Hampshire County Council

NOTICE OF MEETING

Meeting	Health and Adult Social Care Select Committee
Date and Time	Tuesday, 9th July, 2019 at 10.00 am
Place	Ashburton Hall - HCC
Enquiries to	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 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 Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 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 - 14)

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 15 - 48)

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

a) Integrated Primary Care Access Service
b) Proposed Changes to the Mental Health Crisis Teams Across Solent NHS and Southern Health for PSEH

7. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES (Pages 49 - 260)

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.

a) CQC Update for Portsmouth Hospitals Trust
b) CQC Update from Southern Health Foundation Trust
c) CQC Inspection Report from Frimley Health NHS Foundation Trust
d) CQC Inspection Report from University Hospital Southampton Foundation Trust

8. HAMPSHIRE SUICIDE AUDIT AND PREVENTION STRATEGY (Pages 261 - 304)

To receive an update on the Hampshire Suicide Audit and Prevention Strategy.

9. WORK PROGRAMME (Pages 305 - 316)

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 for assistance.

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

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AT A MEETING of the Health and Adult Social Care Select Committee of HAMPSHIRE COUNTY COUNCIL held at the castle, Winchester on Tuesday, 14th May, 2019

Chairman:
* Councillor Roger Huxstep

* Councillor David Keast	Councillor Marge Harvey
Councillor Martin Boiles	* Councillor Pal Hayre
Councillor Ann Briggs	* Councillor Neville Penman
Councillor Adam Carew	* Councillor Mike Thornton
* Councillor Fran Carpenter	* Councillor Jan Warwick
* Councillor Tonia Craig	* Councillor Graham Burgess
* Councillor Alan Dowden	Councillor Lance Quantrill
Councillor Steve Forster	Councillor Dominic Hiscock
* Councillor Jane Frankum	Councillor Martin Tod
* Councillor David Harrison	Councillor Michael Westbrook

*Present

Co-opted members
Councillor Trevor Cartwright MBE

Also present with the agreement of the Chairman: Councillor Liz Fairhurst, Executive Member for Adult Social Care and Health, and Councillor Patricia Stallard, Executive Member for Public Health.

131. **APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Steve Forster, Ann Briggs, Martin Boiles and Marge Harvey. The Conservative deputy, Councillor Graham Burgess, was in attendance. Apologies were also received from co-opted members, Councillors Alison Finlay and Tina Campbell.

132. **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 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 Personal Interest in a matter being considered at the meeting should consider, having regard to Part 5, Paragraph 4 of the Code, whether such interest should be declared, and having regard to Part 5, Paragraph 5 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.

Councillor Jan Warwick declared a personal non-pecuniary interest in items 6A and 7A, as a CQC Specialist Advisor in the Hampshire Hospitals CQC report follow up and as her husband is on staff at the Southampton Hospital, in the Spinal Unit transfer from Portsmouth to Southampton.

133. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 2 April 2019 were confirmed as a correct record and signed by the Chairman.

134. DEPUTATIONS

The Committee did not receive any deputations.

135. CHAIRMAN'S ANNOUNCEMENTS

The Chairman made the following announcements:

A. Gosport War Memorial Hospital Deaths – New Police Investigation

Following previous announcements on this topic over the past year, regarding deaths that occurred at Gosport War Memorial Hospital between 1987 and 2001, this follows the publication in June last year of the Gosport Independent Panel Review into these events and a subsequent response from the Government in November. Since September 2018, a dedicated team of staff from the Eastern Policing Region have been assessing the panel's findings, to establish if there is sufficient new evidence to support a further police investigation. On 30 April 2019 a statement was issued on behalf of the Eastern Policing Region, confirming that a new, full police investigation will be carried out. The HASC will continue to monitor this situation, to consider if there is any further learning or follow up for the Hampshire health and care system as a result of this issue.

B. Dr Sallie Bacon's Retirement

Dr Sallie Bacon the Director of Public Health is retiring in June and attending her last HASC meeting. The Chairman, on behalf of the committee, thanked her for her years of service and in wishing her all the best for the future. Simon Bryant her deputy will be stepping up as interim Director of Public Health, while the appropriate process to replace this role is undertaken.

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

a. Hampshire Hospitals Foundation Trust - CQC Inspection Update

The Chief Nurse and Program Lead for Quality from Hampshire Hospitals NHS Foundation Trust reported back on progress and provided an update on action taken by the trust in response to the areas the Care Quality Commission (CQC) had

identified as requiring improvement, following the inspection of the trust's services in 2018 (see report, Item 6a in the Minute Book) and new 2019 inspections against the 29a warning notice. Members heard that the:

- CQC Winter Pressures team saw a "sea change" in culture, improved flow, and positive verbal feedback.
- New paediatric assessment units and rapid assessment treatment bays now in use at both sites.
- Continued improvements in patient safety checklists, compliance, and timely assessments.
- Updates to policies, schedules, departmental responsibilities, equipment maintenance, risk management processes, mandatory training, and accessible information.
- Mental Health Act implementation, training and recruitment of mental health staff.
- Progress to 159 actions completed but some issues due to delays and ensuring continuance of care.
- New inspection against warning notice on a particularly pressurized winter's day with record number of patients.
- Significant improvement noted in terms of issues resolved or in the process of being resolved but final report not yet prepared.
- 3 new divisional chief nurses to assist with areas of vulnerability.
- Improvements to annual reviews and day to day procedures.
- Equipment maintenance now at 80% compliance and cleaning issues being addressed.
- Retention of staff is high, staff training implemented with support from Solent, as well as a peer review program.
- 72% progress towards completion of outstanding actions (although short of 80% target)

In response to questions, Members heard:

- Support is needed to train emergency staff on the Mental Health Act and a new joint appointment made for a mental health nurse and educator.
- New rooms in both ER waiting areas for patients needing mental health care.
- In terms of addressing staff morale for such a large organization, whilst it was been a challenge, morale is now improving as there are monthly meetings to discuss concerns, feedback, areas of improvement, and how staff are feeling.
- Peer reviews have been very helpful with ward visits in terms of setting clear expectations whist reviewing internal teams and identifying improvement areas.
- Feedback from Members was being taken back in terms of ensuring patients feel cared for and the need for wait times to be shorter, which are both monitored through a check list used by staff.
- The critical role of effective appraisals in health care and the need to address and improve cultural and leadership issues of the organization to promote

better understanding of expectations, engaging staff, capturing meaningful feedback, and tracking improvements against measurable metrics.

- Ensuring the completion of mandatory training, strengthened cleaning protocols, improved theater capacity, adequate equipment, as well as equipment maintenance, labeling, and monitoring as they are central to diagnosis and treatment of patients.
- Engaging users and carers to gather further feedback regarding improvements in treatment and care.
- Effective management and leadership plan in place to help staff successfully navigate a high-pressure environment with professional development and support.
- Current hiring challenges in the medical field and steps taken to attract qualified staff.
- Encouraging intercommunication and shared learning, tools, resources, best practices, and strategies between hospitals.

RESOLVED

That the Committee:

a. Note the update on action taken by the Trust in response to the 2019 CQC inspection findings.

b. Request a further progress update for the November 2019 meeting.

b. Portsmouth Hospitals NHS Trust– Update following CQC focused inspection of Emergency Department in February 2019

Members heard from Director of Governance & Risk regarding the report and summary of the CQC inspection. The 25 February inspection was presented in the context that there were 1300 more patients in 2019 than the previous year was indicative of the significant pressure, sicker patients, and increased footfall through the department.

A number of improvements were noted as being implemented in April and May. There has been increased efforts with commitment, transparency, and collaboration. Whilst there were distressing “Must Do” items in the report, plans have been put into place to tackle specific issues building on the framework already in place.

A sprints approach has been taken to address improvements in people flow through the department, as well as looking at physical layout and redevelopment. Embedding the Trust’s values in staff and working together for patients with compassion and promoting those messages is key. Staff has also engaged in “Sit and See” and watching from an objective perspective to better understand the implications for the department. Daily equipment checks have had a practical solution with a dedicated nurse to follow up. The requirements are now leading the way to the Trust’s ambitions and aspirations.

In response to questions, Members heard:

- In order to spread leadership focus across the operation, a new development program was implemented for all clinical and non-clinical leaders over 9 months.
- Emergency teams also had feedback from other trusts with learning exchange and the NHS improvement regulatory body with support and mentorship with organizational development team.
- Attracting staff (nurses and junior doctors) to the emergency team to staff the department to the desired level.
- The trust is working to understand the demands, times, attendance patterns, locations, and needs from different areas to work with CCGs to better understand the disproportionate statistics for certain postcodes to address local issues.
- Further recruitment and training, embracing values, Sit and See observations, increased audits, and a cultural shift all facilitate better patient care.
- Physical redevelopment will be critical but also systems, culture, and improving pathways from patients' homes to urgent care in the widest sense of the pathway – not just bricks and mortars – and changing the whole approach to care, including finding care in other settings.
- Collaborating across departments even under pressure to maintain effective care, cleanliness, and dignity for all patients is key.
- Quality reviews, peer reviews, working together, and challenging each other to improve care, believing that “The care you walk past is the care you endorse”.
- The emergency department is highlighted because it was the focus of the inspection, but comprehensive review will also follow to address changes in standards, regulations, demands, designs, health and social care settings.
- Working with colleagues to diffuse staff pressure and better the urgent care pathway to assess and treat users in a timely way in the right setting.

RESOLVED

That the Committee:

a. Noted the update on action taken by the Trust in response to the February 2019 CQC inspection findings.

b. Request a further progress update for the July or November 2019 meetings.

137. **PROPOSALS TO VARY SERVICES**

Items for Monitoring

a. Portsmouth Hospitals Trust: Spinal Surgery Service Implementation update

Members received a brief update regarding the transfer of the Elective Spinal Service from Portsmouth Hospitals NHS Trust to University Hospital Southampton

NHS Foundation Trust on 31 October 2018. No specific patient feedback or concerns had been noted but Members drew attention to the difficult nature of recovery from surgery.

RESOLVED

That the Committee:

a) Note the progress on transitioning the Elective Spinal Service from Portsmouth to Southampton.

b) Request a further update from University Hospital Southampton for the November 2019 meeting.

b. Southern Health NHS Foundation Trust: Update on Temporary Closure of Older People's Mental Health Ward (Beaulieu)

Representatives from Southern Health updated Members on the reopening of Beaulieu Ward with a new dementia friendly environment, a significant cultural shift, and multidisciplinary recruitment that will benefit all new patients. The facility is now updated, environmentally friendly, and single sex compliant. While the ward is reopening with 3 fewer beds (17 to 14), this will have no impact of patients and allow for improved patient service and innovative care. This very first frailty friendly ward will be staffed with providers who have all necessary qualifications to improve outcomes and keen, positive ward managers providing a positive experience for patients and carers in the long run.

In response to questions, Members heard:

- Members had an invitation to visit and walk through the ward before it is open to patients.
- The reduction in beds will improve quality care without adverse impact.
- The staff make an effort, when possible, to get patients to enjoy the outdoors and there is an outside space as well.
- There is a meaningful plan to make sure patients' days are varied and engaging.
- Effort is made to accept patients, brought in by carers, from the entire county but with proper and prompt admission and only for as long as needed.
- Demand and availability of beds will be monitored.

RESOLVED

That the Committee:

a) Note the update of the improvements and reopening.

b) Request a further written update statement be circulated to HASC Members for the November 2019 Meeting

Items for Information

a. Southern Health NHS Foundation Trust: Planned Changes to West Hampshire Learning Disability Service

Members heard from Southern Health NHS Foundation Trust that due to enduring logistical challenges, a change in base for the staff would make possible a more efficient and effective range of services for users. Users and carers had been engaged and the change was positively received. The new location will be easily accessible with better technological connectivity that will allow for better and more effective use of time. It is anticipated to be short term move.

In response to questions, Members heard there will be:

- Dedicated NHS connection in the building
- Two dedicated disability parking spots which will be adequate for users
- Public transportation will not be an issue because users are often reliant on family member driving them

RESOLVED

That the Committee:

a) Note the update of the change in service base and determined it not a substantial change.

b) Request a further update be provided to HASC Members for the November 2019 Meeting

138. **INTEGRATED INTERMEDIATE CARE**

The Committee considered the report of the Director of Adults Health and Care. This collaboration is a large-scale program for key findings and improvements in with health and social care partners. It is fully signed off by all CCGs in Hampshire and offers several key recommendations and an operational model. It has had an April 1st, 2018 launch and testing, considering outcomes against very specific metrics.

In response to questions, Members heard that:

- This is a complex and comprehensive venture that will allow for a cohesive program with transparent goals with collaboration from different organizations with a single shared goal.
- It allows for a streamlined service, shared learning, and better care managed in patients' own homes whenever possible with optimized resources and benefits.
- With local access points and a hub and spoke framework, there will be a great deal of flexibility and skill in the first responder's response.
- At this time this service will help Hampshire residents, but the model may be developed further out in the future as needed.

- Existing relationships with other hospitals are well defined and the pathways will be further enhanced.
- Understanding the demand against the current bed stock to ensure optimal levels and positive bed use.
- Communication between organizations and partners will be key to efficiency and better outcomes for patients in managing interdependencies of care
- Setting expectations, transparency, and consistency in developing communication tools to align key messages focused around the user's pathway.
- Staff will need to be able to manage cultural and organizational challenges and complexities.
- Availability and optimized use of equipment will be a key service investment.
- Case studies and information to clarify the benefits for patients and providers from forerunner projects will be included in the October presentation.
- Funding available will follow the individual and allow the service to evolve with increased capacity and less duplication (Cllr. Craig left at this point)
- Bringing services together under Section 75 will lead to better outcomes and reduce downstream expenditures because users can be supported at the right time and collaboratively be provided better care and prevention
- Staff are currently working together in Totton to deliver exactly this kind of service and the next step is fully functional hub referrals.
- Having a single point of contact will make it easier for the patient to be assessed and have the service user history and information available and data protected for care navigators and collaboration with primary care network GPs
- Collaboration between community assets, voluntary sector, and interdisciplinary meetings will create shared use of resources and support
- Users and carers can be involved in their care and support through transitions
- Integrated intermediate care is already established in many parts of the country and this provides many successful models that are platforms for delivering better care, outcomes, and opportunities (Cllr Warwick left at this point with apologies)

RESOLVED

That the Committee:

a) Notes and supports the project approach and the direction of travel in seeking to create an integrated health and social care service.

b) Notes the managerial, service and legal options available in creating an integrated health and social care and endorse the preferred route to organizational alignment and integration.

c) Requests a further update in October 2019.

139. **HEALTH AND WELLBEING STRATEGY 2019-2024**

The Committee considered the report of the Director of Adults' Health and Care on the Health and Wellbeing Strategy and development of the business plan.

The Health and Wellbeing Board has a statutory requirement to produce a joint strategy and has worked closely with colleagues in Public Health, CCGs and other partners to look at the areas that most need focus, based on evidence in the Joint Strategic Needs Assessment. It is a broad document covering a range of different areas and is an overview strategy including an increased focus on prevention to alleviate the pressures on services. Over the next 5 years, as resources get scarcer there is a need to be sophisticated in targeting areas in order to reduce inequalities.

In addition to focusing on physical health, this new strategy now has a stronger focus on addressing mental health in children and young people as well as for all other age groups. There is a new focus on system leadership to manage the key challenges for the system and to ensure oversight of significant new programmes of work, such as Integrated Intermediate Care. "Dying Well" has also been added to the current themes and well received. A clear annual business plan to support delivery of the strategy will be put in place to evaluate success in the priority areas. The focus of the business plan each year may change, to tie in with new Government developments and emerging priorities.

The next step for the Board is to develop its year 1 annual business plan, to define the activities it will do, monitor and observe and how it will measure success.

RESOLVED

That the Committee:

a) Notes the high-level strategy document provided at Appendix A which has been signed off by the Chairman of the Health and Wellbeing Board.

b) Considers the Health and Wellbeing Board's business plan for 2019/2020 at a future Select Committee meeting, once the plan has been agreed by the Board.

c) Requests an annual update from the Health and Wellbeing Board to report on progress with delivering the Strategy.

140. **WORK PROGRAMME**

For the next HASC on 9 July it is proposed to add an item on:

Hampshire Suicide audit and prevention strategy was scheduled for May but deferred until July

RESOLVED:

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

Chairman,

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	9 July 2019
Report Title:	Proposals to Develop or Vary Services
Report From:	Director of Transformation & Governance

Contact name: Members Services

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

Purpose

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. At this meeting the Committee is receiving updates on the following topics:

   a) Integrated Primary Care Access Service
   b) Proposed Changes to the Mental Health Crisis Teams Across Solent NHS and Southern Health for PSEH

Recommendations

2. Summary of recommendations; the recommendations for each topic are also given under the relevant section below, regarding each item being considered at this meeting:

3. *Integrated Primary Care Access Service*

   That the Committee:

   - Note the update and current challenges as well as any recorded issues addressed and/or resolved
   - Note whether the proposed change is in the interest of the service users affected
   - Request a further update for January 2020

4. *Proposed Changes to the Mental Health Crisis teams across Solent NHS and Southern Health for PSEH*

That the Committee:

- Note the update on the phased implementation starting from summer 2019.
- Determine if and when a further update is necessary.

Summary

5. 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.

6. 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.

7. 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

8. 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.

Items for Monitoring

9. **Integrated Primary Care Access Service**

Context

10. A written notification was sent out in May regarding GP extended access service being piloted across the Fareham and Gosport and South Eastern Hampshire CCG areas. An email update followed due to the decision to vary the initial hub plan as a result of building works and the Fareham and Gosport weekend hub has been moved to Fareham Community Hospital.

Recommendations

11. That the Committee:

    a. Note the update and current challenges as well as any recorded issues addressed and/or resolved
    b. Note whether the proposed change is in the interest of the service users affected
    c. Request a further update for January 2020

12. **Proposed Changes to the Mental Health Crisis Teams Across Solent HHS and Southern Health for PSEH**

Context

13. Leading representatives from Hampshire's two mental health trusts, two local authorities, commissioners and other partners have agreed to a change in their approach to improving the delivery of mental health services by bringing together two NHS mental health trusts in partnership to deliver a single service. This proposal seeks to extend the offer of Crisis Support and Home Treatment to a wider population of people, by allowing self-referral to the service when individuals self-define being in crisis. The service will also be newly available to carers.

Recommendations

14. That the Committee:

    a. Note the update on the phased implementation starting from summer 2019.
    b. Determine if and when a further update is necessary.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
Title	Date
Direct links to specific legislation or Government Directives	
Title	Date

Section 100 D - Local Government Act 1972 - background documents

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

Document	Location
None	

EQUALITIES IMPACT ASSESSMENT:

1. **Equality Duty**

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 by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) 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 protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are 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 in which participation by such persons is disproportionally low.

2. **Equalities Impact Assessment:**

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.

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Integrated Primary Care Access Service

1. Purpose

This paper details the development of the Integrated Primary Care Access Service (IPCAS) provided by the Southern Hampshire Primary Care Alliance across Fareham, Gosport and south east Hampshire.

The service was developed to bring together two services: the GP Extended Access Service and the GP Out of Hours Service which were previously provided by two separate providers with differing access points for local people.

This paper sets why we need to change, what the old service looked like, what the new service offers, the views of local people and next steps, including how the service will be kept under review.

2. Background and introduction

In 2017 the Government introduced new funding for GP extended access (GPEA). CCGs were required to commission GP extended access services by 1 October 2018. This included ensuring access during bank holidays, including the Easter, Christmas and New Year periods.

GPEA offered patients a choice of an appointment at their usual GP practice or a hub location. Both routine and same day appointments were available from 6.30pm to 8pm on weekdays and on Saturdays from 8am to 4.30pm and Sundays from 8am to 1pm.

When choosing to go to a hub location, patients could choose which hub they attended rather than only being offered an appointment at the one closest to them.

Fareham and Gosport and South Eastern Hampshire CCGs commissioned Southern Hampshire Primary Care Alliance to pilot the service. The Alliance began a pilot in September 2017 to test how the service should be provided.

Hubs were available in Gosport, Fareham, Portchester, Havant, Petersfield and Waterlooville. The service was also piloted in the Whitehill and Bordon area from Badgerswood Surgery, Headley on Saturday mornings until 2pm.

Alongside this pilot the CCGs were also commissioning a GP Out of Hours Service from PHL Ltd. This service offered a home visit or an appointment when GP surgeries were closed. These appointments were largely offered from Gosport War Memorial Hospital and Cowplain Family Practice in Waterlooville, during weekday evenings (6.30pm to 11pm) and all day on Saturday and Sundays (8am to 10pm). The service also ran out of Chase Community Hospital in Whitehill and Bordon for five hours on average, either on Saturday or Sunday.

Both the GP extended access service and the PHL Out of Hours Service contracts were due to come to an end in June 2019, so in June 2018 the CCGs began considering how these services might be commissioned in the future.

3. Why change?

The expiry of the GPEA pilot and the OOHs contract provided an opportunity to review the services with the aim of reducing duplication and increasing and simplifying access for local people. The complexity and duplicative nature of the existing services, the feedback from local people, the lessons from the GPEA pilot and the viability of potential sites were important factors in developing a future service model.

3.1 Complex access points

Under the previous model the services were available across both CCGs as below:

Service	Site	Opening times
GP Extended Access Service – patients ring their GP practice to book an appointment (both routine and urgent)	Gosport War Memorial Hospital	• Mon to Fri 6.30pm to 8pm • Sat 8am to 4.30pm • Sun 8am to 1pm
	Fareham Community Hospital	• Mon to Fri 6.30pm to 8pm • Sat 8am to 4.30pm • Sun 8am to 1pm
	Portchester Health Centre	• Sat 8am to 4.30pm
	Petersfield Community Hospital	• Mon to Fri 6.30pm to 8pm • Sat 8am to 4.30pm
	Waterlooville Health Centre	• Mon to Fri 6.30pm to 8pm • Sat 8am to 4.30pm
	Havant Health Centre	• Mon to Fri 6.30pm to 8pm • Sat 8am to 4.30pm • Sun 8am to 1pm
	Badgerswood Surgery, Headley	• Sat 8am to 2pm
GP Out of Hours Service – patients ring NHS111 when their surgery is closed and are offered a home visit or hub appointment	Gosport War Memorial Hospital	• Mon to Fri 6.30pm to 11pm • Sat and Sun 8am to 10pm
	Cowplain Family Practice	• Mon to Fri 6.30pm to 11pm • Sat and Sun 8am to 10pm
	Chase Community Hospital	• One five hour session per weekend (variable between Sat or Sun)

Site locations:

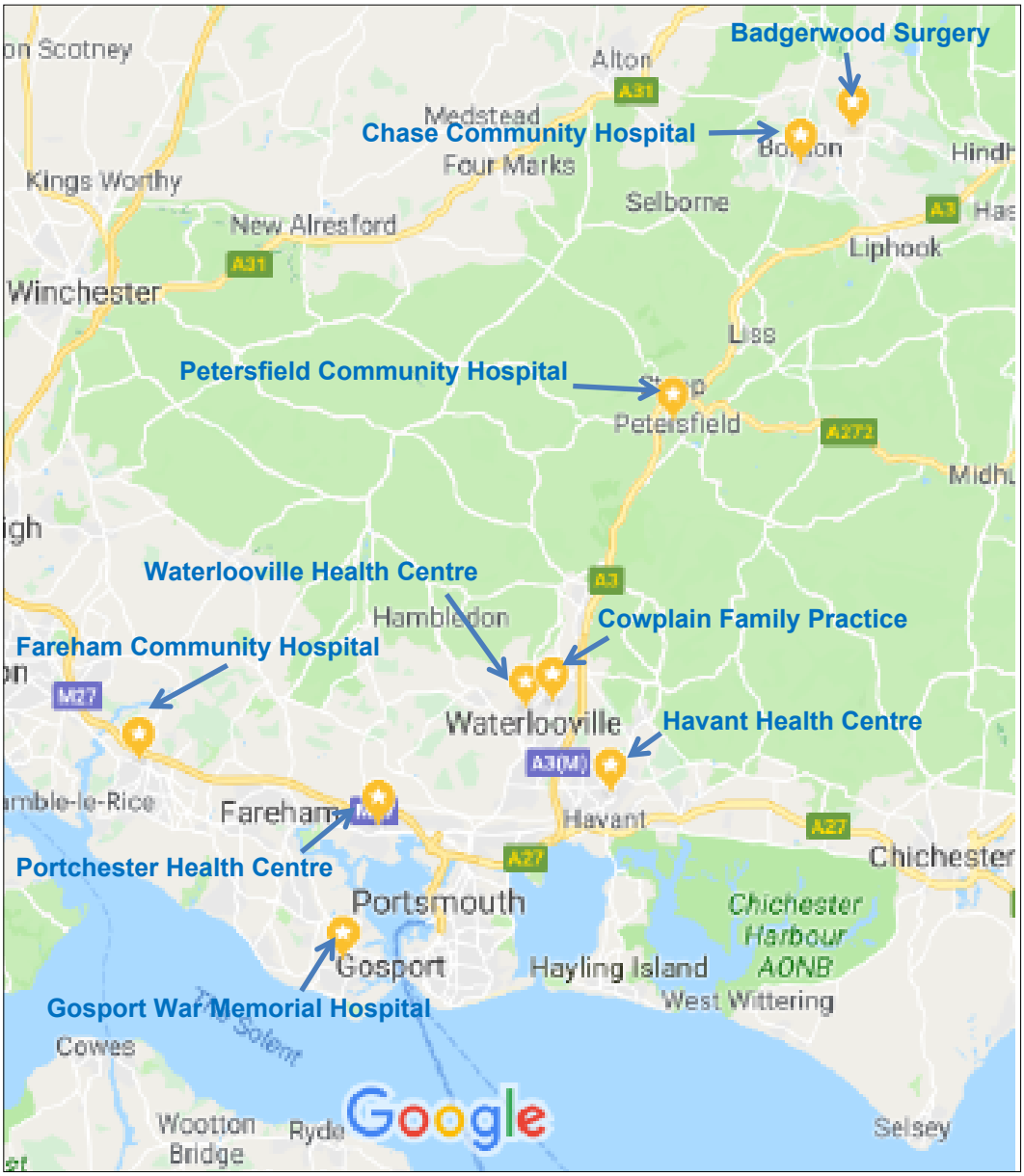


Figure 1: Map source: Google Maps Map data@2019

3.2 Pilot evaluation

The Southern Hampshire GP Alliance piloted the GP extended access service in seven sites across Fareham and Gosport and South Eastern Hampshire CCGs' areas from September 2017. Appendix A shows that the utilisation of these hubs was inconsistent.

