral process: increased admin, less benefit to user	0%			1%
Referral process: changing process will take crucial time	1%		1%	1%
Mention of specific support providers (Macro)	14%	27%	19%	4%
Specific support provider: Two Saints	7%	27%	9%	2%
Specific support provider: 101 Gosport	1%		1%	
Specific support provider: A2 Dominion Community Services	3%		5%	1%
Specific support provider: Trinity Centre	1%		1%	1%
Specific support providers: First Point	2%		3%	1%
Positive impact (Macro)	3%		3%	3%
Positive impact: street homeless will benefit	1%		1%	1%
Positive impact: It will help fund the service	1%		2%	1%
24/7 Services (Macro)	9%	9%	6%	14%
24/7 services: Funding should be increased in this area				
24/7 services: increased demand in use of service	7%	9%	2%	13%
24/7 services: not always appropriate support	1%		1%	1%
Long term impact (Macro)	5%		1%	12%
Long term impact: Longer term increased financial cost	3%		1%	6%
Long term impact: more people will reach crisis point	2%		1%	4%
No impact (Macro)	0%			1%
No impact: Only if comparable services are in place	0%			1%
Should not make cuts (Macro)	16%	9%	16%	17%
Should not make cuts: more should be invested	7%	5%	6%	9%
Not applicable (Macro)				
Overall	321	22	176	123
	321	22	176	123

Alternative suggestions by respondent type:

	Overall	Organisations	Current Service Users	Public / previous user
Make efficiencies within existing homelessness services (Macro)	8%		15%	2%
Make efficiencies within the service: residents take on roles when using service	1%		3%	
Making efficiencies within the service: save on energy consumption/ green initiatives	1%		3%	
Making efficiencies within the service: introduce charging	1%		1%	
Reduce organisational costs (Macro)	17%	6%	21%	15%
Reduce organisational costs: admin	2%		3%	1%
Reduce organisational costs: savings on councillor expenses	1%			2%
Reduce organisational costs: savings on staff salaries	6%		10%	4%
Reduce organisational costs: savings should come from other services	5%	6%	1%	7%
Raise council tax (Macro)	4%	6%		7%
Use reserves (Macro)	1%			1%
Lobby central government (Macro)	3%	6%	4%	2%
Partnership working (Macro)	17%	25%	8%	24%
Partnership working: Borough/ District councils	6%	6%	1%	9%
Partnership working: charities	5%		3%	8%
Partnership working: religious organisations	3%		1%	5%
Partnership working: reduce duplication	1%	6%		
Other funding streams (Macro)	5%		10%	2%
Other funding streams: Businesses	1%		1%	1%
Other funding streams: raising money from fundraising	3%		7%	1%
Early intervention/prevention measures (Macro)	16%	13%	13%	19%
Early intervention measures: relationships with landlords	1%		1%	1%
Early intervention measures: mental health services	1%			1%
Early intervention measures: support those with disabilities	1%		1%	1%
Early intervention measures: help with substance misuse	1%			1%

Do not make funding reductions (Macro)	24%	19%	23%	27%
Do not make funding reductions: more money to invest	9%		13%	8%
Affordable housing creation (Macro)	15%	6%	15%	15%
Affordable housing: cooperate with developers	3%	6%		5%
Affordable housing: use derelict/unused housing to support	5%		10%	2%
Concerns with 24/7 support services (Macro)	6%	6%	6%	6%
Concerns: not comparable service to lower level				
Concerns: many will not use as 'unsafe' environment	1%			1%
Concerns: invest more in emergency accommodation	3%		3%	4%
Agree with proposals (Macro)	2%	13%		1%
Base	186	17	78	91