The pilot highlighted:

- Patients rate the service highly, but usage differs across the areas
- People were choosing to travel to hubs outside of their area for appointments
- Operationally, seven sites proved extremely difficult to run with issues around healthcare professionals working in isolation (and lone working) and difficulty filling rotas. This meant some clinics did not run as planned and had to be cancelled at short notice
- Gosport and Petersfield sites were well staffed and utilised at weekends but rota-fill was poor during the week.

As a GPEA 'spoke' service was operating from Badgerswood Surgery and a GP Out of Hours hub running at weekends at Chase Hospital, the Alliance also undertook evaluation of utilisation of these services. This showed:

- Patients from the Whitehill and Bordon area were choosing to book at alternative sites and were travelling
- The GP Extended Access Service was primarily being used by patients registered with Badgerswood and Forest Surgeries and Pinehill Surgery and therefore was not providing a service for the whole South Eastern Hampshire population, with the majority of these patients choosing to travel to Petersfield
- The GP Out of Hours Service at Chase Hospital was underutilised meaning a service operating from 6.30pm to 10.30pm weekdays and 8am to 10.30pm would not be fully utilised and was therefore unviable.

Appendix B shows the utilisation of the Bordon hubs.

3.3 Views of local people

The CCGs have engaged with local people on urgent care services through a number of engagement programmes including Your Big Health Conversation and insight campaigns with The Portsmouth News and Wave 105. Consistently local people have told us that they:

- Find the number and range of options for seeking treatment or advice urgently confusing and difficult to clearly navigate
- Think a simpler urgent care system is the most important consideration and put this before distance to travel
- Would like us to balance the need for efficient use of staff and resources with the distance to travel for services
- Would like more access to GPs through a broader range of appointment times and more flexible ways to book them
- Would like services to be open longer
- Don't know about the different options for accessing a primary care service but would consider using them (once told about them through the engagement programmes)
- Don't think providing more choices is the answer – but personal responsibility, more information and a simpler system are
- Would be happy to see the right healthcare professional for their need at that time rather than preferring to see a GP.

The CCGs also worked with Healthwatch Hampshire to seek the views of local people on their preference for weekend opening through the GP extended access service. The feedback received showed that Saturday morning was the most popular choice with no real preference shown for Sundays.

3.4 Site practicalities

As part of the GPEA pilot evaluation the Alliance undertook a review of a number of primary care facilities across the CCGs that could be considered as potential future sites for the service. The review considered:

- If the premises were owned or leased, and if the Alliance would be required to pay rent to run the service from them

- If the site could provide a sufficient number of rooms, both now and as the service potentially grew
- If the site had access to the clinical system used by the service
- The costs of the site
- Access to parking for patients and staff
- Security arrangements as the service operates during the evenings and at weekends.

4. Developing an Integrated Primary Care Access Service

With the contracts for GPEA and OOHs due to expire in June 2019, a presentation regarding the future of the GPEA and OOHs was taken to the CCGs' Primary Care Commissioning Committee and Joint Clinical Cabinet to begin discussing future options for the service in June and July 2018.

In light of patient feedback about access to urgent care service, information about utilisation of services and the national requirement to procure an Integrated Urgent Care Service the CCGs' Governing Body agreed that GPEA and OOH have commonalities which should be better integrated. The aim was to develop a new service model which improved and simplified access for local people out of hours, removed duplication in the system and delivered a sustainable service.

The CCGs issued a PIN (Prior Information Notice) through the Official Journal of the European Union (OJEU) saying that the CCGs wanted to develop a new service model and outlining why a direct award should be carried out. No other organisations came forward to develop a new service model and the contract was therefore directly awarded to the Southern Hampshire Primary Care Alliance.

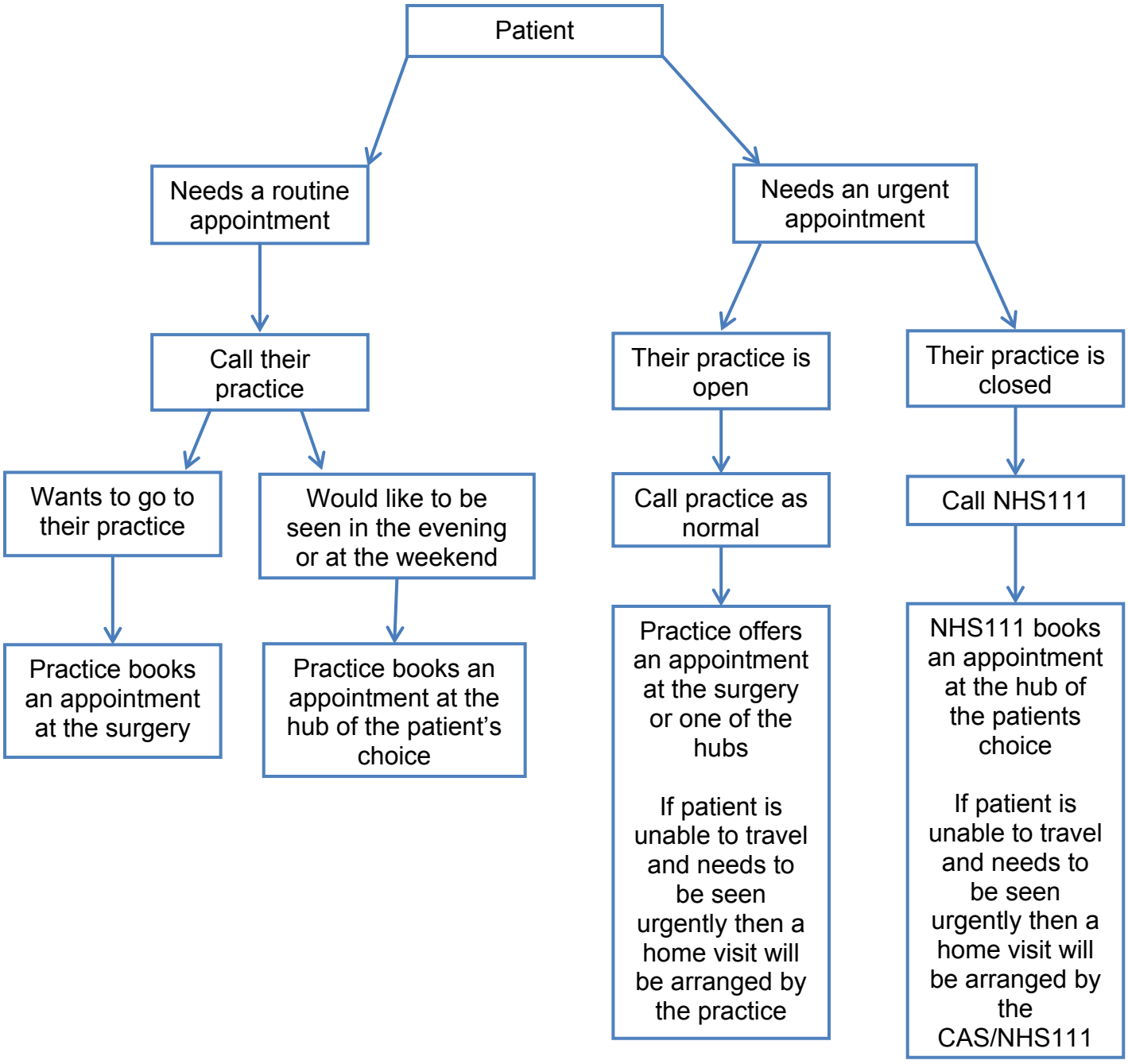
4.1 The new service

The new service provides both routine and urgent/same-day appointments in local hubs and through home visits. To access the service patients need to call their GP practice as normal or NHS111 when their practice is closed as detailed below.

The service has an increased range of healthcare professionals so patients see the most appropriate professional for their clinical need. These include GPs, advance practitioners, practice nurses and healthcare support workers.

Hubs are open from 6.30pm to 10pm on weekday evenings and from 8am to 10pm at weekends for both routine and urgent appointments. Home visits remain in place for everyone who has an urgent clinical need and is unable to travel, and from 10pm to 8am for anyone who clinically needs to be seen.

The service is accessed as follows:



4.2 Listening to local views about the proposed service

On 9 May, 2019 the South Hampshire Primary Care Alliance wrote to key stakeholders about the development of the service. These included MPs, County, District and Borough Councillors, Locality Patient Groups, Councils of Voluntary Services, HASC, HealthWatch Hampshire and the Whitehill and Bordon Health and Care Services Stakeholder Board.

In the letter stakeholders were provided with the background to the GP extended access service, the themes from engagement with local people on urgent care services through different engagement programmes, the pilot and its evaluation. The letter set out the proposed future service model, including opening hours and sites, and invited stakeholders to share their views so these could be taken into consideration as the service was started and developed in the future.

The following feedback was received:

Key stakeholder group	Area	Feedback
Patient Participation Groups	Whitehill and Bordon	• Difficulties of travel to Petersfield • Local population isn't being served well • Concerns why the service isn't being provided locally
	Whitehill and Bordon	• Concerns why the service isn't being provided locally
	Gosport	• Lack of public awareness of extended access • Helplines should be considered as well as appointments • The Gosport site would have been underused due to lack of public awareness
	Gosport	• Proposed changes are a little confusing with different locations and days • Distance to travel will be excessive for some people in some situations • The Gosport site should stay at the hospital with a different one closed • Service usage figures would be helpful • The longer opening hours are good
	Gosport	• Only being able to comment by email is difficult for some people • We are being sought our views too close to the new arrangements starting • If Gosport is underused during the week then not sure why the weekend service has been moved • Difficulties of travelling to Fareham • What is a clinical reason for a home visit, examples would be helpful • How many people are travelling to sites outside of their area and did they choose to do this
Councillor	Whitehill and Bordon	• Difficulties of travel to Petersfield • Concerns about GP access with the local growing population • Declining access to services despite being a Healthy New Town
Voluntary sector	Fareham	• Thank you for the letter which will be discussed at a future meeting

The Alliance considered the feedback received at their Board meeting on 23 May, 2019, and agreed that services should be available across both CCGs as below:

	Site	Opening times
Patients ring their practice to book an appointment (both	Fareham Community Hospital	• Mon to Fri 6.30pm to 10.30pm

routine and urgent) or NHS111 when their practice is closed for an urgent appointment	Forton Medical Centre, Gosport	• Tues and Thurs 6.30pm to 10.30pm (for urgent appointments) • Sat and Sun 8am to 10.30pm
	Portchester Health Centre	• Sat and Sun 8am to 10.30pm
	Swan Surgery, Petersfield	• Tues and Thurs 6.30pm to 10.30pm • Sat and Sun 8am to 10.30pm
	Waterlooville Health Centre	• Mon, Wed and Fri 6.30pm to 10.30pm • Sat and Sun 8am to 10.30pm

Site locations:

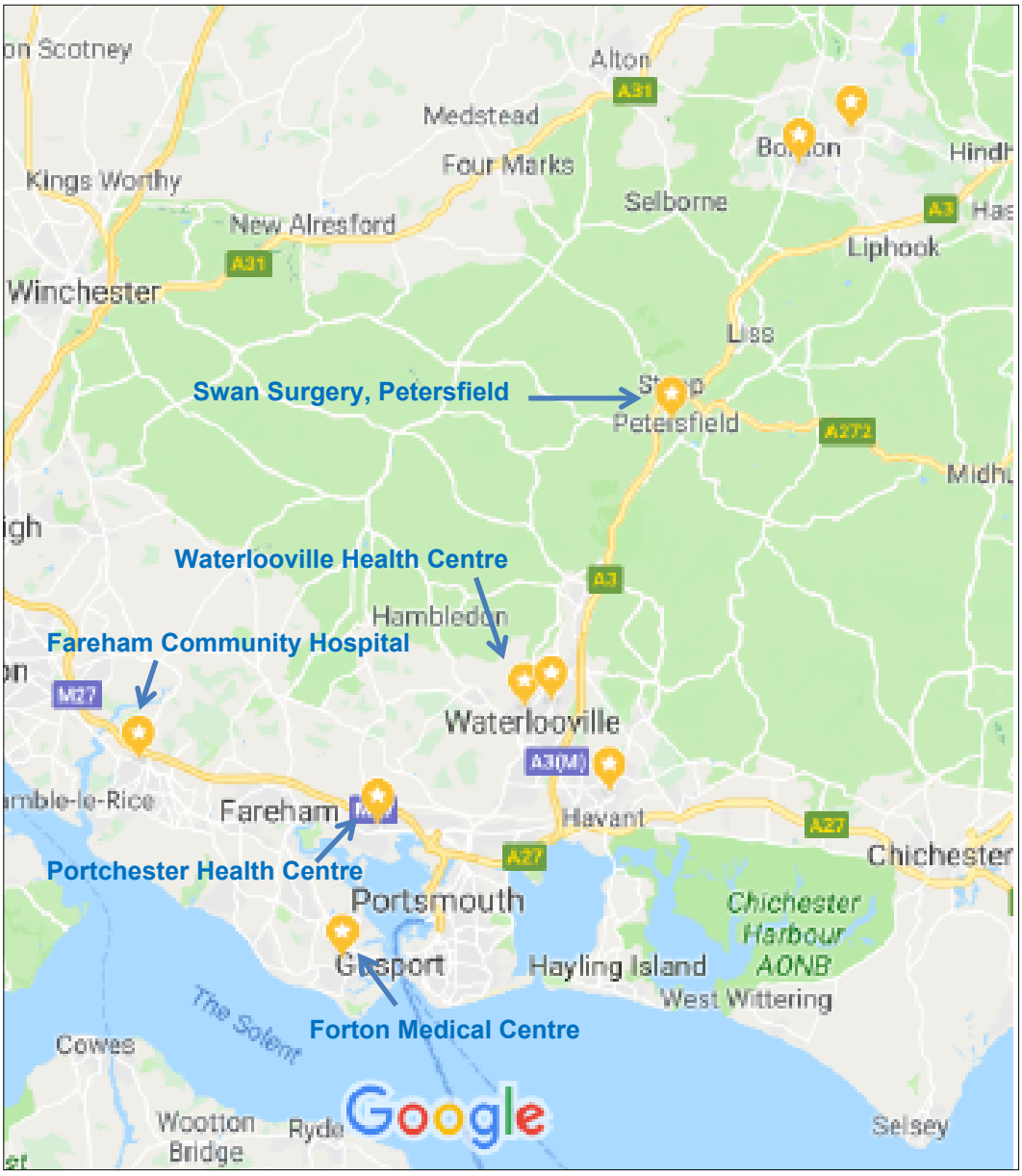


Figure 2: Map source: Google Maps Map data@2019

They wrote to key stakeholders on 30 May, to thank those who took the time to share their views, share the themes from the feedback received and to update them on the change to the Gosport service in light of this.

Two key stakeholders replied thanking the Alliance for the change to the Gosport service but highlighting the importance of clearly promoting it to local people. Community First also

replied offering to meet with the Alliance to explore potential future voluntary sector transport.

During this time the CCG received ten letters/emails of concern from local councillors, patient groups and residents in the Whitehill and Bordon area. On 14 June, 2019 local PPGs, councillors and HealthWatch representative's fedback at the Whitehill and Bordon Stakeholder Board that Whitehill and Bordon residents were disadvantaged by the new service locations.

5. Next steps

The CCGs' Clinical Delivery Group, which includes CCG elected GPs, lay members and officers, considered the service model, including the hubs, and the feedback from local people at its meeting on 19 June, 2019. It was agreed that the CCG would request that the Alliance:

- Reinstates the previous level of hub provision in Whitehill and Bordon
- Works with the CCGs to undertake an eight week period of engagement across both CCG areas to better understand local views about service hubs, issues with travel and people's preference for accessing the service.

The CCG is working with the Alliance to reinstate the service in Whitehill and Bordon from 1 August, 2019. The engagement programme is being planned and will be launched shortly. A further report is planned for the Hampshire and Isle of Wight CCG Partnership Primary Care Commissioning Committee in September.

6. Recommendation

It is recommended that a further report is brought to a future meeting of the HASC in the Autumn, once the engagement programme has concluded.

Appendix A: the number of attendees for the GP Extended Access Service and the GP Out of Hours Service.

GP Extended Access Service

Month	Locality				
	East Hants	Waterlooville	Havant	Fareham	Gosport
Oct 2017	215	474	43	236	213
Nov 2017	264	264	85	316	180
Dec 2017	329	329	124	298	74
Jan 2018	375	375	139	558	307
Feb 2018	225	225	128	452	250
Mar 2018	268	402	137	432	253
Apr 2018	247	473	144	565	315
May 2018	200	573	213	466	368
Jun 2018	242	502	110	486	317
Jul 2018	212	455	110	414	366
Aug 2018	190	502	122	508	405
Sep 2018	251	556	141	559	455
Oct 2018	208	440	123	543	476
Nov 2018	213	575	123	656	553
Dec 2018	234	591	308	822	587
Jan 2019	233	626	241	796	616
Feb 2019	254	554	264	778	599
Mar 2019	302	559	323	934	568
Apr 2019	224	587	344	763	506
May 2019	257	643	419	820	582
Total	4,943	9,705	3,641	11,402	7,990
Overall total	37,681				
Percentage of total activity	13.12%	25.76%	9.66%	30.26%	21.20%

GP Out of Hours Service

Month	Site			Home visits (for all areas)
	Gosport War Memorial Hospital	Cowplain Family Practice	Chase Community Hospital	
Oct 2017	528	104	124	514
Nov 2017	472	73	113	492
Dec 2017	889	181	170	808
Jan 2018	562	72	142	607
Feb 2018	478	80	105	476
Mar 2018	551	138	119	657
Apr 2018	552	132	136	582
May 2018	495	95	89	593
Jun 2018	452	117	80	511
Jul 2018	501	461	59	578
Aug 2018	486	413	63	567
Sep 2018	544	465	112	554
Oct 2018	482	429	82	523

Nov 2018	381	492	80	607
Dec 2018	572	682	152	749
Jan 2019	546	496	105	651
Feb 2019	474	481	84	533
Mar 2019	554	575	72	662
Apr 2019	619	582	77	657
May 2019	512	595	67	636
Total	10,650	6,663	2,035	11,957
Overall total	31,305			
Percentage of total	34.02%	21.28%	6.50%	38.20%

Appendix B
Utilisation of the OOHs service in Whitehill and Bordon
The following table shows how many patients from the Whitehill and Bordon and the surrounding area (postcodes GU30, 31, 32, 33 and 35) were seen for a face-to-face appointment by the GP Out of Hours service and if they were seen at Chase Community Hospital or Cowplain Family Practice.

It also shows the number of home visits for patients who called NHS111 and were attributed to the PHL Bordon site.

Month	Total number of patients	Received a home visit	Attended Chase Community Hospital	Attended Cowplain Family Practice
July 2018	355	263	40	52
August 2018	357	261	43	53
September 2018	618	258	80	280
October 2018	566	236	56	274
November 2018	532	225	105	202
December 2018	457	162	92	203
January 2019	505	210	92	203
February 2019	281	151	66	64
March 2019	217	91	55	71
Total	3,888	1,857	629	1,402
Percentage of total		47.76%	16.18%	36.06%

Southampton, Hampshire, Isle of Wight and Portsmouth Health Overview and Scrutiny Committees: Arrangements for Assessing Substantial Change in NHS provision (revised July 2016)

Purpose and Summary

1) The purpose of this document is to agree the arrangements for assessing significant developments or substantial variations in NHS services across the Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Local Authority areas.

2) It describes the actions and approach expected of relevant NHS bodies or relevant health service providers and Local Authorities with health scrutiny functions when proposals that may constitute substantial service change are being developed and outlines the principles that will underpin the discharge of each parties' role and responsibilities.

3) The document is the fourth refresh of the 'Framework for Assessing Substantial Service Change' originally developed with advice from the Independent Reconfiguration Panel (IRP)[1] and updates the guidance relating to the key issues to be addressed by relevant NHS bodies or relevant health service providers when service reconfiguration is being considered. Emphasis is placed on the importance of constructive working relationships and clarity about roles by all parties based on mutual respect and recognition that there is a shared benefit to our respective communities from doing so.

4) This framework was amended in 2013 following the publication of 'The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013'[2]. These regulations followed from changes made to local authority health scrutiny in the Health and Social Care Act 2012. Subsequent guidance has been produced by NHS England[3] and the Department of Health[4] on health scrutiny, and this framework has been consequentially updated.

5) The legal duties placed on relevant NHS bodies or relevant health service providers and the role of health scrutiny are included to provide a context to the dialogue that needs to be taking place between relevant NHS bodies or relevant health service providers and the relevant local authority/authorities to establish if a proposal is substantial in nature. In this document, the term 'NHS' and 'NHS bodies' refer to:
   - NHS England
   - Clinical Commissioning Groups
   - NHS Trusts and NHS Foundation Trusts

[1] http://www.irpanel.org.uk/view.asp?id=0
[2] http://www.legislation.gov.uk/uksi/2013/218/contents/made
[3] https://www.england.nhs.uk/wp-content/uploads/2015/10/plan-ass-deliv-serv-chge.pdf
[4] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf

6) It is intended that these arrangements will support:
   - Improved communications across all parties.
   - Better co-ordination of engagement and consultation with service users carers and the public.
   - Greater confidence in the planning of service change to secure improved outcomes for health services provided to communities across Southampton, Hampshire, the Isle of Wight and Portsmouth.

7) Section 242 of the NHS Act places a statutory duty on the NHS to engage and involve the public and service users in:
   - Planning the provision of services
   - The development and consideration of proposals to change the provision of those services
   - Decisions affecting the operation of services.

8) This duty applies to changes that affect the way in which a service is delivered as well as the way in which people access the service.

9) Section 244 of the NHS Act 2006 places a statutory duty on relevant NHS bodies or relevant health service providers to consult Local Authorities on any proposals for significant development or substantial variation in health services. NHS organisations will note that this duty is quite distinctive from the routine engagement and discussion that takes place with Local Authorities as partners and key stakeholders.

10) Significant development and substantial variation are not defined in the legislation but guidance published by the Department of Health and Centre for Public Scrutiny on health scrutiny make it clear that the body responsible for the proposal should initiate early dialogue with health scrutineers to determine:
    1. If the health scrutiny committee consider that the change constitutes a significant development or substantial variation in service
    2. The timing and content of the consultation process.

11) Where it is agreed that a set of proposals amount to a substantial change in service, the NHS body or relevant health service provider must draw together and publish timescales which indicate the proposed date by which it is intended that a decision will be made. These timescales must also include the date by which the local authority will provide comments on the proposal, which will include whether the NHS Body has:
    - Engaged and involved stakeholders in relation to changes; and,
    - Evidenced that the changes proposed are in the interest of the population served.

    It is therefore expected that the NHS body or relevant health service provider works closely with health scrutineers to ensure that timetables are reflective of the likely timescales required to provide evidence of the

above considerations, which in turn will enable health scrutiny committees to come to a view on the proposals.

12) The development of the framework has taken into account the additional key tests for service reconfiguration set out in the Government Mandate to NHS England. Where it is agreed that the proposal does constitute a substantial change the response of a health scrutiny committee to the subsequent consultation process will be shaped by the following considerations:
    - Has the development of the proposal been informed by appropriate engagement and involvement of local people and those using the service? This should take account of the relevant equality legislation and be clear about the impact of the proposal on any vulnerable groups.
    - The extent to which commissioners have informed and support the change.
    - The strength of clinical evidence underpinning the proposal and the support of senior clinicians whose services will be affected by the change.
    - How the proposed service change affects choice for patients, particularly with regard to quality and service improvement.

13) NHS organisations and relevant health service providers will also wish to invite feedback and comment from the relevant Local Healthwatch organisation. Local Healthwatch has specific powers, including the ability to refer areas of concern to health scrutineers and Healthwatch England, and also specific responsibilities, including advocacy, complaints, and signposting to information. Health scrutiny committees expect to continue good relationships with patient and public representatives and will continue to expect evidence of their contribution to any proposals for varying health services from the NHS.

14) The framework attached at Appendix One identifies a range of issues that may inform both the discussion about the nature of the change and the response of health scrutiny committees to the consultation process. The intention is that this provides a simple prompt for assessing proposals, explaining the reasons for the change and understanding the impact this will have on those using, or likely to use, the service in question.