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## Appendix 6: Data tables

Counts Break % Respondents	Base	To what extent do you agree or disagree with the proposal to maintain funding for intensive 24/7 services, and reduce funding for 'lower' level and/or 'move-on' supported housing services and community support services?					
		Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Not sure
Total	377	149 39.5%	66 17.5%	32 8.5%	44 11.7%	73 19.4%	13 3.4%
Are you responding on your own behalf or on the behalf of an organisation or group?		Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Not sure
I am providing my own response	355	141 39.7%	59 16.6%	31 8.7%	42 11.8%	69 19.4%	13 3.7%
I am providing a response on behalf of an organisation or group	22	8 36.4%	7 31.8%	1 4.5%	2 9.1%	4 18.2%	0 0.0%
Do you currently use Hampshire County Council's Homelessness Support Services or have you used these services in the past?		Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Not sure
I am a current service user	203	82 40.4%	25 12.3%	15 7.4%	15 7.4%	59 29.1%	7 3.4%
I have used these services in the past	25	13 52.0%	4 16.0%	3 12.0%	3 12.0%	1 4.0%	1 4.0%
I have never used this type of service	127	46 36.2%	30 23.6%	13 10.2%	24 18.9%	9 7.1%	5 3.9%



<b>which service are you currently using?</b>		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not sure</b>
Supported housing or hostel with staff on site 24 hours a day	86	8 9.3%	9 10.5%	10 11.6%	11 12.8%	45 52.3%	3 3.5%
'Lower' support or 'move on' supported housing	25	6 24.0%	4 16.0%	5 20.0%	3 12.0%	6 24.0%	1 4.0%
Community support (visiting service)	65	53 81.5%	8 12.3%	0 0.0%	1 1.5%	1 1.5%	2 3.1%
Community support (drop in)	26	14 53.8%	4 15.4%	0 0.0%	0 0.0%	7 26.9%	1 3.8%
<b>Which district of Hampshire do you live in?</b>		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not sure</b>
Basingstoke and Deane	84	27 32.1%	15 17.9%	2 2.4%	8 9.5%	31 36.9%	1 1.2%
East Hampshire	47	33 70.2%	5 10.6%	3 6.4%	4 8.5%	1 2.1%	1 2.1%
Eastleigh	9	* *	* *	* *	* *	* *	* *
Fareham	22	9 40.9%	3 13.6%	3 13.6%	1 4.5%	3 13.6%	3 13.6%
Gosport	17	11 64.7%	1 5.9%	2 11.8%	2 11.8%	1 5.9%	0 0.0%
Hart	7	* *	* *	* *	* *	* *	* *
Havant	13	3 23.1%	4 30.8%	1 7.7%	2 15.4%	2 15.4%	1 7.7%
New Forest	18	11 61.1%	4 22.2%	0 0.0%	3 16.7%	0 0.0%	0 0.0%
Rushmoor	24	7 29.2%	5 20.8%	3 12.5%	4 16.7%	1 4.2%	4 16.7%
Test Valley	22	9 40.9%	5 22.7%	5 22.7%	3 13.6%	0 0.0%	0 0.0%

Winchester	81	27 33.3%	8 9.9%	6 7.4%	11 13.6%	27 33.3%	2 2.5%
Not sure	3	* *	* *	* *	* *	* *	* *
I do not live within Hampshire	3	* *	* *	* *	* *	* *	* *
Prefer not to say	3	* *	* *	* *	* *	* *	* *
<b>What is your current accommodation status?</b>		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not sure</b>
Supported housing / homeless hostel (24 hour staff support)	88	9 10.2%	10 11.4%	11 12.5%	11 12.5%	45 51.1%	2 2.3%
Other supported housing	26	5 19.2%	4 15.4%	6 23.1%	4 15.4%	6 23.1%	1 3.8%
Staying with friends	2	* *	* *	* *	* *	* *	* *
Street homeless	3	* *	* *	* *	* *	* *	* *
Sleeping in car	0	* *	* *	* *	* *	* *	* *
Tenancy - private rented	25	15 60.0%	2 8.0%	1 4.0%	3 12.0%	3 12.0%	1 4.0%
Tenancy - registered social landlord	63	47 74.6%	7 11.1%	0 0.0%	2 3.2%	5 7.9%	2 3.2%
Tenancy - local authority	32	16 50.0%	6 18.8%	1 3.1%	2 6.3%	3 9.4%	4 12.5%
Bed and Breakfast	2	* *	* *	* *	* *	* *	* *
Other temporary accommodation	3	* *	* *	* *	* *	* *	* *
Owner occupier	73	29 39.7%	21 28.8%	6 8.2%	12 16.4%	4 5.5%	1 1.4%
Living with parents	11	3 27.3%	2 18.2%	3 27.3%	2 18.2%	1 9.1%	0 0.0%