15) The framework is not a ‘blueprint’ that all proposals for changing services from the NHS / relevant health service provider are expected to comply with. The diversity of the health economy across the Southampton, Hampshire, Isle of Wight and Portsmouth area and the complexity of service provision need to be recognised, and each proposal will therefore be considered in the context of the change it will deliver. The framework can only act as a guide: it is not a substitute for an on-going dialogue between the parties concerned. It is designed for use independently by organisations in the early stages of developing a proposal, or to provide

a basis for discussion with health scrutineers regarding the scope and timing of any formal consultation required.

17) Although it remains good practice to follow Cabinet Office guidance in relation to the content and conduct of formal consultation, health scrutiny committees are able to exercise some discretion in the discharge of this duty. Early discussions with the health scrutiny committee whose populations are affected by a proposal are essential if this flexibility is to be used to benefit local people.

18) Any request to reduce the length of formal consultation with a health scrutiny committee will need to be underpinned by robust evidence that the NHS body or relevant health service provider responsible for the proposal has engaged, or intends to engage local people in accordance with Section 242 responsibilities. These require the involvement of service users and other key stakeholders in developing and shaping any proposals for changing services. Good practice guidance summarises the duty to involve patients and the public as being:
    1. Not just when a major change is proposed, but in the on-going planning of services
    2. Not just when considering a proposal, but in the development of that proposal, and
    3. In decisions that may affect the operation of services

19) All proposals shared with health scrutiny committees by the NHS body or relevant health service provider – regardless of whether or not they are considered substantial in nature - should therefore be able to demonstrate an appropriate consideration of Section 242 responsibilities.

20) Individual health scrutiny committees will come to their own view about the nature of change proposed by an NHS body or relevant health service provider. Where a proposal is judged to be substantial and affects service users across local authority boundaries the health scrutiny committees concerned are required to make arrangements to work together to consider the matter.

21) Although each issue will need to be considered on its merits the following information will help shape the views of health scrutiny committees regarding the proposal:
    1. The case of need and evidence base underpinning the change taking account of the health needs of local people and clinical best practice.
    2. The extent to which service users, the public and other key stakeholders, including GP commissioners, have contributed to developing the proposal. Regard must be given to the involvement of ‘hard to reach groups’ where this is appropriate, including the need for any impact assessment for vulnerable groups.
    3. The improvements to be achieved for service users and the additional choice this represents. This will include issues relating to service quality, accessibility and equity.

4. The impact of the proposal on the wider community and other services. This may include issues such as economic impact, transport issues and regeneration as well as other service providers affected.
5. The sustainability of the service(s) affected by proposals, and how this impacts on the wider NHS body or relevant health service provider.

22) This information will enable health scrutiny committees to come to a view about whether the proposal is substantial, and if so, whether the proposal is in the interest of the service users affected.

23) The absence of this information is likely to result in the proposal being referred back to the responsible NHS Body or provider of NHS services for further action.

24) If an NHS body or relevant health service provider consider there is a risk to the safety or welfare of patients or staff then temporary urgent action may be taken without consultation or engagement. In these circumstances the health scrutiny committee affected should be advised immediately and the reasons for this action provided. Any temporary variation to services agreed with the health scrutiny committee, whether urgent or otherwise, should state when the service(s) affected will reopen.

25) If the health scrutiny committee affected by a proposal are not satisfied with the conduct or content of the consultation process, the reasons for not undertaking a consultation (this includes temporary urgent action) or that the proposal is in the interests of the health service in its area then the option exists for the matter to be referred to the Secretary of State. Referrals are not made lightly and should set out:
- Valid and robust evidence to support the health scrutiny committee's position. This will include evidence that sustainability has been considered as part of the service change.
- Confirmation of the steps taken to secure local resolution of the matter, which may include informal discussions at NHS Commissioning Board Local Area Team level.

<u>Guiding Principles</u>

26) The four health scrutiny committees and panels in Southampton, Hampshire, the Isle of Wight and Portsmouth work closely in order to build effective working relationships and share good practice.

27) Health scrutiny committees will need to be able to respond to requests from the NHS or relevant health service providers to discuss proposals that may be significant developments or substantial variations in services. Generally in coming to a view the key consideration will be the scale of the impact of the change on those actually using the service(s) in question.

28) Early discussions with health scrutiny committees regarding potential for significant service change will assist with timetabling by the NHS and avoid delays in considering a proposal. Specific information about the steps, whether already taken or planned, in response to the legislation and the four tests (outlined in paragraph 12), will support discussions about additional information or action required. NHS organisations should also give thought to the NHS' assurance process, and seek advice as to the level of assurance required from NHS England, who have a lead responsibility in this area.

29) Some service reconfiguration will be controversial and it will be important that health scrutiny committee members are able to put aside personal or political considerations in order to ensure that the scrutiny process is credible and influential. When scrutinising a matter the approach adopted by health scrutiny committees will be:
    1. Challenging but not confrontational
    2. Politically neutral in the conduct of scrutiny and take account of the total population affected by the proposal
    3. Based on evidence and not opinion or anecdote
    4. Focused on the improvements to be achieved in delivering services to the population affected
    5. Consistent and proportionate to the issue to be addressed

30) It is acknowledged that the scale of organisational change currently being experienced in the NHS coupled with significant financial challenges across the public sector is unprecedented. Consultation with local people and health scrutiny committees may not result in agreement on the way forward and on occasion difficult decisions will need to be made by NHS bodies. In these circumstances it is expected that the responsible NHS body or relevant health service providers will apply a 'test of reasonableness' which balances the strength of evidence and stakeholder support and demonstrates the action taken to address any outstanding issues or concerns raised by stakeholders.

31) If the health scrutiny committee is not satisfied that the implementation of the proposal is in the interests of the health service in its area the option to refer this matter to the Secretary of State remains.

32) All parties will agree how information is to be shared and communicated to the public as part of the conduct of the scrutiny exercise.

Appendix One – Framework for Assessing Change

Key questions to be addressed

Each of the points outlined above have been developed below to provide a checklist of questions that may need to be considered. This is not meant to be exhaustive and may not be relevant to all proposals for changing services

The assessment process suggested requires that the NHS or relevant health service providers responsible for taking the proposal forward co-ordinates consultation and involvement activities with key stakeholders such as service users and carers, Local Healthwatch, NHS organisations, elected representatives, District and Borough Councils, voluntary and community sector groups and other service providers affected by the proposal. The relevant health scrutiny committee(s) also need to be alerted at the formative stages of development of the proposal. The questions posed by the framework will assist in determining if a proposal is likely to be substantial, identify any additional action to be taken to support the case of need and agree the consultation process.

Name of Responsible (lead) NHS or relevant health service provider: Solent NHS Trust & Southern Health NHS Foundation Trust

Name of lead CCG: Portsmouth CCG, in collaboration with Fareham & Gosport and South Eastern Hampshire CCGs.

Brief description of the proposal:

Leading representatives from Hampshire's two mental health trusts, two local authorities, commissioners and other partners have agreed to a l change in their approach to improving the delivery of mental health services by bringing together two NHS mental health trusts in partnership to deliver a single service.

Southern Health NHS Foundation Trust and Solent NHS Trust have agreed to work in closer partnership, alongside local authority and voluntary sector colleagues, supported by commissioners. They recognise that a key theme of the co-production design process that took place in the Summer of 2018 was improving crisis response, so they have started by bringing the two crisis teams together into a single service model that improves responsiveness and

consistency for adults of all ages.

Service Users and Carers said	The new service will
You want a timely response when you need it	Deliver a 24/7 needs led crisis service with response time standards
You want alternatives to admission	Offer home treatment as an alternative to admission Work with our partners to continue to develop community support, such as wellbeing centres and safe spaces
There shouldn't be a post code lottery	Aspire to have the same service for everyone living in Portsmouth and South East Hants
You should be able to self-define your crisis	Open the service to self-referral
Carers need support too	Open the service to carers to call
You want to talk to people who have lived experience and can give you hope	Work to increase peer support in the service
You want staff to listen and you want to be empowered to look after yourself	Support our staff to develop skills to help you achieve this
You want us to look after our staff	Design a programme of staff support and development

Why is this change being proposed?

This change has followed months of careful observations of how teams are currently working, examination of processes and records, and over 150 hours of workshops and consultation involving hundreds of patients/service users, carers and staff discussing how services should look in the future and particularly how people would access community mental health services. The compelling findings of this extensive work have been crucial in establishing the principles and priorities for change, and that much closer working is needed.

Many patients/service users, family members, carers, staff and partners have given their time and energy to talk about their views on current services, being honest about their experiences, and making suggestions for the future.

It is undisputed that the people delivering care, treatment and support within services are hardworking and compassionate, and they strive to provide quality care. However it is clear that the processes and systems they are working within are not always efficient, can provide challenges in meeting demand.

Description of Population affected:

Mental Health Crisis Services in Portsmouth & South Eastern Hampshire have traditionally only been accessible to people already open to secondary care mental health services. This proposal seeks to extend the offer of Crisis Support and Home Treatment to a wider population of people, by allowing self-referral to the service when individuals self-define being in crisis. The service will also be newly available to carers.

Date by which final decision is expected to be taken: The project steering group has been meeting since September 2018 with a phased implementation starting from summer 2019

Confirmation of health scrutiny committee contacted: Portsmouth Health Overview Scrutiny Panel

Name of key stakeholders supporting the Proposal: Portsmouth CCG, Fareham & Gosport and South Eastern Hampshire CCGs, Solent NHS Trust, Southern Health NHS Foundation Trust, Solent Mind, Havant & East Hants Mind, Hampshire County Council, Portsmouth City Council.

Date: 26th February 2019

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
Case for Change		
1) Is there clarity about the need for change? (e.g. key drivers, changing policy, workforce considerations, gaps in service, service improvement)	Yes	The proposals have been informed by months of careful observations of how teams are currently working, examination of processes and records, and over 150 hours of workshops and consultation involving hundreds of patients/service users, carers and staff. The compelling findings of this extensive work have been crucial in establishing the principles and priorities for change, and that much closer working is needed.
2) Has the impact of the change on service users, their carers and the public been assessed?	Yes	
3) Have local health needs and/or impact assessments been undertaken?	Yes	Quality, equality and data protection impact assessments have been undertaken for the project.
4) Do these take account of :		
a) Demographic considerations?	NA	No changes to this are being proposed
b) Changes in morbidity or incidence of a particular condition? Or a potential reductions in care needs (e.g due to screening programmes)?	NA	No changes to this are being proposed

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
c) Impact on vulnerable people and health equality considerations?	Yes	This has been considered in the Equalities Impact Assessment.
d) National outcomes and service specifications?	NA	There are no national outcomes or service specifications relating to Crisis provision.
e) National health or social care policies and documents (e.g. five year forward view)	Yes	The NHS Long Term Plan commits to ensuring that a 24/7 community-based mental health crisis response for adults and older adults is available across England by 2020/21. This proposal will meet this requirement well in advance of this date. The Mental Health Five Year Forward View states that by 2020/21, all areas will provide crisis resolution and home treatment teams (CRHTTs) that are resourced to operate in line with recognised best practice – delivering a 24/7 community-based crisis response and intensive home treatment as an alternative to acute in-patient admissions. Again, this proposal will deliver this at a local level in advance of this date.
f) Local health or social care strategies (e.g. health and wellbeing strategies, joint strategic needs assessments, etc)	Yes	The proposal supports delivery of the Health & Wellbeing Strategy, particularly the aim to "support social, emotional, mental and economic health" and the priorities to "promote positive mental wellbeing across Portsmouth" and "reduce the drivers for isolation and exclusion". It will do so by improving access to Mental Health services for people in Crisis and providing greater consistently in the support they receive.
5) Has the evidence base supporting the change proposed been	Yes	As outlined in the narrative sections above (description of the proposal and why the change is being proposed), the proposal is based on a

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
defined? Is it clear what the benefits will be to service quality or the patient experience?		compelling evidence base and over 150 hours of workshops and consultation. The benefits to service quality and patient experience are outlined in the table provided in the above section, and directly correlate to improvements identified in the workshops & consultation. The need to make changes to these areas have directly informed the actions committed to in this proposal.
6) Do the clinicians affected support the proposal?	Yes	The clinicians affected by this proposal have been fully involved in the workshops, consultation and co-production of the service transformation.
7) Is any aspect of the proposal contested by the clinicians affected?	No	
8) Is the proposal supported by the lead clinical commissioning group?	Yes	The CCG are fully committed to delivering this priority transformation project.
9) Will the proposal extend choice to the population affected?	Yes	The proposal will allow individuals to self-define when they are in crisis, and to self-refer into the Crisis Team, providing a greater choice of services to access (i.e. self-referral to the crisis team will remove the need to see a GP first) and ownership of their health condition.
10) Have arrangements been made to begin the assurance processes required by the NHS for substantial changes in service?	NA	The proposal does not constitute substantial change in service delivery. Existing levels of service will be enhanced for Portsmouth residents with a more robust out of hours staff deployment by combining two teams cross Portsmouth & SE Hampshire

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
Impact on Service Users		
11) How many people are likely to be affected by this change? Which areas are the affecting people from?	Yes	The Crisis Teams currently receive over 2,100 referrals each year across the Portsmouth and South East Hampshire area. They support around 450 early discharges from acute mental health wards each year and provide over 1,000 people with episodes of Home Treatment.
12) Will there be changes in access to services as a result of the changes proposed?	Yes	This change will affect all of the patients currently receiving services from Crisis Teams as well as individuals who may gain access to the service because of the changes being proposed - including carers and self-referrers.
13) Can these be defined in terms of		
a) waiting times?	Yes	The proposal will deliver 24/7 needs led crisis service with response time standards, in direct response to service user requests for a timely response.
b) transport (public and private)?	NA	Transport and travel time will not be affected as the combined crisis service will continue to deliver services from local hubs within localities.
c) travel time?	NA	
d) other? (please define)	Yes	Access will be improved to ensure there is no post-code lottery, aspiring to have the same service for everyone living in Portsmouth and South East Hants. Access will also be improved to enable self-referral and for carers to call the service.
14) Is any aspect of the proposal contested by people using the service?	No	People using the service have been fully involved in the workshops, consultation and co-production of this proposal.

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
Engagement and Involvement		
15) How have key stakeholders been involved in the development of the proposal?	Yes	The proposal has followed months of careful observations of how teams are currently working, examination of processes and records, and over 150 hours of workshops and consultation involving hundreds of patients/service users, carers and staff discussing how services should look in the future and particularly how people would access community mental health services. The compelling findings of this extensive work have been crucial in establishing the principles and priorities for change, and that much closer working is needed.
16) Is there demonstrable evidence regarding the involvement of		
a) Service users, their carers or families?	Yes	
b) Other service providers in the area affected?	Yes	
c) The relevant Local Healthwatch?	Yes	
d) Staff affected?	Yes	Additional engagement workshops were held with service front line staff to cascade information about the proposals and to identify their concerns, issues and ideas. 6 key themes were raised, which are now being addressed by the project operational group and task and finish groups.
e) Other interested parties? (please define)	NA	
17) Is the proposal supported by key stakeholders?	Yes	Proposals are supported by Southern Health NHS Foundation Trust, Solent NHS Trust, Portsmouth Clinical Commissioning Group, South Eastern Hampshire Clinical Commissioning Group, Fareham and Gosport Clinical Commissioning Group, Hampshire County Council and

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
18) Is there any aspect of the proposal that is contested by the key stakeholders? If so what action has been taken to resolve this?	No	Portsmouth City Council - who all attended and contributed to the project development workshops.
Options for change		
19) How have service users and key stakeholders informed the options identified to deliver the intended change?	Yes	As part of the redesign process
20) Were the risks and benefits of the options assessed when developing the proposal?	Yes	The multi-agency steering group includes service user representatives and is meeting monthly to manage the risks as the project develops
21) Have changes in technology or best practice been taken into account?	Yes	There is a Digital Enabling workstream which is part of the STP programme. They are looking at supporting inter-operability between the two trusts and opportunities for online consultations etc
22) Has the impact of the proposal on other service providers, including the NHS, local authorities and the voluntary sector, been evaluated?	Yes	
23) Has the impact on the wider community affected been evaluated (e.g. transport, housing,	No	

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
environment)?		
24) Have the workforce implications associated with the proposal been assessed?	Yes	This project enables a more effective use of nursing & medical workforce across the two Trusts particularly during the overnight period which is always more difficult to staff
25) Have the financial implications of the change been assessed in terms of: a) Capital & Revenue? b) Sustainability? c) Risks??	Yes	It is expected that this change will be delivered within existing budgets
26) How will the change improve the health and well being of the population affected?		Improved access to crisis services so people can get the right care at the right time

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	9 July 2019
Report Title:	Issues Relating to the Planning, Provision and/or Operation of Health Services
Report From:	Director of Transformation and Governance

Contact name: Members Services

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

Summary and Purpose

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.

2. Where appropriate comments have been included and copies of briefings or other information attached. 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.

3. New issues raised with the Committee, and those that are subject to on-going reporting, are set out in Table One of this report.

4. Issues covered in this report:

    a. CQC Update from Portsmouth Hospitals Trust
    b. CQC Update from Southern Health Foundation Trust
    c. CQC Inspection Report from Frimley Health NHS FT
    d. CQC Inspection Report from University Hospital Southampton Foundation Trust

Recommendations

5. Summary of recommendations; the recommendations for each topic are also given under the relevant section in the table below, regarding each item being considered at this meeting:

6. *CQC Update from Portsmouth Hospitals Trust*

    That Members:
    a. Note the findings of the most recent CQC inspection of Southern Health 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.

7. *CQC Update from Southern Health Foundation Trust*

That Members:

a. Note the findings of the most recent CQC inspection of Southern Health 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.

8. *Inspection Report from Frimley Health NHS FT*

That Members:

a. Note the update on action taken by the Trust in response to the CQC inspection findings.
b. Request a further progress update for the March 2020 meeting.

9. *CQC Inspection Report from University Hospital Southampton Foundation Trust*

That Members:

a. Note the update on action taken by the Trust in response to the CQC inspection findings.
b. Request a further progress update for the March 2020 meeting.

Table 1

Topic	Relevant Bodies	Action Taken	Comment
Care Quality Commission (CQC) Inspection Update – Portsmouth Hospitals Trust	Portsmouth Hospitals Trust CCGs and partner organisations CQC	The HASC received the CQC report on the Emergency Department with a focused inspection in April 2019. Further CQC inspections took place in April and May 2018 with an overall rating of "Requires Improvement".	The HASC last received an update at the May 2019 meeting and requested a further update with a paper for the July 2019 meeting. The Trust have provided a paper update.

Recommendations:

That Members:

a. Note the findings of the most recent CQC inspection of Southern Health 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.

Topic	Relevant Bodies	Action Taken	Comment
Care Quality Commission (CQC) Inspection Update - Southern Health Foundation Trust	Southern Health Foundation Trust CCGs and partner organisations CQC	The HASC received the last full CQC report at the November 2018 meeting. The Trust overall rating remains “Requires Improvement”.	The HASC last received an update at the April 2019 meeting and requested a further update with a paper for the July 2019 meeting. The Trust have provided an update, see Appendix.

Recommendations:

That Members:

a. Note the findings of the most recent CQC inspection of Southern Health 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.

Topic	Relevant Bodies	Action Taken	Comment
Care Quality Commission (CQC) – Frimley Health NHS Foundation Trust	Frimley Health NHS Foundation Trust CCGs and partner organisations CQC	The most recent CQC report was published in March 2019. The Trust received an overall rating of “Good”.	The Trust was due back for an update on this report in July 2019. The full CQC inspection report is also attached.

Recommendations:

That Members:

a. Note the update on action taken by the Trust in response to the CQC inspection findings.
b. Request a further progress update for the March 2020 meeting.

Topic	Relevant Bodies	Action Taken	Comment
Care Quality Commission (CQC) – University Hospital Southampton Foundation Trust	University Hospital Southampton Foundation Trust CCGs and partner organisations CQC	The most recent CQC report was published in April 2019. The Trust received an overall rating of “Good”.	The full CQC report is attached.

Recommendations:

That Members:

a. Note the update on action taken by the Trust in response to the CQC inspection findings.
b. Request a further progress update for the March 2020 meeting.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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

Other Significant Links

Links to previous Member decisions:	
Title	Date
Issues relating to the planning provision and/or operation of health services	2 April 2019
Issues relating to the planning provision and/or operation of health services	14 May 2019
Direct links to specific legislation or Government Directives	
Title	Date

Section 100 D - Local Government Act 1972 - background documents

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

Document	Location
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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 by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) 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 protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are 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 in which participation by such persons is disproportionally low.

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.

Hampshire Health and Adult Social Care Select Committee
9 July 2019

Portsmouth Hospitals NHS Trust update

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

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

    - The CQC published its reports on the comprehensive and well led inspections carried out at the Trust in April and May 2018, and the "inter pressures" focused inspection carried out in the Emergency Department in February 2019. This paper provides a further update on progress against the findings from the inspections. This includes a revised, streamlined approach to quality governance to provide sustainability across all clinical quality standards.

    - The new arrangements include an internal "heat-map" process which incorporates all CQC key quality standards including the section 29A Notice, with oversight of improvement effectiveness, and the introduction of a Shared Assurance and Improvement Programme with Clinical Commissioning Groups, and invitation to Healthwatch, NHS Improvement and NHS England.

    - A second Trust-wide quality review was carried out in May, which adds further direct practice assurance of quality standards, to support the above governance actions.

Care Quality Commission report

1. The Care Quality Commission (CQC) published its reports on the comprehensive and well led inspections carried out at the Trust in April and May 2018. The Trust's overall rating in each domain is as follows:

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔	Requires improvement ↓	Requires improvement ↓↓	Requires improvement ↔	Requires improvement ↔	Requires improvement ↔

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

Section 29A Notice

3. In response to its findings during the inspection, the CQC issued to the Trust a list of 54 requirements and 71 recommendations. In support of the list of must/should dos, the Trust was formally served with a notice under section 29A of the Health & Social Care Act 2012 requiring action to be taken by 31 October 2018.

Trust response

4. Following completion of the S29A notice period with its focus on achievement and assurance of the specific standards requirements, the Trust has worked to demonstrate and assure itself and stakeholders, of sustained improvements made through its quality recovery plan approach previously discussed. Current results of the quality review group work for the s29A are summarised at appendix A.

Winter pressures focused inspection

5. As the Committee will be aware from the Trust's previous report, the CQC also visited the Emergency Department at the Queen Alexandra Hospital in February 2019 as part of a national programme of inspections to assess how Trusts were managing the pressures associated with increased demand during the winter months. Although the inspection did not result in any change to the Trust's rating, a report was issued, and the Trust was required to take specific action in a number of areas. Those actions included ensuring
   - that there is consistent use of relevant safety mechanisms (principally checklists and risk assessments)
   - that equipment is checked in a consistent and auditable way
   - that patients are consistently treated with care and compassion

6. As previously described to the Committee, the Trust is aware that a number of the issues raised in the winter pressures focused inspection report have been identified in earlier inspections, and has consequently taken a more holistic approach to addressing them.

7. The Committee heard at its last meeting about the measures being implemented to address these requirements, including a culture change programme intended to reinforce the Trust's values:

    - Working Together

        - For patients
        - As one team
        - With compassion
        - Always improving

8. As part of its move to enabling staff to view the delivery of high quality services as part of everyday practice, rather than a compliance-focused response to inspection, the Trust is now moving ahead with its plan to implement a revised, streamlined approach to quality governance.

9. This will provide governance and assurance across all clinical quality standards, including ensuring that improvements in the s29A areas are sustained. More importantly, the new arrangements will deliver oversight in respect of all areas of the Trust, and all aspects of compliance with the CQC's requirements, rather than only those which have been the subject of enforcement activity.

10. The new arrangements include:

    - an internal Trust Quality "Heat Map" process, and
    - the introduction of a Shared Assurance and Improvement Programme (SAIP) with the Clinical Commissioning Groups. Healthwatch, NHS Improvement and NHS England are also invited.

Internal Assurance - Quality Heat Map

11. The quality Heat Map process involves a review of the metrics relating to the key lines of enquiry associated with all five of the CQC's quality domains (safe, effective, caring, responsive, well-led), and the metrics associated with the remaining items set out in the Section 29A notice.

12. The heat map process also incorporates a wide range of supplementary evidence which does not lend itself to presentation as a metric, including, for example, feedback from primary care, horizon scanning and professional instinct.

13. The heat map meetings are held monthly, and their outputs support further quality improvement across the wider agenda, helping to ensure quality reporting processes are fully embedded consistently in all clinical areas, not just those which were part of the focused Section 29A notice.

14. The areas of concern identified via the heat map process are referred for urgent action if required, and/or passed to the Shared Assurance and Improvement Programme, as described below.

Local system-wide assurance - Shared Assurance and Improvement Programme (SAIP)

15. The SAIP is an opportunity for the Trust to raise the concerns about quality of care identified via the heat map process with the local CCGs, in an open and transparent way. The CCG Quality Teams also share at the SAIP meeting any concerns about the Trust which they have picked up from feedback and other surveillance methods.

16. A shared approach to investigating these issues is then agreed, so that a holistic understanding of the causes of concern can be reached, which meets the needs of both the commissioners (the CCGs and/or NHS England) and the Trust. Healthwatch has also been invited to participate in the process so that concerns raised by service users can be fed in to the discussion and investigated alongside those of the CCGs and the Trust.

17. Once the causes of the identified concerns have been established, an agreed approach to addressing the cause and/or effect via relevant improvement methodologies is also agreed, ensuring that the needs of all stakeholders are met, as far as possible.