Other	6	*	*	*	*	*	*
		*	*	*	*	*	*
Prefer not to say	19	6 31.6%	5 26.3%	3 15.8%	3 15.8%	1 5.3%	1 5.3%
<b>Are you currently. . . ?</b>		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not sure</b>
Single	227	88 38.8%	29 12.8%	24 10.6%	22 9.7%	54 23.8%	10 4.4%
Married or co-habiting	65	29 44.6%	15 23.1%	3 4.6%	11 16.9%	6 9.2%	1 1.5%
Family with children	30	15 50.0%	7 23.3%	0 0.0%	5 16.7%	3 10.0%	0 0.0%
Other	16	5 31.3%	4 25.0%	2 12.5%	1 6.3%	3 18.8%	1 6.3%
Prefer not to say	16	4 25.0%	4 25.0%	2 12.5%	2 12.5%	3 18.8%	1 6.3%
<b>Are you?</b>		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not sure</b>
Male	174	59 33.9%	26 14.9%	13 7.5%	18 10.3%	52 29.9%	6 3.4%
Female	159	71 44.7%	30 18.9%	16 10.1%	20 12.6%	15 9.4%	7 4.4%
Other	1	*	*	*	*	*	*
		*	*	*	*	*	*
Prefer not to say	13	6 46.2%	3 23.1%	2 15.4%	1 7.7%	1 7.7%	0 0.0%
<b>What was your age on your last birthday?</b>		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not sure</b>
16-17 years	0	*	*	*	*	*	*
		*	*	*	*	*	*
18-21 years	11	2 18.2%	1 9.1%	1 9.1%	4 36.4%	3 27.3%	0 0.0%
22-24 years	23	10 43.5%	5 21.7%	4 17.4%	0 0.0%	4 17.4%	0 0.0%
25-34 years	53	15 28.3%	8 15.1%	3 5.7%	7 13.2%	17 32.1%	3 5.7%

35-44 years	79	29 36.7%	11 13.9%	6 7.6%	8 10.1%	20 25.3%	5 6.3%
45-54 years	92	38 41.3%	14 15.2%	7 7.6%	13 14.1%	17 18.5%	3 3.3%
55-64 years	56	30 53.6%	11 19.6%	6 10.7%	3 5.4%	5 8.9%	1 1.8%
65-74 years	18	9 50.0%	3 16.7%	2 11.1%	2 11.1%	2 11.1%	0 0.0%
75+ years	3	* *	* *	* *	* *	* *	* *
Prefer not to say	16	5 31.3%	5 31.3%	2 12.5%	2 12.5%	1 6.3%	1 6.3%
<b>Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?</b>		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not sure</b>
Yes, a lot	110	58 52.7%	14 12.7%	5 4.5%	6 5.5%	21 19.1%	6 5.5%
Yes, a little	83	24 28.9%	12 14.5%	9 10.8%	10 12.0%	25 30.1%	3 3.6%
No	131	47 35.9%	25 19.1%	12 9.2%	25 19.1%	20 15.3%	2 1.5%
Prefer not to say	24	7 29.2%	8 33.3%	5 20.8%	0 0.0%	2 8.3%	2 8.3%
<b>What is your ethnic group?</b>		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither agree nor disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not sure</b>
White	306	125 40.8%	48 15.7%	26 8.5%	33 10.8%	65 21.2%	9 2.9%
Mixed / Multiple ethnic groups	10	5 50.0%	2 20.0%	1 10.0%	1 10.0%	0 0.0%	1 10.0%
Asian / Asian British	4	* *	* *	* *	* *	* *	* *
Black / African / Caribbean /	6	* *	* *	* *	* *	* *	* *

Black British							
Other ethnic group	2	*	*	*	*	*	*
		*	*	*	*	*	*
Prefer not to say	20	4 20.0%	8 40.0%	2 10.0%	3 15.0%	2 10.0%	1 5.0%