18. The heat map and SAIP processes have been in place since June. The first subject identified for a significant investigation project is inpatient discharge.

19. The work of the SAIP will feed into the Trust through the Board's Quality and Performance Committee and to the CCG through its own governance arrangements.

First-hand assurance - Quality Review

20. To help provide first-hand assurance of quality, the second Trust-wide quality review was held on 8 May 2019, as part of the annual programme.

21. A large team was involved, including community volunteers, CCG colleagues, and Trust staff from a range of clinical and non-clinical backgrounds. Almost all clinical areas of the Trust were covered, including, for the first time, outpatient areas as well as wards.

22. The review included

- Direct observation, using the "fifteen steps" approach
- Evaluation of patient and carer experience, using questions asked of a range of patients and their carers / families
- Assessment of staff experience, enabling staff to tell the reviewers what they really think about working at the Trust and giving them an opportunity to showcase recent improvements

23. Overall, there some notable improvements in many clinical areas, and staff have demonstrably worked hard to make improvements. A number of staff were personally commended in the review.

24. There were a number of new clinical areas included in this review, taking the total number of areas receiving detailed quality feedback to over 50. Disappointingly, some of the opportunities for improvement identified have been raised before, including lack of consistency in medicines management and fridge temperature checks, and the Trust will continue to focus on these practical issues with staff. It was also clear that although some areas could demonstrate significant developments in the knowledge and application of the Mental Capacity Act and Deprivation of Liberty Safeguards, not all areas had made the same improvement.

Integrated Improvement Plans

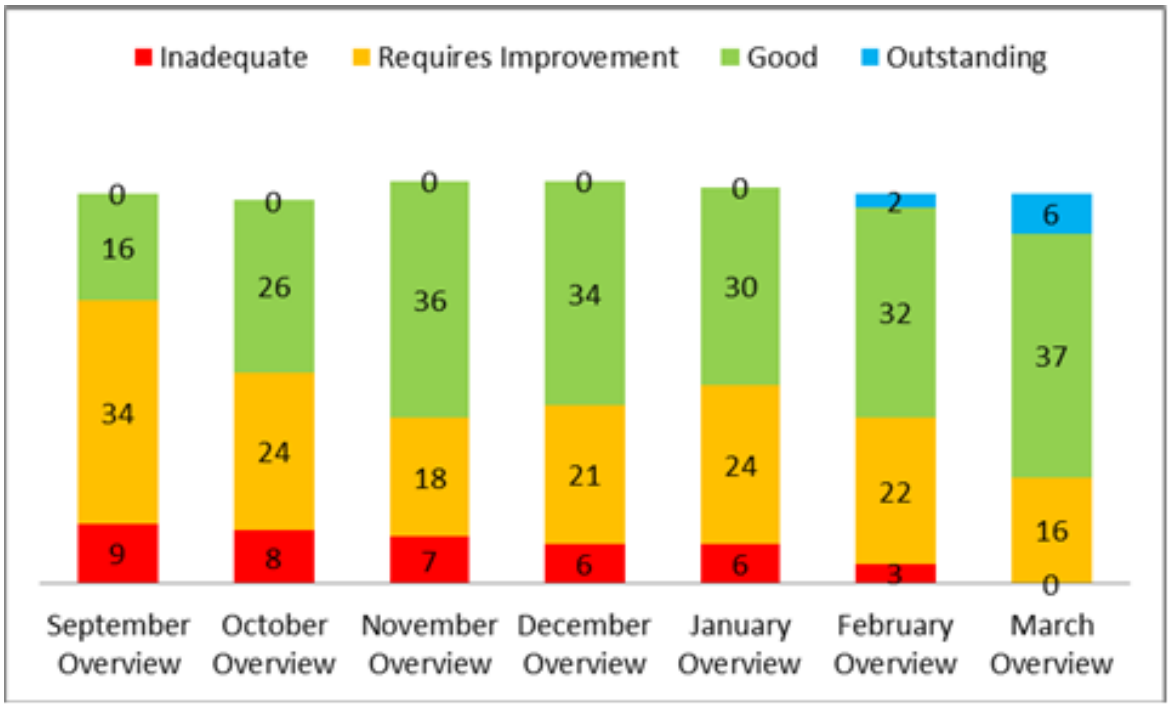
25. The quality governance arrangements outlined above (the heat map process, SAIP and Quality Review Programme) are supplemented by new Integrated Improvement Plans in development for each clinical area. This new format will allow for teams to work on improvement actions identified in response to incidents, complaints, risk assessments, audits and identified regulatory non-compliances, as well as developing more aspirational improvement actions which will support delivery of wider improvement objectives. The Trust is keen to move to a culture of continuous and ambitious improvement, with locally generated actions, and away from a culture in which quality is seen only as a factor of compliance.

26. The Trust is also investing in the development of a quality improvement strategy, supported by formal methodology, training and capacity. A Quality Improvement Team is now in place, and a significant number of staff have undergone training to become Quality Safety and Improvement Review (QSIR) practitioners. The strategy is expected to be formalised by the end of 2019/20.

Next Steps

27. The Trust engages regularly with the CQC on both a formal and informal basis, but has not yet received a further visit to assess the impact of the actions taken to address the section S29A Notice or the requirements imposed by the Winter Pressures focused inspection report. A routine full inspection is expected later this year.

Appendix A: Quality Recovery Group summary of progress for Section 29A requirements



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NHS Southern Health NHS Foundation Trust

Quality Improvement Plan (CQC) 2018

Version No. 5.2

Date 13.06.19

Lead(s) Paula Hull (Director of Nursing and AHPs)
Briony Cooper (Programme Manager)

Quality Improvement Plan (CQC) 2018 Dashboard

RAG status	Overdue (P/O):	3%	8%	At risk (P/O):	0%	1%	On track (P/O):	25%	48%	Unvalidated (P/0):	13%	14%	Completed (P/O):	59%	28%
	Nov-18		Dec-18		Jan-19		Feb-19		Mar-19		Apr-19		May-19		Jun-19		Jul-19		Aug-19	
	Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome	
Overdue	0	0	1	1	4	2	5	3	4	2	3	6	2	6	2	6				
At risk	0	0	0	0	0	0	0	0	2	2	1	0	0	1	0	1				
On track	64	67	56	61	48	60	40	55	38	53	26	45	19	35	18	34				
Complete-Unvalidated	0	0	7	5	8	4	13	7	10	7	14	9	15	12	9	10				
Completed	7	4	7	4	11	5	13	6	17	7	27	11	35	17	42	20				
TOTAL	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	0	0	0	0

There are 24 duplicate actions which are not tracked as part of the total actions in the Quality Improvement plan.
There is 1 additional 'should' action uncompleted from the 2017 CQC Improvement Action Plan - 5.h Self-Administration of Medicines.

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UIN	MUST / SHOULD actions	Core service	CQC action *from the Inspection Report*	Trust Action	Process date	Recovery date	Process progress update	Status *(process)*	Expected Outcome/Improvement	Evidence to show outcome completion	Outcome date	Recovery date	Outcome progress update	Status *(outcome)*
1.a	Must	Wards for older people with mental health problems	The Trust must ensure patients have access to psychological therapies	To review the provision of psychological therapies across the Trust. To consider and describe the model of psychological therapies for patients. To implement a strategy which enables access to psychological therapies for all patients who require it.	Jun-19		Quality Improvement (QI) project in place which has reviewed current status and proposed improvements based on NICE guidance to accessing psychological therapies including 3 new posts to work across inpatients/community services and staff training to provide psychological informed practice to patients. Training programme 'Comprehend, cope and connect' as used in italk and AMH.	**On track**	Patients have access to psychological therapies across the Trust based on the National Institute for Health and Care Excellence (NICE) guidance. There will be agreed clinical models within services based on NICE guidance.	Re - review provision of psychological therapies across the Trust. Clinical models within services are embedded.	Sep-19		I x new post started in North area and 2 posts currently being recruited - Fareham & Gosport 3 days CMHT and 2 days inpatient; Eastleigh/New Forest East/Romsey 3 days CMHT and 2 days inpatient Melbury Lodge.	**On track**
1.b	Should	Community-based mental health services for older people	The Trust should review the provision of psychologist input to the service to ensure this is equitable across the service	**see action 1.a**				**Duplicate**						**Duplicate**
1.c	Should	Long stay/rehabilitation mental health wards for working age adults	The Trust should review the input of psychologists on both wards	**see action 1.a**				**Duplicate**						**Duplicate**
1.d	Should	Mental health crisis services and health based places of safety	Ensure patients have consistent access to psychiatry and psychology support and treatment	**see action 1.a** To review the provision of psychiatry across the crisis teams. To consider and describe the model of psychiatry for patients. To implement a strategy which enables access to psychiatry across the crisis teams.	Jun-19		Quality Improvement project reviewing crisis support and care pathways. Currently crisis support provided for OPMH patients on case by case consultation basis with consultants in adult mental health. Revised divisional structures in trust will support ageless service.	**On track**	Patients have access to psychiatry based on their needs and best practice recommendations. There will be agreed clinical models within services based on best practice recommendations.	Re-review the provision of psychiatry across the crisis teams. Clinical models within services are embedded.	Sep-19		Will re-review psychiatry provision as follow on from QI project.	**On track**
1.e	Must	Acute wards for adults of working age and psychiatric intensive care units (PICU)	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.	To deliver Year one of the Five Year People and Organisational Development Strategy (2018 - 2022). To strengthen the operational use of the Safer Staffing policy and procedures.	Sep-19		Ongoing initiatives to recruit and retain staff - open days, use of social media, international recruitment, personal development courses. New safer staffing lead appointed. Workforce plans in services/teams/wards. Ongoing staffing pressures.	**On track**	No clinical teams with a vacancy rate of over 10% at any one time. Agency and locum spend less than 1%. Competency based workforce plans in place for every service - based on demand, capacity, competency and income.	Implementation of People and Organisational Development Strategy. Implementation of Safer Staffing key performance indicators (KPI).	Dec-19		Workforce Development Committee has oversight of ongoing workforce status and initiatives to recruit and retain staff.	**On track**
1.f	Must	Wards for older people with mental health problems	The Trust must ensure that staffing is at a safe level on Beaulieu ward at all times	**see action 1.e** To deliver the workforce plan for Older Peoples Mental Health services.	Dec-18	Jun-19	Beaulieu ward admissions suspended in November due to staffing issues. Reopened 3 June with new leadership on ward and safer staffing levels in place. Will open in phased way with small number patients in first week and then increasing. Ongoing workforce plan in place.	**Completed**	Services are staffed at levels which enable safe care and treatment of patients as per our policy standard.	Implementation of People and Organisational Development Strategy. Safer Staffing reports.	Dec-19	Dec-19	Ongoing monitoring of staffing levels via safer staffing reports/staffing incidents/performance reporting.	**On track**
1.g	Must	Child and adolescent mental health wards	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	To have governance processes in place, to review issues raised during the inspection and ensure risks are identified and managed.	Dec-18		Action plan developed July 2018 in immediate response to Warning Notice with ongoing review of progress against issues. Ligature work at Leigh House completed. Bluebird House -agreed plan of transfer for one individual patient (transfer planned July), new staffing model agreed, daily staffing reports and refreshed approach to recruitment, ongoing review of restraint practices across trust, introducing adapted PEWS, safer staffing levels met by agency staff. Ongoing staffing pressures.	**Completed**	Improved experience for patients who receive safe care and treatment.	Safer staffing reports. Overview of reported incidents.	Jan-19		Workforce Development Group in place - planning includes new low secure unit. 12 red flag incidents BBH July 18 to March 19 (all no/low harm impact) 4 red flag incidents Leigh House July 18 to March 19 (all no/low harm) discussed at learning from incident meetings.	**Completed**

UIN	MUST / SHOULD actions	Core service	CQC action *from the Inspection Report*	Trust Action	Process date	Recovery date	Process progress update	Status *(process)*	Expected Outcome/Improvement	Evidence to show outcome completion	Outcome date	Recovery date	Outcome progress update	Status *(outcome)*
1.h	Should	Acute wards for adults of working age and psychiatric intensive care units (PICU)	The Trust should ensure that all patients have access to therapeutic activities and engagement	**see action 1.e** To plan activity schedules across whole week.	Mar-19		QI project on Kingsley ward included focus on developing more activities and involved service users in planning activity programmes. Learning from project shared with other wards. All wards have activity programmes in place across whole week.	**Completed**	Personalised activities are available to patients based on their need.	Evidence of activity programmes in place. Positive patient feedback.	Dec-19		Some feedback from service users that activities could be more varied. New User Involvement Facilitator is reviewing programmes currently.	**On track**
1.i	Must	Wards for older people with mental health problems	The Trust must ensure patients are supported to use their section 17 leave	To review use of Mental Health Act leave across the Trust and establish why it is not available consistently. To develop and implement a plan to address issues based on findings.	Mar-19		QI project on Kingsley ward included review of Section 17 leave processes with presentation from ward manager to MH Legislation Committee. It was agreed to have a revised section 17 policy specific to Kingsley at this time and to develop a plan to roll out the Kingsley changes to all other units over the next 12 months.	**Complete-Unvalidated**	Improved patient experience through leave being available consistently.	Patient/staff feedback. Reported incidents.	Jun-19		New User Involvement Facilitator for MH services has discussed their experience with service users and is currently collating responses.	**On track**
1.j	Should	Forensic inpatient / secure wards	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	**see action 1.i**				**Duplicate**						**Duplicate**
1.k	Should	Forensic inpatient / secure wards	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	**see action 1.i**				**Duplicate**						**Duplicate**
1.l	Must	Acute wards for adults of working age and psychiatric intensive care units (PICU)	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	To review supervision practices across the Trust and establish why it is not being accessed consistently and effectively. To develop and implement a model of supervision and guidance to staff based on the findings of the review.	Jul-19		Revised policy/procedure for supervision out for consultation. Revised appraisal template launched April-19 with guidance to staff that it is an opportunity to reflect and focus on their post and personal development. Learning Disability Service Review reviewed supervision practices and proposed improvements.	**On track**	Staff are enabled to be part of meaningful reflective practice and supervision which supports their health and well-being and maintains the safety of patients.	Revised Supervision Policy and Procedures. Positive staff feedback on quality and frequency of supervision. Audit of supervision programme.	Sep-19		Revised supervison policy/procedure will be in place and staff given opportunity to feedback on their experiences of supervision.	**On track**
1.m	Should	Community-based mental health services for adults of working age	The Trust should ensure that relevant staff at the Southampton Central site receive regular clinical supervision in line with Trust policy	**see action 1.l**				**Duplicate**						**Duplicate**
1.n	Should	Community-based mental health services for adults of working age	The Trust should ensure that managers support staff to improve the quality of care plans and use electronic patient record systems appropriately	**see action 1.l**				**Duplicate**						**Duplicate**
1.o	Should	Community-based mental health services for older people	The Trust should ensure managers can clearly demonstrate that staff receive regular supervision	**see action 1.l**				**Duplicate**						**Duplicate**
1.p	Should	Child and adolescent mental health wards	The Trust should ensure that all staff are supervised in line with Trust policy	**see action 1.l**				**Duplicate**						**Duplicate**

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1.q	Should	Forensic inpatient / secure wards	The Trust should ensure management supervision and yearly appraisals are recorded in line with Trust's policy	**see action 1.l**				**Duplicate**						**Duplicate**
1.r	Should	Mental health crisis services and health based places of safety	Ensure staff members receive regular one to one managerial supervision in line with the Trusts policy	**see action 1.l**				**Duplicate**						**Duplicate**
1.s	Should	Wards for older people with mental health problems	The Trust should ensure that poor staff performance is managed effectively	**see action 1.l**				**Duplicate**						**Duplicate**
1.t	Should	Wards for older people with mental health problems	The Trust should ensure that staff receive appropriate and effective supervision within the timescales of the Trust policy	**see action 1.l**				**Duplicate**						**Duplicate**
1.u	Should	Forensic inpatient / secure wards	The Trust should ensure that staff are provided a bully and harassment free working environment to work in	To have visible senior leadership and mechanisms in place enabling staff to feel confident in raising concerns.	Dec-18		Service manager is visible and facilitates monthly open forums for both staff and service users. Staff feedback boxes in place plus a 'graffiti board' which both staff and service users can use to post feedback.	**Completed**	Staff are confident they are listened to when raising issues to managers.	Staff feedback.	Dec-18		Open forums in place. A 'back to the floor' programme developed where nursing leads spend time on the wards giving opportunity for staff discussion/feedback.	**Completed**
1.v	Should	Wards for older people with mental health problems	The Trust should ensure all staff are safely orientated to the ward	To review local induction programme for new staff.	Dec-18		Revised local induction programme in place across all OPMH wards. Trust wide QI project also taking place on local induction.	**Completed**	New staff feel welcomed to the Trust and understand their roles and responsibilities.	Staff feedback on local induction.	Dec-18		Sample of new staff who started Dec-18 to Mar-19 gave positive feedback on their local induction and felt very well supported and that they understood their role and expectations of them.	**Completed**
1.w	Should	Community mental health services for people with a learning disability or autism	The Trust should ensure change is managed appropriately and minimise the impact of change on staff	To explore and address issues raised by staff and continue the 'open door' sessions.	Mar-19		In Feb-19 there were 2 x 5 day Quality Improvement workshops for the Learning Disability Service Review. Summary outputs of QI workshops posted each day so all staff could read and have input into shaping revised services. Ongoing proactive engagement with staff on QI project and at team meetings.	**Completed**	Health and well-being of staff are supported.	You said, we did' feedback. Staff feedback	Apr-19		LD service review included change process and had wide staff engagement. Team meetings show that managers discuss issues with staff.	**Completed**
1.x	Should	Community health inpatient services	The Trust should improve the collection of and complete the actions from clinical audit data results to improve the	To review and streamline clinical audit processes using quality improvement methodology.	Mar-19	Apr-19	Clinical audit QI project started in Apr-19 with workshop proposing improvements to audit programme and processes with oversight of progress by Clinical Effectiveness Group.	**Completed**	Clinical audit leads to improvements in patient care.	Re-audit results demonstrate quality improvements.	Dec-19		Review effectiveness of changes made to audit programme and processes.	**On track**
2.a	Must	Wards for older people with mental health problems	The Trust must ensure that staff apply the Mental Capacity Act if there is doubt about a patient's capacity to consent to admission	To review use of the Mental Capacity Act across the Trust and establish why it is not being applied consistently. To develop and implement a plan to address issues based on findings of the review. To strengthen the operational use of the Mental Capacity Act Policy.	Jun-19		Corporate safeguarding team provided additional support and training to staff at Western Hospital. Thematic review of MCA/DOLS presented to MH Legislation Committee. MCA audit completed and identified improvements required re training and knowledge sharing. Currently MCA training is included as part of safeguarding training. Proposal to have mandatory stand alone scenario based MCA training has been approved and is in development. Aim to support staff putting training into practice with opportunity to discuss complex cases.	**On track**	A patient's mental capacity is appropriately assessed and documented by staff who are knowledgeable and competent in applying the MCA.	Audit use of Mental Capacity Act (MCA). Quality Assessment Tool results.	Aug-19		MCA audit report completed with implementation plan to address issues in development. Progress with actions will be monitored at the Safeguarding Forum.	**On track**

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2.b	Should	Community mental health services for people with a learning disability or autism	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.	**see action 2.a**				**Duplicate**						**Duplicate**
2.c	Should	Child and adolescent mental health wards	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.	**see action 2.a** To confirm that agencies providing staff for CAMHS include Gillick competency in their training programmes.	Mar-19		Bluebird House and Leigh House completed own training programme on Gillick Competency. MCA/Gillick competency in Level 2 and 3 safeguarding training within trust. Corporate safeguarding team have reviewed and confirmed all agencies supplying staff include Gillick competencies in their training and that it is to same standard as Trust training.	**Completed**	The Trust has assurance that agency staff are trained to the same level of competency as substantive staff.	Agency training programmes include Gillick competency. Audit use of Mental Capacity Act.	Aug-19		Spot check audit planned for July to ensure all staff in a set timeframe understand Gillick competency. Will include off framework agency staff.	**Complete-Unvalidated**
2.d	Should	Wards for older people with mental health problems	The Trust should monitor the use of the Mental Capacity Act	To review the current governance structures for the oversight of the Mental Capacity Act. To develop and present for approval a proposal for the operational, governance and reporting processes for the Mental Capacity Act across the Trust. To develop and implement	Jun-19		Executive have approved proposal to have a separate MCA/DOLS team which is not part of the corporate safeguarding team as is the case at present. Scoping underway at present for MCA/DOLS team on similar basis to MHA admin team ie have a co-ordinator and administrator.	**On track**	There will be oversight of all patients assessed under the Mental Capacity Act with agreed reporting and monitoring processes across the Trust.	Proposal and implementation plan.	Sep-19		MCA/DOLS information often recorded on paper and analysis done manually. Electronic patient record (RiO) has elements that could be used to record MCA electronically which would make overview and analysis easier. Trust working with UHS and Solent to look at how we can have a more integrated model across trusts.	**On track**
2.e	Must	Wards for older people with mental health problems	The Trust must ensure safeguarding concerns are raised with the local authority	To amend systems to enable recording and oversight of safeguarding referrals to the Local Authority. To strengthen the operational use of the Safeguarding Policy and Procedures.	Mar-19		Electronic reporting system Ulysses amended so that safeguarding referrals to Local Authority can be recorded, including LADO and SAMA referrrals (allegations against staff). Safeguarding team have provided additional support and training to staff at Western Hospital. Safeguarding 'hotspots' posters reminds staff re their responsibilities to refer if safeguarding concerns. Safeguarding Adults Policy v11 and Safeguarding Children's Policy v5 have been reviewed and updated to reflect any local and national changes.	**Completed**	The safety of patients is supported with safeguarding concerns identified and reported by staff who are knowledgeable and competent in applying the Safeguarding Policy and Procedures.	Sample case audit to ensure that changes to recording systems and knowledge are embedded and understood. Feedback from staff and local authority.	Mar-19	Sep-19	New reporting systems need to embed before appropriate to audit.	**Overdue**
2.f	Should	Community-based mental health services for adults of working age	The Trust should ensure that all staff adhere to the safeguarding policy and raise safeguarding concerns with the relevant local authority	**See action 2.e**				**Duplicate**						**Duplicate**
2.g	Should	Community-based mental health services for adults of working age	The Trust should ensure that the community mental health teams work with the local authorities to safeguard adults at risk.	**See action 2.e**				**Duplicate**						**Duplicate**
2.h	Should	Mental health crisis services and health based places of safety	Ensure managers monitor the number of safeguarding referrals to the local authority	**See action 2.e**				**Duplicate**						**Duplicate**
2.i	Should	Community-based mental health services for adults of working age	The Trust should ensure that the Southampton teams, who are due to re-integrate the team back with adult social services, clarify local	To clarify local safeguarding processes with Southampton City Council.			Action completed prior to development of QIP - evidence presented to Evidence of Improvement Panel.	**Completed**	There are agreed processes in place and staff are clear as to how to raise safeguarding concerns with the Local Authority.	Audit the use of Safeguarding standard operating procedures in Southampton teams.	Aug-19		Action completed prior to development of QIP - evidence presented to Evidence of Improvement Panel.	**Completed**

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2.j	Should	Community health services for children, young people and families	Continue to ensure health reviews for children in care are completed in a timely way.	To review the Children in Care service specification with commissioners and key stakeholders.	May-19		'The Children In Care' (CIC) service specification is under active review with commissioners and stakeholders to ensure the Trust is commissioned and funded to fulfil its obligations and ensure that all Looked after Children receive a health assessment in a timely and equitable way. Changes to completion of health assessments in clinics rather than at home has led to reductions in delays to assessments being completed.	Completed	There will be agreement with commissioners on the service specification with potentially additional resources to enable health reviews to be completed within timeframes or agreement that the timeframes are extended to allow for the extra demand.	Audit that health assessments are completed within agreed timescales/benchmarks. Feedback from users.	Jun-19		Significant improvements to timeliness of health assessments has been maintained over 2-3 months.	On track
3.a	Must	End of Life Care	End of life care must ensure that all do not attempt resuscitation or DNACPR forms are fully completed.	To continue delivery of the End of Life Care Strategy 2016-2020.	Jun-19		DNACPR audits completed every 6 months with improvements seen over time, for example, discussing patients wishes in last few days of life, however improvements still to be made in having early conversations. Chaplain, has completed two workshops on having difficult conversations which over 35 staff attended. Ongoing discussions about the use of 'Respect' form.	On track	**Ambition 1: Each person is seen as individual.** Where appropriate all patients and those important to them will have the opportunity for honest and well-informed conversations about dying, and death.	Confirmed through clinical audit.	Jul-19		Next DNACPR audit due May/June.	On track
3.b	Should	End of Life Care	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	**See action 3.a**	Jun-19		Anticipatory medication audit out for data collection currently.	On track	**Ambition 3: Maximising comfort and well being** Patients and those important to them, where appropriate should feel informed and involved in the management of their medication.	Feedback from patients and those important to them. Participation in two year National EoL audit.	Aug-19		Any required improvements identified by the audit will have a plan to address them.	On track
3.c	Should	End of Life Care	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.	**See action 3.a**	Feb-19		Electronic incident reporting system (Ulysses) revised to enable recording of incidents relating to end of life patients. EOL committee reviewed EOL incidents from July - Dec 2018 and found 2.6% had safeguarding concerns raised. Individual safeguarding incidents discussed at EOLC. A member of the corporate safeguarding team dials into the 48 hour Immediate Management Assessment (IMA) panel and therefore is aware of moderate and above incidents for patients at end of life and will agree any actions that the safeguarding team need to take.	Completed	**Ambition 5: All staff are prepared to care** Any issues that are related to end of life care are quickly identified and responded to through the Trust governance process.	Minutes of End of Life Strategy meeting. Minutes of Caring group meeting.	Feb-19		EOLC has regular report on EOL /safeguarding incidents. 48 hour IMA panels review all moderate and above incidents.	Completed
3.d	Should	End of Life Care	End of life care should review governance of all mortuary fridge temperature checks to establish responsibility and ensure they take place regularly.	To develop and implement standard operating procedures for mortuary monitoring across the Trust.	Jan-19		Standard/bariatric mortuary storage temperature monitoring forms revised and process to monitor these agreed at community hospital sites.	Completed	**Ambition 4: care is coordinated** All mortuaries are monitored and managed inline with manufactory guidelines to ensure the safe storage of patients body whilst they remain in our care.	Confirmed through clinical audit.	Feb-19		Standard/bariatric mortuary storage temperature monitoring forms in place which include procedure to follow if need to raise an issue. Independent remote data logging of mortuary storage temperatures provides additional level of assurance re monitoring.	Complete-Unvalidated
3.e	Should	End of Life Care	End of life care service should review the arrangements for paper based end of life and palliative care guidance held by community and inpatient teams to	**See action 3.a**	May-19		Revised leaflet available at Lymington New Forest Hospital - produced with input from LNFH patient group.Sites also use McMillan leaflets on bereavement.	Completed	**Ambition 1: Each person is treated as an individual** Systems ensure effective assessment, coordination, planning and delivery of care for patients reaching the end of their life.	Feedback from staff, End of Life champions and patient stories.	Jul-19		Draft bereavement survey currently circulated for feedback. Patient stories are part of the EOLC standard agenda.	On track
3.f	Should	End of Life Care	End of life care service should review arrangements for syringe driver training to ensure compliance target set is achieved.	**See action 3.a**	Mar-19		Target compliance within teams is 60%. Currently 82% compliance across teams.	Complete-Unvalidated	**Ambition 5: All staff are prepared to care** Well-trained, competent and confident staff provide, professional, compassionate and skilled care to meet patients needs.	Training results and feedback from patients	Jun-19		Feedback where EOL is the primary category recorded between 05-Jun-18 to 05-Jun-19; - 1 Complaint - 1 Complex complaint - 5 Concerns - 30 Compliments	On track

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3.g	Should	End of Life Care	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	**See action 3.a**	Jun-19		Working group commenced to review information and link to Carers group established.	On track	**Ambition 6: All communities are prepared to care.** Patients and those important to them will have access to information that provides advice and signposting, resulting in them feeling informed and connected to local services.	Feedback from relatives, carers, friends and staff. Leaflet.	Jul-19		Ongoing review of information.	On track
3.h	Should	End of Life Care	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.	**See action 3.a**	Jun-19		Ways to gather feedback discussed with Working in Partnership Committee. A draft bereavement survey developed and is currently under consultation.	On track	**Ambition 1: Each person as an individual** Patients and those important to them have a method that they can quickly and easily feedback their experience to us. This will enable us to be more responsive to changes that may need to be made and improve patient experience at the end of life.	Action taken from feedback from patients and those important to them.	Aug-19		Draft bereavement survey developed to gain feedback. Patients/families can raise concerns directly with teams.	On track
3.i	Should	End of Life Care	End of life care should review arrangements for non-executive representation at Trust board level for end of life and palliative care.	**See action 3.a**	Apr-19		Lynne Hunt, Trust Chair, is the non-executive representative for EOLC.	Completed	**Ambition 5: all staff are prepared to care** Provide clear governance at Board level to enable high quality end of life care within the organisation.	Minutes of Board meetings.	Aug-19		Lynne Hunt to attend EOLC and visit some teams.	On track
3.j	Should	End of Life Care	End of life care should review arrangements for ensuring all staff are aware of who the leads for end of life care are.	**See action 3.a**	Jul-19		Staff website has been updated.	On track	**Ambition 4: care is coordinated** Organisational leadership is joined up in a way that provides a clear oversight for patients and staff of the respective roles and responsibilities for end of life care.	Staff feedback.	Jul-19		Staff website has been updated.	On track
3.k	Should	End of Life Care	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.	**See action 3.a**	Apr-19		Clear reporting schedule in place for EOL reports to be submitted to both the Caring Group and to Board. EOL committee meets bimonthly and has ToR and standard agenda. Complaints: EOL is being recorded as initial category and forwarded to EOL lead so latter has overview of issues raised. Incidents: EOL recorded on Ulysses so able to pull information on all EOL incidents for review/learning. ERP validated action as completed.	Completed	**Ambition 5 All staff are prepared to care.** Clear governance lines in place to ensure prompt response to issues raised enabling share learning and continued improvements in care are made.	Patient and staff feedback. Annual Board Report.	Apr-19		Results of national EOL audit indicates good governance in place for EOL. National audit found Trust (10.0) comparing well to national ratings (9.5). Trust met all requirements re governance including: -Identified member of Trust Board with responsibility for EOL care -Specific care arrangements to enable rapid discharge home to die if this is person's preference -A care plan to support the five priorities for care for the dying person	Completed
4.a	Must	Community-based mental health services for adults of working age	The Trust must ensure that patients have a current care plan, that is person-centred, holistic and recovery orientated	To review the use of care plans across the Trust and establish why care plans are not always up to date, personalised, developed in partnership, or copies offered to patients/carers. To develop and implement plans to address issues based on review findings.	Jun-19		QI project focusing on care plans underway with improvements to be rolled out across trust following pilot.. AMH launched 'care plan on a page' earlier this year making it simpler to see care needs in one place. Trust wide Records Keeping Group has oversight of progress with improvements to care plans.	On track	Patients have a care plan that is up to date, personalised and where possible has been developed in partnership with them or their carers. Patients are offered copies of their care plan which outlines their goals and/or treatment aims. Staff understand their responsibilities and are clear on how to develop, record and store care plans.	Sample audit of care plans. Patient/carer/staff feedback. Quality Assessment Tool and peer review results.	Sep-19		Audit to be carried out, review peer review and Quality Assessment Tool results.	On track

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4.b	Must	Mental health crisis services and health based places of safety	The Trust must ensure that staff members in the crisis teams ensure patients have care plans that are up to date and comprehensive. ii)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.	**see action 4.a** To clarify how care plans / 'immediate plan of care' for patients in 136 suites are developed and used consistently across the Trust. To ensure information is available to all services involved in the patients care.	Mar-19		NB: not all patients will be known to the trust in 136 suites. Irrespective of whether the patient is known to the Trust or not, there will be a discussion between the nurse in charge and secure care with an immediate plan of care completed. This will be an observation care plan and will also include any other requirements. Guidance is given in SH CP 163 Multi-agency Operational Policy for 136 suites.	**Complete-Unvalidated**	Patients safety and care is supported by having up to date care/crisis plans and/or 'immediate plan of care' agreed and available to all services involved.	Guidance on 'immediate plan of care'. Sample audit of care plans. Service User feedback.	Sep-19		Audit and feedback to be planned.	**On track**
4.c	Should	Community-based mental health services for adults of working age	The Trust should ensure that staff always offer patients a copy of their care plan, and document they have done so	**see action 4.a**				**Duplicate**						**Duplicate**
4.d	Should	Community-based mental health services for adults of working age	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.	**see action 4.a**				**Duplicate**						**Duplicate**
4.e	Should	Community mental health services for people with a learning disability or autism	The Trust should record whether or not patients have been offered a copy of their care plans	**see action 4.a**				**Duplicate**						**Duplicate**
4.f	Should	Community-based mental health services for older people	The Trust should ensure that staff always offer patients a copy of their care plan, and document they have done so	**see action 4.a**				**Duplicate**						**Duplicate**
4.g	Should	Forensic inpatient / secure wards	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	**see action 4.a**				**Duplicate**						**Duplicate**
4.h	Should	Community-based mental health services for older people	The Trust should ensure that patient risk assessments are regularly updated in patient records	**see action 4.a**				**Duplicate**						**Duplicate**

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4.i	Must	Mental health crisis services and health based places of safety	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 report all section 136 breaches reported as incident and discussed at IMA panel. To invite stakeholders (CCG, AMHP, police, secure care) for discussion of every breach. To report breaches to Mental Health Act Committee.			All 136 suite breaches are recorded as incidents and discussed at 48 hour IMA panel. External stakeholders e.g. police invited to IMA panels. IMA checks details of incident and adds narrative to incident and confirms whether a breach or not. All breaches are discussed at Pan Hampshire 136 suite meeting and also at divisional performance meetings.	**Completed**	Oversight and understanding of reasons for 136 breaches leads to improved practice and experience for the patient.	Audit of IMA panel evidence.	Mar-19		A monthly multi-agency S136 meeting reviews all the breaches. Meeting is attended by commissioners, secure care and the Trust. Quality Governance Business Partner reviews all reported breaches each month to review for themes and learning. Cluster serious incident investigation into 136 breaches is underway.	**Complete-Unvalidated**
4.j	Must	Community health inpatient services	The Trust must ensure all records are stored securely across all hospital sites.	To review records management across the Trust and establish why the Record Keeping Policy and Procedures are not always followed. To develop and implement plans to address issues based on the review findings.	May-19		All community hospitals have checked thier records storage on site meets standards and have ordered new equipment where needed eg put key code locks on office doors, amended records trollies so can be locked.	**Complete-Unvalidated**	Patient clinical records have up to date information, meet the quality standards set by the Trust and are stored safely.	Sample audit of records. Quality Assessment Tool and peer review results.	Sep-19		Audit to be planned.	**On track**
4.k	Should	Acute wards for adults of working age and psychiatric intensive care units (PICU)	The Trust should ensure that all the wards at Antelope House have clear seclusion records detailing which ward is using the seclusion room.	To revise guidance on recording the use of seclusion rooms and review seclusion information across the Trust.	Dec-18		Seclusion records reviewed weekly at safeguarding meetings/monthly at Key Quality Indicator meetings therefore oversight of use/trends is in place. Seclusion Trust Guidance SH CP 107 Seclusion Policy v8, Seclusion Flowchart SH CP 107 v8 in place.	**Completed**	Standard reporting on the use of seclusion will provide improved oversight of the use and trends in seclusion.	Review of seclusion records at Key Quality Indicator meetings. Review of seclusion data.	Mar-19		Seclusion records are reviewed at monthly Quality Governance MH meeting and overview of seclusion incidents and any trends is included in the MH divisional report to Quality and Safety Committee.	**Completed**
4.l	Should	Mental health crisis services and health based places of safety	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	To add protected characteristics to monitoring form.			136 Task and Finish group added protected characteristics to monitoring form. Discussed at Pan Hampshire 136 meeting.	**Completed**	The Trust meets the requirements of the MHA Code of Practice.	Pan Hampshire 136 meeting minutes. Audit use of amended monitoring form.	Jun-19		Pan Hampshire 136 meeting reviews progress with protected characteristics.	**On track**

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4.m	Should	Wards for older people with mental health problems	The Trust should ensure that once patients have received their rights, the records are maintained and accessible to staff	**see action 4.j** To review recording of MHA across the Trust and ensure MHA requirements are met.	Dec-18		The MHA administration team send a weekly reminder re 132 rights/MHA requirements to ward managers to flag all patients and ensure compliance. Any breaches are recorded as incidents - sometimes this is due to current paper based system not being robust. Aim is to add 132 rights form onto electronic patient record. MHA inspection of Berrywood ward positive with no actions required. OPMH matrons have worked with MHA administrators at Western Hospital re processes.	**Complete-Unvalidated**	Patient clinical records have up to date information, meet the quality standards set by the Trust and are stored safely. Requirements of the MHA are met by staff who are knowledgeable and competent in applying the MHA.	MHA records audit	Dec-18		Current system in place for monitoring, regular provision and recording of patients rights, consisting of a section 132 form documenting when rights have been provided; a weekly MHA monitoring spreadsheet advising clinical teams when MHA requirements are due. These are followed up by the MHA Administration team.	**Complete-Unvalidated**
4.n	Should	Community health services for adults	Continue their work to improve the access, completion and updating of patient records	**see action 4.j** To ensure all community health teams have access to 'Store and Forward' on laptops.	Apr-19		All staff offered options of using store and forward or using 3G to record information remotely whichever is most appropriate depending on the area.	**Completed**	Patient clinical records have up to date information, meet the quality standards set by the Trust and are stored safely.	Tableau report on Store and Forward.	Apr-19		Confirm teams can access either store and forward or 3G. Matron checking records are recorded contemporaneously via RiO report.	**Completed**
5.a	Must	Wards for older people with mental health problems	The Trust must ensure that medication is stored at the correct temperature on all wards	To identify the clinic rooms across the Trust where the temperatures were not appropriate for storage of medicines. To develop and implement plan for storage of medicines in temperature controlled environments.	Jul-19		All teams are recording incidents where temperatures are over 25 degrees in clinic rooms storing medicines. Sometimes intermittent eg heat wave and others where rooms are consistently too hot. Estates and medicine management teams have a task and finish group to address issues. Estates are fitting temperature records devices inside drugs cupboards to provide alert. Interim measures taken re medicines - in August 2018 destroyed all stock medicines with expiry date in 2018. Added labels for remaining stock - to reduce expiry date by 6 months. To have a formal process to review medicines where temperatures over 25 degrees.	**On track**	Patient safety will be improved by patients receiving medicines which have been stored at the correct temperature.	Incident data from Ulysses. Implementation plan completed. Quality Assessment Tool results.	Sep-19		Process in place to ensure medicines are stored at correct temperatures.	**On track**
5.b	Must	Community health inpatient services	The Trust must ensure all medicines are stored safely and in in line with the manufacturers guidelines	To amend the Medicines Control, Administration and Prescribing Policy to stop re-use of medicines. To strengthen the operational use of the Medicines Control, Administration and Prescribing Policy. To send INTERNAL safety alert to services to highlight action required.	**Completed**		Policy amended immediately during CQC inspection and CAS alert circulated to stop re-use of medicines.	**Completed**	Patient safety will be improved by patients receiving medicines which have been safely stored and used in line with policy and procedures.	Annual safe and secure handling of medicines audit	Jun-19		Pharmacy technicians will complete checks on wards they cover in May re re-use of medicines - to feedback results.	**On track**
5.c	Should	Community-based mental health services for older people	The Trust should ensure medicines are stored within temperatures according to manufacturer's recommendation	**see action 5.a**				**Duplicate**						**Duplicate**
5.d	Should	Community-based mental health services for adults of working age	The Trust should ensure that in Southampton Central site, patient's medication records only contain the current medication prescription	**see action 5.b (operational use of MCAPP)** To audit correct use of prescription records.	Dec-18		Lead has contacted all consultants in Southampton to make sure medication charts are completed accurately. Audit in December found improvements still to be made so re-audit completed after 3 months and found improvements achieved.	**Completed**	Patient safety will be improved by patients receiving the appropriate medicines recorded on up to date prescription records.	Audit of prescription records shows appropriate recording.	Dec-18	May-19	Re-audit (30 patients) in March found significant improvement showing only 1 prescription didn't have old prescription crossed out and 1 not having the dates before/after the depot should be given. Re-audit indicates that have appropriate training for medical colleagues, and this will continue to be monitored by appropriate audits when required. There are also systems now in all CMHT physical health clinics to ensure forms are appropriately completed.	**Completed**

UIN	MUST / SHOULD actions	Core service	CQC action *from the Inspection Report*	Trust Action	Process date	Recovery date	Process progress update	Status *(process)*	Expected Outcome/Improvement	Evidence to show outcome completion	Outcome date	Recovery date	Outcome progress update	Status *(outcome)*
5.e	Should	Community-based mental health services for adults of working age	The Trust should ensure that all patients prescribed Clozapine have a relevant medication care plan in line with Trust policy.	To strengthen operational use of the Trusts guidance on clozapine.	Jan-19	Apr-19	Patients on clozapine attend a physical health clinic run by one of the Community Mental Health Teams (CMHT). The patient also retains their care co-ordinator from their 'home' CMHT. There was misunderstanding as to who updated the care plan. This has been resolved and audits (30 patients in April, 30 in May) are showing improvements in number of updated plans and their quality.	Completed	Patient safety will be improved by patients receiving clozapine in line with Trust guidance.	Audit use of clozapine.	Mar-19	Jun-19	Rol out of care plan on a page delayed this action. Re-audit planned for June and aim for action to be completed if improvements sustained.	Overdue
5.f	Should	Urgent Care	Undertake appropriate recording of stock checks of prescription	To audit use of prescription forms.			Immediate LNFH FP10 audit at time of CQC inspection found 1 x human error incident.	Completed	Safe medicines management	FP10 audit results.			Repeat FP10 audits show compliance.	Completed
5.g	Should	Community health services for children, young people and families	Ensure medicines are managed to a consistently high standard across all service areas, including special schools	To ensure safe medicines management in schools in line with Hampshire County Council (HCC) guidance.			HR/RCA investigation completed and learning shared. Support to Head teacher re dialogue with commissioners about the service commissioned. Notice has already been given on this contract.	Completed	Safe medicines management in schools in line with HCC guidance.	The nurse will not administer medication in Special Schools but will support Special School staff to administer medication.			all actions completed.	Completed
5.h	Should	Community health Inpatient Services	Transferred from 2017 CQC IAP (57.2 and 57.3) The trust should ensure that staff support and enable patients to administer their medicines as part of the discharge process in the rehabilitation wards.	To implement Self Administration Policy on wards with risk assessment of wards and individual patients completed.	May-19		Self-administration of medicines pilot delayed due to staff availability. Pilots now started at Romsey and GWMH hospitals. Results will be analysed for September.	Complete-Unvalidated	Patients will have support to self administer medicines safely and effectively.	Audit self-administration of medicines.	Aug-19		Roll out across trust delayed due to delay in pilots.	At risk
6.a	Must	Wards for older people with mental health problems	The Trust must ensure that all wards have a dedicated female-only room which male patients do not enter	To ensure compliance with standards of gender separation across the Trust.	Jan-19	Jul-19	Proposal to address gender segregation in OPMH wards submitted to Senior Management Committee and Quality and Safety Committee. Options are currently being considered. Existing environment at GWMH means there are limited options. Beaulieu re-opened in June with female only lounge and clear female/male sections to ward. Work on Berrywood and SOU to start in June. To have a Task and Finish group to review all of OPMH services including bed stock and bed options.	Overdue	There will be access to gender specific areas across all inpatient sites.	Review of compliance in inpatient areas.	Apr-19		Progress dependent on outcome of task and finish group with recovery date to be agreed.	Overdue
6.b	Must	Wards for older people with mental health problems	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	To amend 'inpatient welcome packs' to include information on opportunity to talk in private.	Nov-18		All OPMH welcome packs to wards include information on requesting to make a phone call in private or to meet in private.	Completed	Patients and families are available to meet and have phone calls in private.	Revised Welcome Packs. Patient/Family feedback.	Mar-19		All OPMH welcome packs to wards include information on requesting to make a phone call in private or to meet in private.	Completed
6.c	Must	Community health inpatient services	The Trust must improve the privacy and dignity of patients at Romsey hospital	To ensure privacy and dignity, we will work with our commissioners to reduce bed capacity at Romsey hospital.	Jun-19		Agreed with commissioners, League of Friends, other stakeholders to transfer 4 beds to LNFH.	On track	Patients privacy and dignity are maintained.	Proposal for environment at Romsey Hospital. Progress with improvement plan.	Jul-19		Date to be agreed re transfer of beds to LNFH.	On track
6.d	Must	Child and adolescent mental health wards (CAMHS)	The Trust must ensure that prone restraint is only used as a last resort and continue work on minimising the use of prone restraint	To participate in a two year national programme to reduce restrictive practices in inpatient CAMHS.	Sep-19		Project underway to review restraint practices across trust.	On track	Improved patient experience on CAMHS wards. Improved health and well-being of staff.	Reduced incidents of restraint. Patient and staff feedback.	Oct-20		Trust is part of national programme which will report in 2020.	On track
6.e	Should	Forensic inpatient / secure wards	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	To ensure compliance with Disability Discrimination Act.	Sep-19		Capital bid for bathrooms works agreed.	On track	Improved consideration to physical needs and improved environment to meet DDA regulations.	Future redevelopment plans to include adapted bathrooms. Review inpatient areas. Patient feedback.	Oct-19		Capital bid for bathrooms works agreed.	On track

UIN	MUST / SHOULD actions	Core service	CQC action *from the Inspection Report*	Trust Action	Process date	Recovery date	Process progress update	Status *(process)*	Expected Outcome/Improvement	Evidence to show outcome completion	Outcome date	Recovery date	Outcome progress update	Status *(outcome)*
6.f	Should	Mental health crisis services and health based places of safety	Ensure the toilet door in the section 136 suite at Antelope House is replaced quickly	To review appropriateness of current toilet door which is locked back.	Nov-18		Door was locked back flush into wall. Estates confirmed door could be locked/unlocked.	Completed	Patients privacy and dignity are maintained.	If review finds the locked back door is not appropriate then alternate solution to be agreed. Patient feedback.	Dec-18		Toilet door is now able to be unlocked from its position flush to the wall and so can be used which maintains patients privacy and dignity.	Completed
6.g	Should	Wards for older people with mental health problems	The Trust should ensure that patient privacy and dignity is prioritised at all times even if they do not have their own bedrooms	**see action 6.a**	Jan-19	Jul-19	see action 6.a	Overdue	There will be access to gender specific areas across all inpatient sites.	Review of compliance in inpatient areas.	Apr-19		see action 6a.	Overdue
6.h	Should	Wards for older people with mental health problems	The Trust should continue to develop the dementia friendly environments on the organic wards	To continue programme to provide dementia friendly environments in inpatient areas.	May-19		Dementia Friendly environmental plan in place with ongoing works completed. Dementia Environment Group is overseeing this work, reporting to Dementia Strategy Steering Group; new dementia strategy focusses closely on the provision of dementia friendly environments. Continue to be assessed by PLACE whilst pursuing accreditation by various bodies including AIMS and the 'Dementia Friendly Hospital Charter' . Beaulieu ward re-opened in June and is dementia friendly.	Completed	Patients have an improved experience in dementia friendly environments which better meet their needs.	Progress with PLACE/Estates plan to provide dementia friendly environments. PLACE feedback. Carers and family feedback.	Jul-19		Working in Partnership Committee prioritising requests from Place audits to feed into dementia friendly programme.	On track
6.i	Should	Community-based mental health services for older people	The Trust should review the pathway to access crisis response for this patient group	To develop and implement a needs led strategy for Older People's Mental Health services.	Jul-19		There will be one business plan for MH with focus on moving towards age less service.In South East Hampshire the crisis pathway project started in AMH with OPMH now linked into this project. Case by case support for OPMH patients continues from AMH consultants while new pathways are being agreed.	On track	Patients have access to crisis pathways based on their needs.	OPMH strategy and implementation plan.	Aug-19		Crisis pathway for OPMH patients will be in place.	On track
6.j	Should	Community-based mental health services for older people	The Trust should review the provision of office space for the Gosport, New Forest East and Parklands CMHT	**see action 6.i** To review CMHT office provision. The OPMH strategy will include a review of estates provision.	Jan-19		Parklands CMHT moved into bigger offices. Gosport CMHT at Aerodrome House has sufficient office space. Ongoing work on New Forest CMHT office space.	Complete-Unvalidated	Changes to estates provision will enable staff to carry out their roles more effectively.	OPMH strategy and implementation plan.	Mar-19		Office moves already made for some teams. New divisional structures within trust may bring more changes.	Complete-Unvalidated
7.a	Should	Urgent Care	Undertake appropriate recording of clinical competency books given to advance nurse practitioners	To discuss clinical competencies at 1 to 1s and appraisals with staff.			Action completed prior to submission of plan to CQC.	Completed	Staff are supported to complete and record clinical competencies.	Clinical competency books are completed.	Completed		Action completed prior to submission of plan to CQC.	Completed
7.b	Should	Community-based mental health services for adults of working age	The Trust should mitigate the risk posed by the location of the clinic room at the Petersfield site	To remodel use of rooms at Petersfield hospital which will mitigate lone working risk.			Clinic room is not being used until remodelling of site - therefore removed risk re lone working.	Completed	Health and well-being of staff are supported.	Progress update with Petersfield hospital remodelling plans.	Dec-19		Petersfield Hospital plans will be clearer.	On track
7.c	Should	Community health inpatient services	The Trust should ensure staff are always able to deliver safe care at night at Romsey hospital	To review current staffing levels and the environment at Romsey hospital to ensure safe patient care.	Feb-19		There was model of 2 RNs and 1 HCSW on duty at night when CQC carried out inspection. Following their inspection increased the staffing to 2 RNs and 2 HCSWs on duty at night to ensure sight of all patients at Romsey Hospital.	Completed	Patients will receive safe care at night.	Safer staffing reports. Staff feedback on environment at Romsey hospital.	Feb-19		Has been 1 red flag staffing incident in Dec 2018.	Completed
7.d	Should	Urgent Care	Continue its plans to reconfigure the Minor Injury Unit at Petersfield Hospital	To complete reconfiguration plans for the Minor Injury Unit at Petersfield hospital.	Dec-18		Reconfiguration plans in place with MIU in first phase.	Completed	Patients will have an improved experience and safe care in an appropriate environment.	Reconfigured MIU at Petersfield hospital - site visit/photographs.	Dec-19		Need confirmation of approval of reconfiguration plans.	On track