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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>	20 November 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	20 Nov 2018	16 Jan 2019	19 March 2019
<p align="center"><b>Proposals to Vary Health Services in Hampshire</b> - 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.</p>							
<b>Andover Hospital Minor Injuries Unit</b>	Temporary variation of opening hours due to staff absence and vacancies	Living Well  Healthier Communities	Hampshire Hospitals NHS FT	Updates on temporary variation last heard in July 2018 (via electronic briefing)  Next update to be considered Nov 2018	Update to be considered  <b>(E)</b>		
<b>Dorset Clinical Services review (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  Living Well  Ageing Well  Healthier Communities	Dorset CCG / West Hampshire CCG	First Joint HOSC meeting held July 2015, CCG delayed consultation until 2016.  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.  <b>(M)</b>		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	20 Nov 2018	16 Jan 2019	19 March 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>		<p>To be considered</p> <p><b>(M)</b></p>	
<p><b>Move of patients to Eastleigh &amp; Romsey Community Mental Health Team</b></p>	Patients in eastleigh southern parishes historically under Southampton East Team moving to Eastleigh and Romsey team	<p>Living Well</p> <p>Ageing Well</p>	Southern Health	<p>Briefing note presented at Sept 18 meeting. Supported as not SC. Requested update in March 2019.</p>			<p>Update due</p> <p><b>(M)</b></p>

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	20 Nov 2018	16 Jan 2019	19 March 2019
<b>West Surrey Stroke Services</b>	Review of stroke services	Living Well Ageing Well	NE and SE Hampshire CCGs	To be considered once the consultation has closed  Heard at June 2017 mtg, where Committee supported proposals. Monitoring heard Nov 17. Update deferred September 18 to Nov 18.	Next update to be considered  (M)		
<b>Spinal Surgery Service</b>	Move of spinal surgery from PHT to UHS (from single clinician to team)	Living Well Ageing Well	PHT and Hampshire CCGs	Proposals considered July 2018. Determined not SC. Update on engagement received Sept 2018. Implementation update timing tbc.			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	20 Nov 2018	16 Jan 2019	19 March 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 Ageing Well	HHFT and Hampshire CCGs	Item considered at May 2018 meeting. Deferred decision on substantial change pending further information. update received Sept 2018, requested further info for Nov meeting.	Update to be considered (M)		
<b>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>							
<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 Living Well Ageing Well Healthier Communities	Care Quality Commission	To await notification on inspection and contribute as necessary.  PHT last report received Sept 2018, requested update in 6 months (March 2019).  SHFT – last update Sept 18, latest full report due Nov 18.  HHFT latest report due Nov 18.	SHFT report  (M)  HHFT Report  (M)		PHT update  (M)

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	20 Nov 2018	16 Jan 2019	19 March 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  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  Living Well  Ageing Well  Healthier Communities	STPs	H&IOW initially considered Jan 17 and monitored July 17 and 18, Frimley March 17  STP working group to undertake detailed scrutiny – updates to be considered through this.  Next update at formal meeting March 2019.	System reform proposals		General STP update due

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	20 Nov 2018	16 Jan 2019	19 March 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 Living Well Ageing Well Healthier Communities	HCC Adults' Health and Care  (Adult Services and Public Health)	Considered annually in advance of Council in February		Pre scrutiny due	
<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 Living Well Ageing Well Healthier Communities	STP leads  All NHS organisations	ToR agreed September 2017	Verbal updates to be received when appropriate		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	20 Nov 2018	16 Jan 2019	19 March 2019
<b>Real-time Scrutiny</b> - to scrutinise light-touch items agreed by the Committee, through working groups or items at formal meetings.							
<b>Adult Safeguarding</b>	Regular performance monitoring of adult safeguarding in Hampshire	Living Well Healthier Communities	Hampshire County Council Adult Services	For an annual update to come before the Committee.  Update Nov 17, next due Nov 18	Update due		
<b>Public Health</b>	To undertake pre-decision scrutiny and policy review of areas relating to the Public Health portfolio.	Starting Well Living Well Ageing Well Healthier Communities	HCC Public Health	Substance misuse transformation update heard May 2018.  0-19 Joint Procurement		0-19 joint proc item  (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.

**Other requests not yet scheduled:**

Sept 2018: CAMHS assessments of children in schools and change in provider



**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 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.