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7.e	Should	Community health services for adults	Ensure service provision at Hythe Hospital can i) meet patient needs and ii) the environment meets infection and prevention control guidelines	To communicate in advance to patients and other key stakeholders any closures to the walk in X-ray service. To ensure the environment at Hythe hospital meets Trust Infection, Control and Prevention standards.	Jan-19		Hythe hospital only able to provide limited X ray service - information circulated widely to patients, GPs, practice staff. Radiology curtain replaced and Infection Prevention na dControl Nurse has made several visits to check standards.	Completed	Hythe hospital is compliant with IPC requirements in line with IPC Policy and Procedures.	Replacement programme for curtains. Site visit to Hythe hospital.	Jan-19		Hythe Hospital is being refitted therefore some of actions dependent on timing of building works. Replacement curtain process in place.	Completed
7.f	Should	Community mental health services for people with a learning disability or autism	The Trust should progress action to resolve information technology connectivity issues on two of the	To review alternate accommodation and move staff where possible.	Mar-19		Teams moved from HCC premises to Trust premises to ease IT issues.One team unable to move at present has been alloacted desks at local hospital site.	Completed	Changes to accommodation will enable staff to better carry out their roles.	Progress with project plan.	Jun-19		Teams moved from HCC premises to Trust premises to ease IT issues.	Completed
7.g	Should	Community-based mental health services for adults of working age	The Trust should ensure that mobile phones given to staff to use in the community are fit for purpose	To renegotiate contract with mobile telephone provider and consider upgrades to existing mobile phones.	Apr-19		Mobile phone contract renegotiated and contract awarded. Upgrade of mobiles to smart phones.	Completed	Community staff have mobile phones which are fit for purpose.	Contract renegotiation and agreed future provision.	Apr-19		Current mobile phones meet policy standards for lone working.	Complete-Unvalidated
7.h	Should	Wards for older people with mental health problems	The Trust should ensure all staff are issued with personal alarms	To review current security systems across OPMH wards and implement plan to address issues.	Dec-18	Apr-19	Personal alarms now available for all staff on wards, including cleaners.	Complete-Unvalidated	Security systems are in place on OPMH wards which enable staff to feel and be safe.	Staff feedback. Security systems in place.	Dec-18	Jul-19	Need to embed process for giving out and returning alarms.	Overdue
7.i	Should	Wards for older people with mental health problems	The Trust should ensure that equipment is maintained	To strengthen the operational use of the Medical Device Management Policy and Toolkit.	Jan-19		Regular meeitng with equipment suppliers which raise issues and themes re equipment.	Completed	Staff understand their responsibilities and are clear on the procedures to follow to maintain equipment safely.	Peer review of inpatient sites. Maintenance logs for equipment.	Feb-19		Peer review of inpatient sites is ongoing to check equipment maintenance and cleanliness.	Complete-Unvalidated
7.j	Should	Community health services for adults	Continue their work to improve the timeliness of equipment provision with external providers	To continue liaison with external providers to improve equipment provision with issues continued to be raised with commissioners.	Apr-19		Medical Devices Forum - Regular high level meetings with Millbrook and Hampshire Equipment Stores /commissioners to discuss issues. Reduced number of issues.	Completed	Equipment is available based on the patient's needs.	Information on reported incidents. Minutes of meetings with commissioners/external providers.	Apr-19		Medical Devices Forum - Regular high level meetings with Millbrook and Hampshire Equipment Stores /commissioners to discuss issues. Reduced number of issues.	Completed
7.k	Should	Forensic inpatient / secure wards	The Trust should ensure patients are offered a variety of food, taking account special dietary requirement such as veganism	To develop and offer a wider range of food options for restricted diets.	Apr-19		Increased range of food options discussed and agreed with service users - to include vegan and non gluten options. Standardised the labelling of foods on menus so easier to raed.	Completed	Improved patient satisfaction with food choices.	Patient satisfaction feedback. Menu choices for restricted diets.	Jun-19		Feedback from Ravenswood patients on food experience in April - 'what do you think of the food at Ravenswood? - lots of positive comments and a few things not working so well. Suggestions for improvements made. Plans to address issues already proposed. 14.05.19 ' I would like to Thank you to you all for your hard work in making today's Curry and Chaat for Mental Health Awareness Week a great success. It was so nice to see the increase in attendance at the canteen and staff and patients socialising together. We have received positive feedback from both patients and staff.'	Completed
7.l	Should	Mental health crisis services and health based places of safety	Ensure the staff team seek feedback from patients who have used the health based place of safety	To research independent ways of gathering feedback to improve services.	Feb-19		The Hampshire and the Isle of Wight (HIoW) s136 Multi-Agency Meeting group will oversee the delivery of the S136 and S135 crisis care provision across the geography, and will provide a forum to promote effective multiagency whole system planning to improve outcomes for 'all age' crisis care provision, their families, carers and other professionals involved. The group will be responsible for the delivery of improvements to the s136 pathway as specified by the HIoW regional Crisis Care Concordat group.	Completed	Use of independent feedback to improve our services.	Evidence of improvements made.	May-19		Trust looking into independent company to carry out the Friends and Family Test. New User Involvement Facilitator has completed audits re feedback from service users and has presented to Board. Cluster SI of 136 breaches will offer opportunity for patients/family to provide feedback on their experience.	Complete-Unvalidated

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7.m	Should	Wards for older people with mental health problems	The Trust should ensure that complaints are investigated within the timescales set out by the Trust	To review complaints processes across the Trust and establish why response targets are not met. To strengthen the operational use of the Complaints Policy and Procedures.	Mar-19		Complaints QI project started Mar-19 with analysis of reasons why response times not met and proposed improvements to complaints management process made. Revised process implemented from 1 April.	**Completed**	Increased satisfaction of complainants with the Trust response to their complaint.	Complaints Performance. Positive complaint satisfaction surveys.	Mar-19	Sep-19	Revised process showing improvements with increase in numbers of complaints addressed within agreed timeframe with 62% sent in May compared to 33% in April.	**Overdue**
7.n	Should	Community health services for adults	The investigation of complaints to be completed fully and complaints responded to in line with Trust policy	**see action 7.m**			*Refer to the Patient Engagement Improvement Plan*	**Duplicate**						**Duplicate**
7.o	Must	Community health inpatient services	The Trust must ensure all staff are up to date with their basic and immediate life support	To ensure training compliance in basic and immediate life support.	Apr-19		Resuscitation training figures May : 89.9%. New electronic staff record system is being applied to tableau reporting including training data therefore check training figures again once completed.	**Complete-Unvalidated**	Patients safety is improved by having staff who are knowledgeable and competent in life support.	Training compliance.	Apr-19		New electronic staff record system is being applied to tableau reporting including training data therefore check training figures again once completed.	**Complete-Unvalidated**
7.p	Should	Acute wards for adults of working age and psychiatric intensive care units (PICU)	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.	To ensure sufficient numbers of staff are trained in physical intervention to enable appropriate support across inpatient areas when needed.	Feb-19		OPMH staff at Melbury Lodge completed sSs (physical restraint training).	**Completed**	Staff feel safe and supported by colleagues who have attended specific physical intervention training.	sSs training compliance. Staff feedback.	Apr-19		Staff are offered support following incidents by specialist team. Review of physical restraint training which includes staff feedback is underway.	**Complete-Unvalidated**
7.q	Should	Community-based mental health services for adults of working age	The Trust should ensure that the Basingstoke site can account for all patients currently on the waiting list and their allocation status	To review referrals, caseloads and waiting times and develop a standard procedure to monitor waiting lists.	Apr-19		Waiting times are monitored closely with a weekly performance report from business support manager to service managers for their attention. Includes tableau report on waiting time data and numbers of patients waiting over 7 weeks. Waiting times and other performance information reviewed at monthly management meeting.	**Completed**	Patients have an improved experience by receiving an initial assessment within the Trust targets.	Information on waiting times.	Jun-19		Continued monitoring of waiting times to ensure performance targets met.	**On track**
7.r	Should	Community mental health services for people with a learning disability or autism	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	To review and understand the waiting times for specific interventions/professions. To implement effective pathways based on above review.	Aug-19		Learning Disability Service Review Feb-19 included pathway review to understand the waiting time issues for specific professions/ specific needs. Revised pathways proposed and implemented. Waiting times for assessment and treatment are reviewed at monthly performance meetings.	**On track**	Pathways are in place which support patients being seen within agreed time standards.	Information on waiting times for interventions. Clinical pathways in place.	Aug-19		Revised pathways put in place following Learning Disability Service Review which have reduced waiting times.	**On track**

Overdue	2
At risk	0
On track	18
Complete-Unvalidated	9
Completed	42
Duplicate	24
Overall total number of actions:	95
Tracked number of actions:	**71**

Overdue	6
At risk	1
On track	34
Complete-Unvalidated	10
Completed	20
Duplicate	24
Overall total number of actions:	95
Tracked number of actions:	**71**

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Southern Health
NHS Foundation Trust

06 2019
Communications and Engagement Team

Briefing note:
Update on Progress against Southern Health's CQC Report

Overview

On 3 October 2018, the Care Quality Commission (CQC) published their comprehensive report into Southern Health NHS Foundation Trust. A summary of the key findings from the inspection, as well as an update on progress against these is contained in this briefing paper.

The CQC report

The Care Quality Commission published its comprehensive report in October 2018, following a series of inspections last year – the first report of its type since 2014.

Whilst the Trust overall rating remains one of 'requires improvement', significant and numerous positive changes were recognised by the regulator and the overall picture is one of steady progress. More than 84% of service areas are now rated as 'good or 'outstanding'. Of particular note, our community services across Hampshire are now rated 'good' overall, and our learning disability inpatient services and our long stay mental health rehabilitation wards are rated 'outstanding' overall.

The report also reflects the significant strides the Trust has made to improve its relationship and involvement with patients/service users and their families and carers, with the CQC feedback showing that: '*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. 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.

The report has provided additional confidence that the organisation's approach is making headway, and the Trust remains committed to building on this as there is clearly more work to do - particularly in relation to our staffing levels and ensuring there are enough trained staff to best support patients. Southern Health remains committed to continuously improving its services to deliver the best possible care.

<u>CQC ratings summary table</u>
On the next page are the Trust CQC summary rating tables 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) – as a point of comparison:

CORE SERVICE	Safe	Effective	Caring	Responsive	Well-led	Overall
	2014					
OVERALL PROVIDER RATING	RI	RI	G	G	RI	RI
Community health services - 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/rehab mental health wards	G	G	G	G	G	G
Forensic inpatient or secure wards	I	G	G	G	RI	RI
Child/adolescent mental health wards	RI	RI	G	G	G	RI
Wards for older people with MH problems	RI	G	G	G	G	G
Wards for people with a learning disability/autism	RI	RI	G	G	RI	RI
Community 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

CORE SERVICE	Safe	Effective	Caring	Responsive	Well-led	Overall
	2018					
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/rehab mental health wards	G	G	G	O	O	O
Forensic inpatient or secure wards	G	G	G	G	G	G
Child/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 mental health services	G	RI	G	G	G	G
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/

In summary, as well as some encouraging feedback, the CQC report also recommended:

- 20 actions the Trust 'must' take in order to comply with its legal obligations
- 74 actions the Trust 'should' take to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in the future or to improve services
- 7 Requirement Notices relating to the legal requirements the Trust was not meeting

Some of the recommendations were the same across different core services. We therefore recorded one overall action and recorded the others as duplicates.

Note: The two uncompleted actions in the 2017 Improvement Plan (CQC) have been added to the current plan – these were to improve response times to complaints (this action should be completed by September 2019) and to implement Self Administration Policy on (ISD) wards (which should be complete by August 2019).

With the addition of the two actions above, a total of 71 actions are being tracked in the QIP.

Progress

A Quality Improvement Plan (QIP) was developed in collaboration with clinical and corporate leads, using the CQC actions/recommendations and quality metrics, and submitted to the CQC in November 2018.

In order to more effectively address the issues raised by CQC, the Trust then introduced a themed approach to management of the plan with a focus on quality improvement methodologies and the outcomes we want to achieve to improve patient care and experience. The actions are grouped into seven overarching themes with identified executive/theme leads and action owners and mapped to existing reporting structures.

The seven themes are:

- Workforce
- Safeguarding
- End of Life Care
- Records Management
- Medicines Management
- Privacy and Dignity
- Operational/Patient Safety

This Trust-wide Quality Improvement Plan has executive-level ownership for each theme, and it is hoped that the themed approach will ensure staff and stakeholders better understand the improvements required and how progress is being made against each theme.

Monitoring of progress and initial validation of the evidence to record an action as 'complete-unvalidated' takes place at the relevant workstream reporting meeting. Final validation that there is sufficient evidence to record an action as complete takes place at a monthly evidence review panel chaired by the Director of Nursing.

Progress dashboards and exception reports provide an update for the action plan with a summary of completed actions and any risks to actions not being completed within the deadlines identified. Exception reports are submitted to the Trust Executive Committee (weekly), Senior Management Committee (monthly) and to the Quality and Safety Committee, with a summary presented to Trust Board.

The Quality Improvement Plan has 42/71 (59%) process actions completed and 20/71 (28%) outcome actions achieved, as at 13 June.

There are 2 (3%) process actions overdue and 6 (8%) outcome actions overdue, as at 13 June. Four of the outcome actions relate to the provision of single sex accommodation in Older Peoples Mental Health (OPMH) inpatient services. These will be addressed by the Trust's confirmation of the option chosen to meet single sex accommodation standards.

Quality Improvement Plan (CQC) 2018 Dashboard

RAG status	Overdue (P/O):	3%	8%	At risk (P/O):	0%	1%	On track (P/O):	25%	48%	Unvalidated (P/O):	13%	14%	Completed (P/O):	59%	28%
	Nov-18		Dec-18		Jan-19		Feb-19		Mar-19		Apr-19		May-19		Jun-19		Jul-19		Aug-19	
	Process / Outcome		Process /Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome	
Overdue	0	0	1	1	4	2	5	3	4	2	3	6	2	6	2	6				
At risk	0	0	0	0	0	0	0	0	2	2	1	0	0	1	0	1				
On track	64	67	56	61	48	60	40	55	38	53	26	45	19	35	18	34				
Complete-Unvalidated	0	0	7	5	8	4	13	7	10	7	14	9	15	12	9	10				
Completed	7	4	7	4	11	5	13	6	17	7	27	11	35	17	42	20				
TOTAL	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	0	0	0	0

In summary, we are on track to complete the majority of the Quality Improvement Plan actions by December 2019 with one action to be completed in 2020 as it is linked to a national programme.

Some examples of completed actions, where real progress has already been made, include:

- We are continuing with our programme to provide dementia friendly environments. This includes the recent re-opening of Beaulieu ward as dementia friendly.
- We are undertaking a quality improvement project to improve the response times to complaints and to improve the experience of the person making a complaint.
- We are introducing scenario based training to help staff put into practice the theoretical learning about the Mental Capacity Act. This will help support their decision making, particularly in complex cases.
- We have engaged with service users and staff in our inpatient specialised services to provide a wider variety of food options which are clearly labelled - for example, vegan and non-gluten ingredients.

Southampton's Antelope House

In addition to the CQC inspections and report in 2018, the CQC also carried out an inspection of Antelope House in March 2019 and published their final report of this in April. A Quality Improvement Plan specifically for this unit has been submitted to the CQC, with progress to be overseen by the Antelope House Steering Group.

Engagement & Next Steps

We continue to engage with our various audiences in regard to progress against our CQC Quality Improvement Plan. For example:

<u>Patients</u>
The Quality Improvement Plan was presented and discussed at the Working in Partnership Board meeting in December 2018 and an update given in April 2019 to ensure patient engagement. Progress updates will continue to be given on a quarterly basis to enable patient involvement.

Commissioners
External oversight of the Plan will continue at the Clinical Quality Review Meetings (CQRM) with each of our commissioners and at our regulatory performance meetings.

Staff
A SharePoint site - with the most recent version of the Plan uploaded every Friday afternoon - enables staff to view both the Plan and the evidence collated for each action.

In conclusion, progress continues to be made against the Plan with a small number of actions overdue/at risk which are regularly scrutinised with at various levels of the Trust, including at Trust Board.

We will continue working hard to address all the actions contained within the Plan by the set deadlines.

Any questions?

If you have any questions, please contact Briony Cooper, Programme Lead Quality Governance, on tel: 023 8087 4009 or email: briony.cooper@southernhealth.nhs.uk.

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Frimley Health NHS Foundation Trust

Inspection report

Portsmouth Road
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Date of inspection visit: 6 November to 5 December 2018
Date of publication: 13/03/2019

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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

Frimley Health NHS Foundation Trust provides NHS hospital services for around 900,000 people across Berkshire, Hampshire, Surrey and South Buckinghamshire. Services are commissioned principally by local clinical commissioning groups (CCG's) including East Berkshire, Surrey Heath and North-east Hampshire and Farnham CCGs. Services are also commissioned through NHS England Specialist Commissioning. The trust covered the local authority areas of Slough Borough Council, Royal Borough of Windsor and Maidenhead, Bracknell Forest Council, Surrey County Council and Hampshire County Council and worked with these organisations to provide services.

The trust brought together Heatherwood and Wexham Park Hospitals NHS Foundation Trust and Frimley Park Hospital NHS Foundation Trust to create Frimley Health NHS Foundation Trust on 1 October 2014.

The trust is part of the Frimley Health and Care system, one of 14 integrated care systems (ICS) nationally. The system has formed an ICS board, which was in shadow form from April 2017, and is working to a shared system control total across health partners. The Board meets supports leadership relationships and governance enable delivery of the joint system operating plan, which includes initiatives across the whole system for improved patient care and system sustainability.

The trust employs around 9,000 staff across three main hospitals - Frimley Park in Frimley near Camberley, Heatherwood in Ascot and Wexham Park near Slough. The trust also runs outpatient clinics and diagnostic services from Aldershot, Farnham, Fleet, Windsor, Maidenhead, Bracknell and Chalfont St Peter. In January 2017, the trust took over north east Hants community services based at Fleet Hospital.

The trust also hosts the Defence Medical Group (South East) at Frimley Park with military surgical, medical and nursing personnel working alongside the hospital's NHS staff providing care to patients in all specialties.

From August 2017 to July 2018 the trust had 17,465 episodes of in-patient care. There were 1,518,995 outpatient attendances and 9,101 births. There were also 2,570 deaths.

We inspected Frimley Park Hospital in 2014 when the trust was rated as outstanding overall. We inspected Wexham Park Hospital in 2016 when this hospital was also rated outstanding overall. In September 2018 we carried out a focussed inspection in surgery at both main hospitals in response to information of concern. We did not rerate the trust, but issued requirement notices for the trust to act to address shortcomings we identified.

Overall summary

This is the first time the trust has been inspected overall. We rated it as Good

What this trust does

As well as delivering general hospital services to local people, the trust provides specialist heart attack, vascular, stroke, spinal, cystic fibrosis and plastic surgery services across a much wider area.

Frimley Park Hospital provides acute services to a population of 400,000 people across north-east Hampshire, west Surrey and east Berkshire. It serves a wider population for some specialist care including emergency vascular and heart attacks. Frimley Park Hospital has around 3,700 whole time equivalent members of staff.

Wexham Park Hospital is a district general hospital people with approximately 3,400 staff and 700 beds. Services provided include emergency care, medicine, surgery, maternity and outpatient and diagnostic services.

Summary of findings

Heatherwood Hospital has 34 inpatient and 24 day-care beds providing elective surgery, outpatient specialties and diagnostic services. There are about 193 clinical staff based on site and around 30 doctors based at Wexham Park Hospital but providing clinical sessions at Heatherwood Hospital. Heatherwood and Wexham Park Hospitals serve a population of around 46,000 people

Many administrative functions with a total of about 335 staff are based at a dedicated block on the Heatherwood site and serves the whole trust.

The trust delivers outpatient & diagnostic services from Bracknell, Aldershot, Farnham, Fleet, Maidenhead and Chalfont St Peter bringing a range of services closer to these communities.

The contract for adult physical health community services in North East Hampshire was transferred to Frimley Health Foundation Trust as a pilot on 1st January 2017 but the trust has been requested to continue to deliver these services until March 2020. Services include community adults in patients at Fleet Community Hospital, community adult nursing and therapy teams.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

Surgery was selected for because:

- There were a number of recommended actions and requirement notices from previous focussed inspection in 2018 we wished to check.
- The service was self-rated as outstanding and this was an opportunity to test this and the self-awareness of the leadership team.
- Surgery was a major service across three sites and this was an opportunity to test the "One Frimley" ethos.
- It was also an opportunity to identify any variation. We needed to explore contradictory results in several audits between sites.
- Eight never events in this service had been reported in the previous year.
- Nursing vacancies were higher than the trust target.

Maternity was selected because:

- We received concerns relating to governance, preceptor support and Cardiotocography (CTG) training.
- Staffing fill rates reported July 2018 showed low fill rates for nights and days for both registered and unregistered; we also received public concerns regarding understaffing.

Summary of findings

- Medical staffing was a concern to managers and staff expressed concerns about medical rotas.
- There was a high birth to midwife ratio but low vacancies.
- Trust wide early warning score audit (March 2018) showed inconsistent completion and no improvement over the year since previous audit,
- This was an opportunity to test the "One Frimley" ethos.

Community in-patients were selected for inspection because:

- No previous inspection of the location was recorded.
- The trust self-assessed this service as outstanding, so this was an opportunity to test accuracy of this.
- The trust recently took over service, so thus was an opportunity to test how the trust have integrated this service, especially as continued integration was identified as a key challenge for the organisation.
- There were high nursing vacancy rates**.**

What we found

This is the first time we rated this trust overall. We rated it as good because:

- We rated safe effective, caring responsive and well-led as good. We rated three of the trust's locations as good and one as outstanding. In rating the trust, we took into account the current ratings of the six services not inspected this time dating from 2014 and 2016.
- We rated well-led for the trust overall as good.
- We rated Frimley Park Hospital as outstanding overall. We rated safe and effective as good and caring, responsive and well led as outstanding.
- We rated Wexham Park Hospital as good overall. We rated safe effective, caring and responsive as good. We rated well led as outstanding.
- We rated Heatherwood Hospital as good overall. We rated all key questions as good.
- We rated community inpatient services as good overall. We rated all key questions as good.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- **The trust controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. The trust had suitable premises and equipment and looked after them well.
- **The service followed best practice when prescribing, giving, recording and storing medicines.** Patients received the right medication at the right dose at the right time.
- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.** However, the number of midwives did not meet national guidance.
- **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 in line with the duty of candour.

Summary of findings

- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance and monitored the effectiveness of care and treatment and used the findings to improve them.
- **Staff gave patients enough food and drink to meet their needs and improve their health.** 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.
- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- **The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs.** The trust was a leader in the Frimley Integrated Care System and collaborated well with partners.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** However, the trust did not always meet its own standard in response timeliness.
- **Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.**
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action.** This was underpinned by a set of values that staff understood. The trust was devising a new strategy.

However:

- **Although the trust provided mandatory training in key skills to all staff the trust was not achieving its completion target of 85% in all topics.**
- **Although there were systems for managers to appraise staff's work performance not all staff had received an up to date appraisal.**
- **The trust did not use a systematic approach to quality improvement to continually improve the quality of its services and safeguard high standards of care although there were examples of good practice.**
- **The trust did not have an effective system for identifying strategic risks or for planning to eliminate or reduce them.**
- **Although there were examples of good practice this trust did not have a consistent or embedded approach to engaging patients and hearing their views and experiences.**
- **Director's personal files did not all contain the information needed to meet fit and proper person requirements.**

Overall trust

This is the first time we rated this trust overall. We rated it as good because:

- There were arrangements to manage safety incidents and complaints to ensure these were adequately investigated, learning was identified and necessary changes to practice made.
- The premises and equipment were clean and well maintained; infection risks were well controlled.
- Staff managed medicines were in line with legislation and national guidance.
- Accurate and accessible patient records supported staff to give safe care.

Summary of findings

- Generally, there were enough staff with the qualifications, skills and experience to meet patient needs.
- There was a programme of mandatory training but not all staff had completed this. Staff were competent although not all had received an appraisal of their performance.
- Staff delivered care and treatment were in line with national and recognised standards and guidance. Audit systems checked care was given in the best way and resulted in positive patient outcomes.
- Patients received enough food and drink and any pain they experienced was managed.
- Arrangements for consent took account of the needs of those who lacked capacity to give consent and followed relevant legislation.
- Feedback from patients and their families was positive and they were treated with dignity and respect.
- The trust worked collaboratively with partners in the Frimley Integrated Care System to provide joined up services that met the needs of the local population and of individuals, including those with disabilities or protected characteristics.
- Senior leaders and managers at all levels in the trust had the right skills and abilities to run a service, a vision for what they wanted to achieve and workable plans to turn it into action. They promoted a positive culture and created a sense of common purpose based on well understood organisational values.
- The trust had effective systems for identifying and mitigating operational risks through risk registers.
- The trust collected, analysed, managed and used information well to support all its activities and to monitor its own performance**.**

However:

- Midwifery staffing was a concern as staffing shortages meant one to one care in labour was not always achieved and staff felt pressured.
- The trust lacked a systematic and coordinated approach to quality improvement although there were examples of good practice.
- The trust did not have an effective system for identifying or managing and controlling strategic risks
- The trust did not have a consistent or embedded approach to engaging patients and hearing their views and experiences although there were some examples of good practice.

Are services safe?

This is the first time we rated the trust overall. We rated it as good because:

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it. There was a dedicated safeguarding team to support staff and patients. This team liaised with partner organisations to safeguard children and adults in vulnerable circumstances
- **The trust controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection and infection rates were low.
- **The trust had suitable premises and equipment and looked after them well.** There was a programme of capital investments which had upgraded some departments and planned to redevelop Heatherwood Hospital. Patient equipment was maintained in line with manufacturer's guidance.

Summary of findings

- **The trust followed best practice when prescribing, giving, recording and storing medicines.** Patients received the right medication at the right dose at the right time. However, not all storage temperatures were checked and action taken when temperatures fell outside of recommended ranges. In surgery, not all treatment areas allowed for safe medicine preparation.
- **Staff kept detailed records of patients' care and treatment.** Records were clear, up-to-date and easily available to all staff providing care. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Old records, investigation and imaging results were always available. The trust was investing in electronic records and moving towards these.
- **Generally, services 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.** This was despite recruitment problems which the trust was addressing through a number of initiatives.
- **The trust 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 in line with the duty of candour. However, recommendations following investigation incidents did not always consider all relevant factors.

However:

- **The number of midwives did not meet national guidance.** This meant staff felt pressured and one to one care in labour was not always achieved.
- **Although the trust provided mandatory training in key skills to all staff the trust was not achieving its completion target of 85% in all topics.** The trust acknowledged this and compliance levels were improving as they focussed on this training.

Are services effective?

This is the first time we rated the trust overall. We rated it as good because:

- **The trust provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance and monitored the effectiveness of care and treatment and used the findings to improve them. The trust had a programme of internal audits and participated in national audits and research projects. Trust policies and clinical guidelines reflected national guidance from the National Institute for Health and Care Excellence and other national bodies.
- **Staff gave patients enough food and drink to meet their needs and improve their health.** Staff assessed patients' nutritional needs and reviewed using a nationally recognised tool. There were adjustments for patients' religious, cultural and other preferences.
- **Staff assessed and monitored patients regularly to see if they were in pain. Staff** used specialised assessment tools for those who could not tell staff about their comfort. Patients reported they were given adequate pain relief.
- **The trust made sure staff were competent for their roles.** There were opportunities for staff to develop their clinical and other skills and there were programmes of leadership development. Staff competency was formally assessed in key areas.
- **Staff ensured patients understood their treatment and gained consent before starting it**. 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.

Summary of findings

- **Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.** They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Staff and patients were supported by specialist teams staffed by experts in mental health.

However:

- **Trust procedures did not reflect case law in the application of Deprivation of Liberty Safeguards (DoLS).** Staff did not assess deprivation of liberty in all patients who lacked capacity, only those resistive to care.
- **Although there were systems for m anager to appraise staff's work performance, not all staff had a current appraisal.**

Are services caring?

This is the first time we rated the trust overall. We rated it as good because:

- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness. The trust performed well in the national Friends and Family test.
- **Staff provided emotional support to patients to minimise their distress.** Patients had access to specialist teams such as MacMillan nurses and to a chaplaincy service to meet their spiritual needs.
- **Staff involved patients and those close to them in decisions about their care and treatment.** Staff gave patients and families choices and information to help them make their decisions.

Are services responsive?

This is the first time we rated the trust overall. We rated it as good because:

- **The trust planned and provided services in a way that met the needs of local people and** the trust worked collaboratively with commissioners, local authorities and other partner organisations to provide integrated care. The trust was a leader in the developing Frimley Integrated Care System (ICS).
- **Services took account of patients' individual needs.** There were facilities that ensured trust services were accessible to those with a wide range of disabilities or special needs, including those with mobility, sensory or cognitive challenges. There were arrangements to meet the cultural needs of ethnic minorities including interpreting services.
- **The trust treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** Changes were made to practice because of learning from complaints.

However:

- **The trust did not always meet its own standards of timeliness when responding to complaints.**

Are services well-led?

This is the first time we rated the trust overall. 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.** Recruitment processes ensured senior leaders and other managers had the skills and experience for their jobs.
- **Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** Staff with protected characteristics were valued and there were no reports of buying or discrimination. Workforce race equality standards (WRES) data was slightly better than the England average.

Summary of findings

- **Staff generally felt supported, respected and valued and felt proud to work at the trust.** The overall staff engagement indicator in the NHS Staff Survey 2017 showed a positive staff experience to be in the best 20% of acute trusts.
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action.** This was underpinned by a set of values that staff understood. The trust was devising a new strategy at the time of our inspection as the current objectives had generally been achieved and it was ending its lifespan.
- **The trust had effective systems for identifying operational risks, and planning to eliminate or reduce them.** There was system of risk registers which were current and regularly reviewed and which captured operational risks at departmental, directorate and corporate levels. Control measures were specified and these were put in place.

However:

- **The trust did not use a systematic approach to quality improvement to continually improve the quality of its services and safeguard high standards of care.** There were examples of good practice but there was no consistent and coordinated system to provide a coherent, trust-wide approach. This was not addressed in the trust quality strategy.
- **The trust did not have an effective system for identifying strategic risks or planning to eliminate or reduce them.** The trust was developing a board assurance framework to provide this.
- **Although there were examples of good practice, the trust did not have a consistent or approach to engaging patients and hearing their views and experiences.** The engagement strategy was new and not yet embedded. There were no arrangements for patients to talk of their experience at board meetings or at sub-committees.
- **Director's personal files did not all have the information required to meet fit and proper person requirements.** However, the trust was taking action to remedy this at the time of our inspection and had requested updated Disclosure and Barring Service checks and other relevant information to ensure files were complete and kept current.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in community inpatient services and in Maternity at Wexham Park Hospital

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

Areas for improvement

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

We found 25 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.

Summary of findings

Action we have taken

We issued two requirement notices to the trust. Our action related to one breach of legal requirements in maternity, and one in the trust overall.

For more information on action we have taken, see the sections on areas for improvement section of this report.

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

In community inpatient services:

The teams worked with a wide range of multidisciplinary health and community partners to identify best practices and provide integrated care for patients. For instance, they worked with partners to develop the catheter pathway which was implemented across the system so patients could access the right catheter care whether they were home, in a community care setting, at a community hospital or an acute hospital.

The lead consultant on the ward worked in the community as well as the ward and had close relationships with medical and social care teams within the region. The ward held weekly multidisciplinary meetings to help integration of care within the region. Both internal and external care providers, including the lead consultant, nursing staff, occupational and physical therapists, integrated care team, junior doctor, social worker and community matron attended these meetings.

Each patient's care plan was individualised with input from the multidisciplinary team including doctor, nurses, physiotherapist and occupational therapists on the ward and these teams worked together to ease transfers to and from the ward. Ward staff worked closely with community and district nursing teams, social care providers and other services to ensure timely discharge and continuity across inpatient and primary care.

In maternity at Wexham Park Hospital:

We found "The Bubble" room on Ward 21 to be an area of outstanding practice. This provided a calm and relaxing space for women to receive aromatherapy massage from trained maternity support workers during early labour.

We found the post-dates clinic provided at Juniper Birth Centre to be an area of outstanding practice. The clinic provided one-hour long appointments to women beyond 40 weeks of pregnancy, which included aromatherapy and massage to support women in what can be an anxious time for some women.

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 services.

Action the trust MUST take to improve

We told the trust that it must take action to bring services into line with one legal requirement. One action related to one service and the other to the trust overall.

Summary of findings

- In maternity at Frimley Park Hospital and Wexham Park Hospital, the trust must take action to ensure midwifery staffing meets the acuity level set out in the Birthrate Plus tool on all shifts.
- The trust must increase compliance with mandatory training to meet its 85% standard in all topics.

Action the trust SHOULD take to improve

- The trust should check that all director personnel files contain all the information relevant to fit and proper persons requirements on an ongoing basis.
- The trust should consider how it can ensure the patient voice is heard throughout the organisation through implementing a coherent and consistent approach.
- The trust should consider how it can embed a consistent and unified approach to quality improvement.
- The trust should review recommendations from incidents to include addressing underlying system issues or human factors.
- The trust should review its procedures for Deprivation of Liberty Safeguards to be assured they meet legislative requirements.
- The trust should take steps to improve the timeliness of responses to complaints to meet trust guidance.
- The trust should make plans that enable all staff to have an annual appraisal.
- The trust should take and record appropriate actions when ambient room temperatures and fridges storing medicines are outside of the required temperature range

In surgery at Frimley Park Hospital:

- The trust should check premises restricted to staff such as those storing substances subject to control of substances hazardous to health standards and sharp equipment are always kept locked.
- The trust should keep store rooms and trolleys where controlled medicines locked when not occupied by a member of staff.
- The trust should ensure treatment rooms are suitable and have adequate space to safely prepare medication.
- The trust should check signs to identify resuscitation and difficult airway equipment are clearly labelled and visible.

In surgery at Wexham Park Hospital:

- The trust should manage changes to the theatre list consistently and in line with their policy.
- The trust should plan junior doctor's rotas in a timely way and have a designated guardian of safe working hours.
- The trust should close the fire exit in the corridor to pre-assessment and monitor this.

In maternity at Frimley Park Hospital:

- The trust should check where policies are printed into hard copy, they are in date and the correct version and should take action to review and update all policies outside of their review date in a timely way.
- The trust should ensure that cleaning checklists are consistently documented.
- The trust should ensure that clinical waste is appropriately labelled in line with Health Technical Memorandum (HTM) 07-01 safe management of healthcare waste.

In maternity at Wexham Park Hospital:

Summary of findings

- The trust should take action so all daily checks of critical equipment are completed.
- The trust should take action to ensure out of date controlled drugs are promptly removed from clinical areas for denaturation by pharmacy staff.
- The trust should take action to review and update all policies outside of their review date in a timely way.
- The trust should take action to continue to improve patient flow throughout the maternity department.

In community inpatient services:

- The trust should implement processes to ensure learning from incidents is shared with all staff members, regardless of whether they attend meetings.
- The provider should introduce tools and processes to ensure the ward is cleaned daily in line with the relevant internal requirements and guidance and that cleaning is recorded for auditing and evidential purposes.
- The provider should ensure that computers are available so staff can access trust policies, procedures and training regardless of location.

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.

Board members at the trust had the right skills and abilities to run a service providing high-quality sustainable care. Recruitment processes ensured and senior leaders had appropriate skills and experience to effectively lead the organisation. There was recognised board leadership programme. Non-executive directors received a comprehensive induction package.

Leaders understood the challenges facing the trust and could identify actions needed to address these. Board members could clearly articulate the challenges and were consistent in their view of these. The chief executive had communicated his view of the main challenges after 100 days in post and these were known and appreciated by staff at all levels. The trust operating plan made these challenges, and actions to mitigate and manage them explicit and incorporated issues for the trust and the wider integrated care system (ICS).

Leaders were visible and approachable. This was confirmed by staff at all levels. There was a programme of departmental visits by executive and non-executive board members. The chief circulated weekly messages giving updates and announcements on matters of wider interest.

The trust had a clear vision underpinned by values which focused on quality and safety which were understood by staff. The trust had a clear statement of its vison underpinned by a set of values which was understood, at a level appropriate for their role, by staff we spoke with and which were well publicised.

The current trust strategy had reached the end of its life but here were credible plans to develop a new strategy for the next five years. The trust strategy was monitored by the board through the setting and review of the annual objectives. The current strategy was clinically-focussed and each directorate had developed and delivered their own objectives underneath each theme. These were monitored and reported through governance structures and board

discussions. Service development and quality improvements demonstrated the achievement of the strategic objectives. The trust had engaged external help in developing its new strategy. The principles for determining the new strategy had been agreed as; a new sense of aspiration and ambition, horizon scanning including the use of new technologies built with the whole organisation communities and partners.

The trust took a lead role in the local integrated health system. The integrated care system was operating to a shared financial control total. The trust's director of finance was also the finance director of the integrated care system in a shared role. The trust board showed commitment to the success of the integrated care system and were fully engaged with the plans to deliver the aims of the system.

Staff generally felt supported, respected and valued and felt proud to work at the trust. The overall staff engagement indicator in the NHS Staff Survey 2017 showed a positive staff experience to be in the best 20% of acute trusts. The chief executive held a monthly open briefing session at all sites which were valued by staff.

All staff were provided with feedback on their performance and had development opportunities. There were schemes that recognised and rewarded achievement. There was a programme of mandatory training although not all staff had completed this. There was an appraisal system but not all staff had had an appraisal in the previous year. Staff had opportunities to develop their clinical skills, and leadership development was well supported. There were systems to recognise and reward staff achievements such as board awards (which were linked to the organisational values), line manager funds which rewarded good practice, and a peer to peer recognition platform.

Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The trust had a well-publicised and embedded values system developed in conjunction with its staff. Staff described and open and positive culture at the organisation. Staff demonstrated a sense of belonging and frequently talked about a "family feel" at the organisation. The trust supported effective employee relations and staff could formally raise concerns through effective human resources procedures.

Equality and diversity was promoted at the trust. There was a comprehensive equality and diversity policy which set out the framework for equality and fairness in employment and was a statement of the trust's commitment to equality and diversity in the workplace. The trust employed an equality and diversity manager with operational responsibility for these matters across the trust. Training in equality and diversity formed part of the mandatory training programme. The workforce race equality standard data (WRES) was generally better than England averages and generally showed some improvement on previous years.

There was a clear governance structure which was under review and enabled safe, high quality care to flourish. There was a comprehensive committee structure which ensured the trust had a systematic approach to ensuring the quality and safety of its services and being assured of this. The trust had identified the structure needed reviewing and streamlining. They had embarked on a project to rationalise the committee structure, the meeting schedule and to clarify the decisions and duties delighted by the board to the sub-committees. We found that the clinical and other directorates had their own governance structures that were functioning well. There was a flow of information, both up and down, through the directorate and corporate governance structures.

There were systems to identify performance issues and to manage these. The trust produced a range of dashboards at all levels of the organisation to monitor performance in the full range of trust functions. There was a system of assurance meetings were mangers were held to account for performance.

The trust was assured of the quality of its data. There was a combination of internal and external audits to monitor data quality and the capture of accurate information. Secondary uses services (SUS) data quality dashboards showed positive accuracy and completeness for the trust's data. The trust's partner organisations in the integrated care system reported data was readily provided and was reliable.

Summary of findings

There were internal and clinical audits to which monitored quality and patient outcomes. There were programmes of clinical audit and the trust participated in national audit programmes. The audit committee co-ordinated and scrutinised other audit activity and reported to the board. The trust employed external auditors and had recently engaged a new company for this work.

The trust had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risk registers were used effectively to identify, mitigate and monitor risks. There risks were identified at departmental level and each department had its own risk register. More severe risks were captured on divisional risk registers and in turn populated the corporate risk register. Risk registers were regularly reviewed and mitigating and control measures were identified and put in place. The trust had business continuity and major incident plans.

Finances at the trust were well managed and opportunities and risks well understood. The board were well sighted on the financial performance of the organisation. The Frimley ICS was operating to the principle of 'one system – one budget' and was one of only two integrated care systems nationally operating the fullest form of system control total for 2018/19. There was a close alignment within the integrated care system on plans and commissioning assumptions. There were areas of income risk but also opportunities. The trust was demonstrated a deep understanding of these and had credible plans to mitigate the risks and maximise opportunities. Cost improvement programmes were rigorously assed to ensure they did not adversely affect safety and quality.

Senor leaders and managers engaged with staff, and listened to their views. Staff told us about departmental meeting and local arrangements for engaging and involving them. However, the trust acknowledged there were opportunities for staff to be better informed about trust plans and to receive regular communication about day to day events. Feedback suggested there could be more opportunities available to involve staff in changes and seek their views.

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Arrangements ensured suitably senior staff lead on safeguarding at the trusts. A team of safeguarding leads for adult and children were employed and managed a case load of patients and were visible in clinical areas supporting staff, talking with patients and relatives and offering advice.

The trust had systems so it could learn from deaths, complaints or safety incidents. Staff could describe their responsibilities to report incidents and near misses using an electronic reporting system. Incidents were investigated and learning points were disseminated through a wide range of methods. The trust had a process for monitoring mortality rates and for reviewing cases to identify any area of concern. Staff could tell us about incidents and learning from complaints. Changes to practice were made as a result of learning from critical incidents

However:

The board lacked an effective assurance framework that enabled them to identify, quantify and manage strategic risks. Leaders acknowledged the current risk assurance framework, whilst giving clear oversight of operational risks, did not adequately identify, analyse or mitigate all the trust's strategic risks. The development of a new board assurance framework was in development and was planned to be in place in Spring 2019.

Not all director personnel files showed compliance with fit and proper persons regulations. Not all files contained the required information including disclosure and Barring Service (DBS) checks for all directors. The trust was taking prompt action to ensure personal files contained all relevant information relating to fit and proper persons,

Arrangements for ensuring the patient voice was heard by senior leaders and the engagement of local people in developing services was not well embedded. There were some good examples of patient engagement but this was not

yet fully coordinated into a coherent strategy. The trust had produced a "Patient and public involvement and engagement plan 2018/19." The patient voice was not always represented; board meeting or quality committees did not include any patient stories or contributions to allow the board to feel the impact of their services on the user. Patient and family involvement in the investigation of incidents was not well recorded in incident reports.

Systems and methodologies for quality improvement initiatives were not well coordinated and there was no consistent approach. The trust had published an approach to approach to quality planning in its Quality Improvement Strategy April 2017 to March 2010 and in its Operational Plan 2017/8. However, there was no unified and consistent approach to quality improvement across the organisation and the trust did not have a single methodology for quality improvement activity. The organisation was addressing issues such as how to approach quality improvement, which model to us and how to structure this activity. The trust had joined NHS quest to try and normalise quality improvement at the trust.

Recommendations from incident investigations were weak. The level of investigation was satisfactory with people with the right expertise and independence involved. The root cause analysis was suitable. Recommendations focussed on individuals ensuring compliance with policies and care pathways. Overall, recommendations relied on delivering messages rather than addressing underlying system issues or human factors.

The trust could not clearly demonstrate its management of Deprivation of Liberty Safeguards (DoLS) was consistent with case law. We were told trust staff applied for a DoLS if a patient lacked capacity to make that decision and was resisting care. However, case law requires all patients lacking capacity to have any potential liberty restrictions considered. The annual safeguarding report does not make it clear when restrictions were applied and describes internal assessments before a DoLS application. The safeguarding teams could not clearly describe the trust approach to application of DoLS; this suggests the trust may not be following legislation.

Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at www.cqc.org.uk/provider/RDU/Reports.

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
Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019

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
Frimley Park Hospital	Good ➔➔ Mar 2019	Good ➔➔ Mar 2019	Outstanding ➔➔ Mar 2019	Outstanding ➔➔ Mar 2019	Outstanding ➔➔ Mar 2019	Outstanding ➔➔ Mar 2019
Wexham Park Hospital	Good ➔➔ Mar 2019	Good ➔➔ Mar 2019	Good ➔➔ Mar 2019	Good ➔➔ Mar 2019	Outstanding ➔➔ Mar 2019	Good ➔➔ Mar 2019
Heatherwood Hospital	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Community In-patient	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Overall trust	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019

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 Frimley Park Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Outstanding Sept 2014	Not rated	Good Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014
Medical care (including older people's care)	Good Sept 2014	Good Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014
Surgery	Good ➔➔ Mar 2019	Good ➔➔ Mar 2019	Good ➔➔ Mar 2019	Good ↓ Mar 2019	Good ↓ Mar 2019	Good ↓ Mar 2019
Critical care	Outstanding Sept 2014	Good Sept 2014	Outstanding Sept 2014	Good Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014
Maternity	Requires improvement ↓ Mar 2019	Good ➔➔ Mar 2019	Good ➔➔ Mar 2019	Good ➔➔ Mar 2019	Good ➔➔ Mar 2019	Good ➔➔ Mar 2019
Services for children and young people	Requires improvement Sept 2014	Good Sept 2014	Outstanding Aug 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
End of life care	Good Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014
Outpatients	Good Sept 2014	Not rated	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014
Overall*	Good ➔➔ Mar 2019	Good ➔➔ Mar 2019	Outstanding ➔➔ Mar 2019	Outstanding ➔➔ Mar 2019	Outstanding ➔➔ Mar 2019	Outstanding ➔➔ Mar 2019

*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 Wexham Park Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Feb 2016	Good Feb 2016	Good Feb 2016	Outstanding Feb 2016	Outstanding Feb 2016	Outstanding Feb 2016
Medical care (including older people's care)	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Surgery	Good →← Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Good ↓ Mar 2019	Good →← Mar 2019
Critical care	Good Feb 2016	Good Feb 2016	Outstanding Feb 2016	Good Feb 2016	Outstanding Feb 2016	Outstanding Feb 2016
Maternity	Requires improvement ↓ Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Good →← Mar 2018
Services for children and young people	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
End of life care	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Outpatients	Good Feb 2016	Not rated	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Overall*	Good →← Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Outstanding →← Mar 2019	Good →← Mar 2019

*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 Heatherwood Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2018	Good Mar 2018
Overall*	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019

*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 community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health inpatient services	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Overall*	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019

*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.

Acute health services

Background to acute health services

Frimley Health NHS Foundation Trust provides NHS hospital services for around 900,000 people across Berkshire, Hampshire, Surrey and South Buckinghamshire. Services are commissioned principally by local clinical commissioning groups (CCG's) including East Berkshire, Surrey Heath and North-east Hampshire and Farnham CCGs. Services are also commissioned through NHS England Specialist Commissioning. The trust covered the local authority areas of Slough Borough Council, Royal Borough of Windsor and Maidenhead, Bracknell Forest Council, Surrey County Council and Hampshire County Council and worked with these organisations to provide services.

The trust brought together Heatherwood and Wexham Park Hospitals NHS Foundation Trust and Frimley Park Hospital NHS Foundation Trust to create Frimley Health NHS Foundation Trust on 1 October 2014.

The trust is part of the Frimley Health and Care system, one of 14 integrated care systems (ICS) nationally. The system has formed an ICS board, which was in shadow form from April 2017, and is working to a shared system control total across health partners.

The trust employs around 9,000 staff across three main hospitals - Frimley Park in Frimley near Camberley, Heatherwood in Ascot and Wexham Park near Slough. The trust also runs outpatient clinics and diagnostic services from Aldershot, Farnham, Fleet, Windsor, Maidenhead, Bracknell and Chalfont St Peter to bring these services closer to local communities.

The trust also hosts the Defence Medical Group (South East) at Frimley Park with military surgical, medical and nursing personnel working alongside the hospital's NHS staff providing care to patients in all specialties.

From August 2017 to July 2018 the trust had 17,465 episodes of in-patient care. There were 1,518,995 outpatient attendances and 9,101 births. There were also 2,570 deaths.

Frimley Park Hospital provides acute services to a population of 400,000 people across north-east Hampshire, west Surrey and east Berkshire. It serves a wider population for some specialist care including emergency vascular and heart attacks. Frimley Park Hospital has around 3,700 whole time equivalent members of staff and 750 beds.

Wexham Park Hospital is a district general hospital people with approximately 3,400 staff and 700 beds. Services provided include emergency care, medicine, surgery, maternity and outpatient and diagnostic services.

Heatherwood Hospital has 34 inpatient and 24 day-care beds providing elective surgery, outpatient specialties and diagnostic services. There are about 193 clinical staff based on site and around 30 doctors based at Wexham Park Hospital but providing clinical sessions at Heatherwood Hospital. Heatherwood and Wexham Park Hospitals serve a population of around 46,000 people

We inspected Frimley Park Hospital in 2014 when the trust was rated as outstanding overall. We inspected Wexham Park Hospital in 2016 when this hospital was rated good overall. In September 2018 we carried out a focussed inspection in surgery at both main hospitals in response to information of concern. We did not rerate the trust, but issued requirement notices for the trust to act to address shortcomings we identified

Summary of findings

Summary of acute services

Good

This is the first time we have rated acute services at the trust overall. We rated it as good because:

- On this occasion we inspected surgery and maternity services. When aggregating ratings we took into account ratings for the other services from inspections in 2014 and 2016. We rated safe, effective, caring, responsive and well-led as good. We rated two acute trust's locations as good and one as outstanding. In rating the trust, we took into account the current ratings of the six services not inspected this time dating from 2014 and 2016.
- We rated well-led for the trust overall as good.
- We rated Frimley Park Hospital as outstanding overall. We rated safe and effective as good and caring, responsive and well led as outstanding.
- We rated Wexham Park Hospital as good overall. We rated safe, effective, caring and responsive as good and well led as outstanding.
- We rated Heatherwood Hospital as requires good overall. We rated all key questions as good.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- **The trust controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. The trust had suitable premises and equipment and looked after them well.
- **The service followed best practice when prescribing, giving, recording and storing medicines.** Patients received the right medication at the right dose at the right time. However, storage temperatures were not always monitored and action taken when they were out of expected range.
- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support in line with the duty of candour.
- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance and monitored the effectiveness of care and treatment and used the findings to improve them.
- **Staff gave patients enough food and drink to meet their needs and improve their health. 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.
- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.

Summary of findings

- **The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs.** The trust was a leader in the Frimley Integrated Care System and collaborated well with partners.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** However, the trust did not always meet its own standard in response timeliness.
- **Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.**
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action.** This was underpinned by a set of values that staff understood. The trust was devising a new strategy.

However:

- **The number of midwives did not meet national guidance.** This meant staff felt under pressure and one to one care in labour was not always achieved.
- **Although the trust provided mandatory training in key skills to all staff the trust was not achieving its completion target of 85% in all topics.**
- **Although there were systems for managers to appraise staff's work performance not all staff had received an up to date appraisal.**
- **The trust did not use a systematic approach to quality improvement to continually improve the quality of its services and safeguard high standards of care although there were examples of good practice.**
- **Although there were examples of good practice this trust did not have a consistent or embedded approach to engaging patients and hearing their views and experiences.**

Heatherwood Hospital

London Road
Ascot
Berkshire
SL5 8AA
Tel: 01344 623333
web:www.fhft.nhs.uk

Key facts and figures

The trust brought together Heatherwood and Wexham Park Hospitals NHS Foundation Trust and Frimley Park Hospital NHS Foundation Trust to create Frimley Health NHS Foundation Trust on 1 October 2014.

The trust is part of the Frimley Health and Care system, one of 14 integrated care systems (ICS) nationally.

Heatherwood Hospital has 34 inpatient beds and 24 day care beds providing elective surgery for orthopaedics, gynaecology, urology, breast surgery, oral and maxillofacial surgery and general surgery alongside a wide range of outpatient specialties and diagnostics.

Heatherwood and Wexham Park Hospitals serve a population of around 435.000 people.

Heatherwood Hospital has approximately 193 clinical staff based on site and around 30 doctors who are based at Wexham but provide clinical sessions on the Heatherwood site.

Many administrative functions with a total of about 335 staff are based at a dedicated block on the Heatherwood site and serves the whole trust.

This is the first time we have inspected this hospital as part of Frimely Health NHS Foundation Trust.

Summary of services at Heatherwood Hospital

Good

The service was not previously inspected or rated as part of Frimley Health NHS Foundation Trust. We rated it them as good because:

- On this occasion we rated surgery as good in the key area of safe, effective, caring, responsive and well led.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- **The hospital controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. The hospital had premised that were no longer fit for purpose and was planning a rebuild of the site. Meanwhile the premises were kept safe for use.
- **The hospital followed best practice when prescribing, giving, recording and storing medicines.** Patients received the right medication at the right dose at the right time.

Summary of findings

- **The hospital had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support in line with the duty of candour.
- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance and monitored the effectiveness of care and treatment and used the findings to improve them.
- **Staff gave patients enough food and drink to meet their needs and improve their health.** The hospital 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.
- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- **The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs.** The trust was a leader in the Frimley Integrated Care System and collaborated well with partners.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** However, the trust did not always meet its own standard in response timeliness.
- **Managers at all levels in the hospital had the right skills and abilities to run a service providing high-quality sustainable care.**
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action.** This was underpinned by a set of values that staff at the hospital understood.

However:

- **Although the trust provided mandatory training in key skills to all staff the trust was not achieving its completion target of 85% in all topics.**
- **Although there were systems for managers to appraise staff's work performance not all staff had received an up to date appraisal.**

Surgery

Good

Key facts and figures

We visited Heatherwood Hospital which provides elective surgery for gynaecology, urology, breast surgery, oral and maxillofacial surgery, orthopaedics, plastics and general surgery.

During our inspection we visited most areas of the surgical service including general and orthopaedic ward, theatres, day surgery unit, and the short stay unit. The patients treated at Heatherwood Hospital needed to meet specific criteria to have surgery there as this hospital had no emergency department or critical care facilities. They did not treat bariatric patients or children.

We spoke with 27 staff of all grades, including nurses, doctors, healthcare assistants, therapists, practitioners, housekeeping and kitchen staff, administrative staff, volunteers and other healthcare professionals.

We reviewed six sets of patient records. We spoke with seven patients about their experience and observed care and treatment being delivered. We observed nursing, doctor and multi-disciplinary team handovers.

We reviewed performance data before, during and after the inspection. We also considered views

and feedback provided at staff focus groups which we facilitated before the inspection.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We lasted inspected this service in 2014 and rated it as good.

Summary of this service

The service was not previously inspected or rated as part of Frimley Health NHS Foundation Trust. We rated it as good because:

- **The service controlled infection risk well.** The hospital was clean and well looked after despite the difficulties presented in maintaining an older building.
- **The service managed patient safety incidents well**. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with staff to continuously improve patient safety.
- **Staff maintained good record keeping standards.** Staff kept records of patients' care and treatment in line with Nursing and Midwifery Council and General Medical Council guidance. Records were clear, up-to-date and available to all staff providing care.
- **The service used safety monitoring results well**. Staff collected safety thermometer information, such as rates of falls, pressure ulcers and catheter-acquired urinary tract infections and shared it with staff, patients and visitors.
- **The trust had effective processes for assessing and responding to patients at risk**. The service carried out assessments of risks to patients and acted to lessen risks such as falls and pressure ulcers. We saw there were regular observations of patients using an early warning system and action taken to escalate any deterioration.
- Patients had good outcomes following surgery. Results from national audits showed the service performed well, with patient outcomes about the same as other NHS acute hospitals nationally.

Surgery

- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment**. The service made sure staff were competent for their roles. Managers appraised staff performance, and we saw records of meaningful appraisals. Competency records we reviewed provided assurances staff had the skills they needed to do their jobs.
- **Staff of different kinds worked together as a team to benefit patients**. We saw positive examples of multidisciplinary working between different staff groups, including doctors, nurses and therapists.
- **Staff cared for patients with compassion**. Feedback from patients confirmed that staff treated them well and with kindness.
- **Staff involved patients and those close to them in decisions about their care and treatment.**
- **Staff provided emotional support to patients to minimise their distress.**
- **Staff took account of patients' individual needs.** The service took action to meet the needs of different patient groups so they could access the service on an equal basis to others.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results**. The service shared learning from complaints with relevant staff to help drive continuous improvement. However, they did not meet their own standards regarding the timeliness of complaint responses.
- **Managers across the trust promoted a positive culture that supported and valued staff**. Staff generally spoke positively of the culture and described positive working relationships with colleagues and managers

Is the service safe?

Good

The service was not previously inspected or rated as part of Frimley Health NHS Foundation Trust. We rated it as good because:

- **The service controlled infection risk well. Staff kept themselves, equipment and the premises clean**. They used control measures to prevent the spread of infection.
- **Staff in the operating theatres followed the World Health Organisation (WHO) surgical safety checklist and five steps to safer surgery.** This was monitored and audited to make sure that this was completed with consistency and accuracy.
- Vacancy rates for nursing staff had improved since the last inspection of 2014 and there were minimal nurse vacancies.
- **We saw that medicines were stored securely and that all medicines checked were in date.** There was a stock rotation system and regular checking of supplies to ensure that patients had plentiful medicines to take home with them after surgery.
- **Before and after surgery patients were continually assessed using the National Early Warning Score (NEWS).** Staff in theatres were observed assessing patients and recording scores every 15 minutes. On the wards, staff monitored patients hourly and then the frequency of observations depended on the procedure and the patient's history.
- The safety thermometer information was available and displayed on notice boards in a way that was easy to understand.

Surgery

- **Staff kept appropriate records of patients' care and treatment.** Records were clear, up-to-date, and available to all staff.
- **The trust had an electronic reporting system to record safety incidents and near misses.** Staff told us that the culture around reporting of incidents had improved over the last four years. Managers encouraged and supported staff when reporting any incidents.

However:

- Although mandatory training compliance was important to the surgical team and there were systems to monitor mandatory training rates, the overall reported completion rate for mandatory training for staff did not meet the 85% compliance target set by the trust

Is the service effective?

Good

The service was not previously inspected or rated as part of Frimley Health NHS Foundation Trust. We rated it as good because:

- **Care reflected evidence based practice and national guidelines. The trust monitored the effectiveness of care and treatment and used the findings to improve them**. The hospital also participated in national and local audits and benchmarked its performance against other local and national urgent and emergency services.
- The trust had an up-to-date local sepsis screening policy. Staff were trained in the recognition, diagnosis and early management of sepsis and we saw dedicated sepsis trollies in theatres and the surgical assessment unit.
- Patients on the wards had their nutrition and hydration needs assessed using the Malnutrition Universal Screening Tool (MUST). They were offered drinks and light refreshments on their return to the ward after surgery and prior to being discharged.
- **Patients pain was well managed**. Pain relief was effectively assessed and managed across the surgery service. Patients we spoke with told us staff regularly checked if they were experiencing any pain and if they wanted medication to relieve it.
- **Multi-disciplinary working was evident between ward staff, physiotherapists and occupational therapists**. Staff worked together effectively as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Collaborative working was evident within the surgery service. Staff credited this as one of the reasons they delivered an efficient service and offered good patient care.
- **The service made sure staff were competent for their roles.** Most staff had received an annual appraisal. Managers regularly appraised staff's work performance and competence.
- Patients at Heatherwood Hospital had a lower expected risk of readmission for elective admissions when compared to the England national average.
- Staff obtained and recorded consent in line with relevant guidance and legislation and staff had good awareness of the Mental Health Capacity Act

Is the service caring?

Good

Surgery

The service was not previously inspected or rated as part of Frimley Health NHS Foundation Trust. We rated it as good because:

- **Patients and relatives told us they felt involved in decisions about their or care and treatment of their loved ones.**
- **The response rate of 72% of patients to the family and friends test was higher than average**. The results showed that between 98% and 100% of patients would recommend Heatherwood Hospital to people they knew such as friends and family.
- **Staff cared for patients with compassion, dignity and respect.** Feedback from patients confirmed staff treated them well and with kindness and we observed kind, patient, and compassionate care in practice.
- **Staff provided emotional support to patients to minimise their distress.** Staff were aware of the impact on patients and carers of the care and treatment they provided. We saw staff tending to patients with pre-surgery anxiety who reassured them throughout the entire process.

Is the service responsive?

Good

The service was not previously inspected or rated as part of Frimley Health NHS Foundation Trust. We rated it as good because:

- Patients scheduled for surgery had all been through pre-assessment and assessed by the anaesthetists to be fit for surgery. This considered the local criteria for having surgery at this hospital. All patients requiring elective surgery had a pre-operative assessment.
- **The issue of mixed sex breaches had been addressed on the day surgery unit.** The service has created of a waiting area and dividing the space within the unit so that women and men had distinct areas to prepare for theatre.
- **The trust had good support arrangements for those with additional needs.** We found reasonable adjustments were made to consider the needs of different people for example on the grounds of religion, gender disability, or preference
- **The needs of the local population were fully identified, understood and taken into account when planning services.** The trust had consulted the local community about the new plans for the hospital rebuild in 2021.
- **The trust had a policy to monitor, report and investigate complaints and concerns.** Staff told us they addressed any concerns immediately and directed patients to the patient advice and liaison service (PALS) if patients were not satisfied.
- **The trust had good support arrangements for those with additional needs**. Patients who required communication assistance or physical support to navigate to areas in the hospital were identified at pre-assessment. Arrangements were made prior to admission to ease the process.
- Cancellation rates for the service were similar to the national average and there was a procedure for managing patients when surgeries needed to be cancelled. The average length of stay for patients having elective surgery was lower than the national average.

However:

Surgery

- **Complaints were not responded to in a timely way.** Trust data for complaint response times stated that complaints took an average of 41 days to be investigated and completed. This was not in line with the complaints policy. This data was combined for Heatherwood Hospital and Wexham Park. Managers at Heathwood believed they dealt with complaints within the 25 day time limit.

Is the service well-led?

Good

The service was not previously inspected or rated as part of Frimley Health NHS Foundation Trust. We rated it as good because:

- **Staff knew who their leaders and managers were**. There was a leadership training programme that sought to develop existing staff to become strong leaders and to enable succession planning.
- **There was a good culture among staff and they enjoyed their work.** All staff we spoke with were enthusiastic about working for the trust. Staff spoke of good teamwork and were proud of the service they delivered.
- **Staff felt actively engaged and empowered.** Staff told us they were listened to and that the senior managers understood their concerns because they had the relative experience, skills and knowledge to support them.
- **There was an effective and comprehensive process in place to identify, understand, monitor and address current and future risks.**
- **The governance arrangements for the division were well established.** Regular meetings at all stages allowed for information to be passed on and dealt with in a timely manner. Staff were clear on what their responsibilities were and maintained accountability
- **Managers and staff were committed to expanding and developing services provided.** The new lithotripsy unit was working well within the day surgery unit.
- **The trust's vision was displayed on the information boards in theatres and on all the wards we visited.** Staff told us what the trust values were and how they used them as part of their appraisal and supervision process.

Areas for improvement

Action the service must take to improve

- The trust must ensure that it meets mandatory training compliance rate of 85% completion.
- The trust should respond to complaints in a timely way to meet its own targets.

Wexham Park Hospital

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Tel: 01753 633000
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Key facts and figures

The trust brought together Heatherwood and Wexham Park Hospitals NHS Foundation Trust and Frimley Park Hospital NHS Foundation Trust to create Frimley Health NHS Foundation Trust on 1 October 2014.

The trust is part of the Frimley Health and Care system, one of 14 integrated care systems (ICS) nationally.

Wexham Park Hospital is a district general hospital people with approximately 3,400 staff and 700 beds. Services provided include emergency care, medicine, surgery, maternity and outpatient and diagnostic services.

We last inspected the hospital in 2016 when we inspected the core services of urgent care, medicine, surgery, critical care, end of life care, outpatients and diagnostics and services for children and young people. In September 2018 we carried out a focussed inspection in s in response to information of concern. We did not rerate the service but issued requirement notices for the trust to act to address shortcomings we identified.

Summary of services at Wexham Park Hospital

Good ➔➔

Our rating of services stayed the same. We rated them as good because:

- We rated the hospital as good overall. We rated well led as outstanding, and safe, effective, caring and responsive as good. In aggregating ratings, we took account of the ratings from 2014 for the six services we did not inspect at this time.
- On this occasion we rated both surgery and maternity as good in effective, caring, responsive and well led. For safe we rated surgery as good and maternity as requires improvement.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- **The hospital controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. The hospitalhad suitable premises and equipment and looked after them well.
- **The hospital followed best practice when prescribing, giving, recording and storing medicines.** Patients received the right medication at the right dose at the right time.

Summary of findings

- **Generally the hospital had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support in line with the duty of candour.
- **The service provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance and monitored the effectiveness of care and treatment and used the findings to improve them.
- **Staff gave patients enough food and drink to meet their needs and improve their health.** The hospital 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.
- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- **The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs.** The trust was a leader in the Frimley Integrated Care System and collaborated well with partners.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** However, the trust did not always meet its own standard in response timeliness.
- **Managers at all levels in the hospital had the right skills and abilities to run a service providing high-quality sustainable care.**
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action.** This was underpinned by a set of values that staff at the hospital understood.

However:

- **Although the trust provided mandatory training in key skills to all staff the trust was not achieving its completion target of 85% in all topics.**
- **Although there were systems for managers to appraise staff's work performance not all staff had received an up to date appraisal.**
- **Midwifery staffing did not always meet national guidance. Women did not always receive one to one during labour.**

Surgery

Good

Key facts and figures

The surgical service at Frimley Health NHS Foundation Trust is situated on the Frimley Park, Wexham Park and Heatherwood hospital sites.

The trust has 33 main operating theatres 30 surgical wards and 476 inpatient beds located across all three sites. The trust reported 66,393 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 17,909 (27%), 38,908 (59%) were day cases, and the remaining 9,576 (14%) were elective.

Wexham Park Hospital is a district general hospital located in Slough serving a population of around 465,000 people with approximately 3,400 staff and 700 beds. Since October 2014, it has formed part of Frimley Health NHS Foundation Trust (FT) when Frimley Health NHS FT acquired Heatherwood and Wexham Park Hospital. Wexham Park Hospital provides elective and emergency surgery in the following specialties: general surgery, urology, breast surgery, ENT, oral surgery, maxillofacial surgery (elective), orthopaedic and trauma, plastic and reconstructive surgery.

The hospital has a new emergency assessment centre under construction due to open in spring 2019, which will have a new surgical assessment unit, a development to expand its surgical services for patients.

Wexham Park hospital has nine theatres, and 12 surgical wards and departments including a recovery unit, day surgery unit, an urgent care unit and orthopaedics.

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

We completed a focussed inspection of the surgery service at Wexham park hospital on 3 July 2018. The focus was on theatres in relation to patient safety, responding to risk, shared learning and changes of practice. During that inspection there were some concerns about environment, cleanliness and medicines' security that were followed up at the time.

During this inspection we visited most areas of the surgical service including general and orthopaedics wards, theatres, day surgery unit, the Christiansen unit and Parkside ward which accepts private and NHS patients.

We spoke with 42 staff members of all grades, including nurses, doctors, healthcare assistants, therapists, practitioners, housekeeping and kitchen staff, administrative staff, volunteers and other healthcare professionals.

We reviewed five sets of patient records. We spoke with nine patients and two relatives about their experience and observed care and treatment being delivered. We observed nursing, doctor and multi-disciplinary team handovers and ward rounds.

We reviewed performance data before, during and after the inspection. We also considered views and feedback provided at staff focus groups which we facilitated before the inspection.

Summary of this service

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

- **Security of theatre had improved**; all areas had been secured and access was restricted. Checking of the blood fridge had improved and was consistently completed and recorded.

Surgery

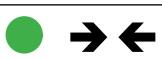
- **The service had improved on how it carried out the safe surgery checklist and undertook audit to ensure compliance.** Further development of the debriefing process was underway to ensure the process remained robust.
- **The service provided mandatory training in key skills to all staff.** Mangers made sure staff had the right skills to perform their role. There were practice development nurses in all areas and departments who supported staff training within a positive learning environment.
- **Staff understood how to protect patients from abuse**. staff had training on how to recognise and report abuse and they knew how to apply it.
- **The service controlled infection risk well and had suitable premises and equipment and looked after them well**.
- **Staff completed and updated risk assessments for each patient.** Patient safety information was collected and safety monitoring results were used to drive improvements in practice.
- **The service managed patient safety incidents well.** Staff knew what incidents to report, how to report, investigate and lessons learnt were shared. They identified any themes and monitored improvements in practice.
- **The service provided care and treatment based on national guidance and evidence of effectiveness.** Patient outcomes were monitored and staff used findings to improve them. They compared local results with those of other services to learn from them.
- **Doctors, nurses, other healthcare professionals and all other staff worked together to benefit patients and supported each other to provide good care.**
- **A consultant-led seven days a week service was in place**. It was being further developed in a two-year plan to provide full service delivery in line with National Health Service Improvements (NHSI), seven-day service in the NHS.
- **Staff understood their roles in gaining valid consent.** They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- **Staff cared for patients with compassion, treating them with dignity and respect.** Staff were passionate about delivering high standards of care and took account of patient feedback. Patient feedback was overwhelmingly positive and confirmed that staff were helpful and positive and treated patients with kindness.
- **The service planned and provided services in a way that met the needs of local people.** They could generally access the service when they needed it. Patients' individual needs were taken into account. There were specialist nursing and medical practitioners available to support patients and staff.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results and shared these with staff**. Managers had the skills, knowledge and experience to manage the service. Managers demonstrated the ability to understand the challenges they faced and developed plans to deal with these challenges. Governance and performance management arrangements are proactively reviewed and reflect best practice.
- **There were high levels of staff satisfaction across all staff groups.** Staff were proud of the organisation as a place to work, and they spoke highly of the culture.

However:

- The service did not currently achieve its target of 85% of all staff to complete mandatory training.
- There was a lack of consistency in how the change of the theatre list was managed on two consecutive days. Practice should be consistent to protect the safety of the patient.
- Feedback from junior doctors was that rotas were not always planned in a timely way and there was no guardian of safe working hours in post, as there was a gap between the retirement of the post holder and another taking up the post.

- Fridge and room temperatures where medicines were stored were recorded daily but we were not sure that staff always took appropriate action when temperatures were outside the required range.
- The corridor to pre-assessment had a fire door open to give ventilation to the area. This should be addressed to maintain safety.
- The service did not currently achieve its target of 85% of all staff to receive an appraisal.
- Complaints were not always responded to in a timely way; the service did not achieve the target of 25 days for a response to complaints.

Is the service safe?

Good 

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

- **The service had suitable premises and equipment looked after them well**. Theatre security had been reviewed. Managers had established an additional reception area and reviewed the access to main theatres through the back corridor. All utility rooms including the pharmacy room were secured with swipe card access. This was an improvement on the previous inspection when access to theatre and utility areas was observed not to be secure.
- **The temperature of the blood fridge was checked on a regular basis and in line with local policy**. This ensured temperatures were in the correct range to maintain the integrity of blood products. This was an improvement on the last inspection when temperature checks were not being made consistently.
- **Theatre staff carried out the World Health organisation (WHO) 'Five Steps to Safer Surgery' and all steps of the process were fully completed.** This was an improvement on our previous inspection when staff participation and identification of the patient was not always completed thoroughly. We observed continued development of the briefing process was underway to ensure the process remained robust.
- **Staff understood how to protect patients from abuse and worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and whilst compliance did not meet the trust target of 85%, there were plans to improve compliance. Information about the leads for safeguarding and how to escalate concerns were displayed in all clinical areas. Staff knew how to apply their training and could give relevant examples of how this was done.
- **The service controlled infection risk well.** Staff kept themselves, equipment and premises clean. They used control measures to prevent the spread of infection**.** Wards displayed cleaning audits. Staff demonstrated good hand hygiene practices and patients commented on the cleanliness of the clinical areas.
- **Staff completed and updated risk assessments for each patient**. All patients had a full risk assessment that staff reviewed regularly from admission to discharge. Staff monitored changes in a patient's condition using national early warning tool, which was used across the service, to monitor the patient and to identify patients at risk of unexpected deterioration, in line with National Institute for Health and Care Excellence (NICE) Guidance.
- **The current guidance for sepsis was reflected within the sepsis screening and care bundle seen to be accessible on all wards areas**. Staff used this alongside the national early warning tool.
- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment**. Where temporary or locum staff were in use, they received an induction to the service. There was an active recruitment process and mangers were involved with this.

Surgery

- **Staff kept appropriate records of patients care and treatment** and these were kept securely in all departments. Records were clear, legible, up to date and available to all staff.
- **The service followed best practice when prescribing, giving, recording and storing medicines.** Medicines were managed safely and effectively. The service gave, checked and recorded medicines well. Patients received the right medication at the right dose at the right time. There was appropriate antimicrobial stewardship.
- **The service managed patient safety incidents well**. Staff knew what incidents to report and could demonstrate how to use the electronic reporting system. Managers gave feedback to all staff after investigating incidents to prevent them happening again. Staff understood the principles of duty of candour. Regular mortality and morbidity meetings were held to discuss patient deaths and other adverse events in an open manner to review care standards and make changes if needed.
- **The service used safety monitoring results well**. Staff collected safety information and this was displayed in all departments for staff, patients and visitors. This information was compared across the specialty and trust to drive improvement and change practice.

However:

- Although the service provided mandatory training in key skills to all staff and the e-learning system was easy to access the trust target of 85% was not fully achieved for all groups of staff.
- There was a lack of consistency in how the change of the theatre list was managed on two consecutive days. Practice should be consistent to protect the safety of the patient.
- Feedback from junior doctors was that rotas were not always planned in a timely way and there was no guardian of safe working hours in post, as there was a gap between retirement of the post holder and another taking up the post.
- Fridge and room temperatures where medicines were stored were recorded daily. We were not sure that staff always took appropriate action when temperatures were outside the required range.
- The corridor to pre-assessment had a fire door open to give ventilation to the area. This should be addressed to maintain safety.

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 guidelines and evidence of effectiveness**. Policies were current and easily accessible for staff. There was a local audit framework and staff compared results and acted to develop practice.
- **Staff assessed patients' nutritional states and gave patients enough food and drink to meet their needs and improve their health**. There was access to dietetic support and the service made adjustment for patients' religious, and cultural preferences. There were protected mealtimes to support patient nutrition.
- **Staff assessed and monitored patients regularly to see if they were in pain.** The service had a pain management team and staff were proactive in monitoring and preventing post-operative pain. Patients described pain management as very good and staff were positive, frequently offering pain relief. A new assessment tool was being introduced for patients with communication difficulties. Audit was undertaken to improve the service to patients.

Surgery

- **Managers monitored the effectiveness of care and treatment and used the findings to improve them**. National audits were undertaken and the majority of results were in line with the England average. Plans were in place to address areas of noncompliance. Performance dashboards were used to compare local results across the different sites and other services to learn and take forward practice.
- **The service made sure staff were competent for their role**. Staff at all levels of the service were encouraged to complete appropriate training and were supported to complete further education. Practice development nurses worked in all areas to support a learning environment. There was a competency based programme for staff. All staff had access to local and corporate induction.
- **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. Regular multi-disciplinary ward rounds and meetings supported this process.
- **There was a consultant led seven day a week service.** This further developed in a two-year plan to provide full service delivery in line with National Health Service Improvements (NHSI), seven-day service in the NHS.
- **Staff understood their roles gaining valid consent and whether a patient had the capacity to make decisions about their care.** They followed trust policy and procedures when a patient could not give consent. The consent process was subject to audit.
- **Staff understood their roles and responsibilities under the Mental Health Act (1983) and the Mental Capacity Act (2005).** They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- For Heatherwood and Wexham hospitals, 78% of staff had received an appraisal which did not meet the trust target of 85%.

Is the service caring?

Good 

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

- **Staff cared for patients with compassion**, treating them with dignity and respect. Staff were passionate about delivering high standards of care and took account of patient feedback The Friends and Family Test response rate for surgery at Frimley Health NHS Foundation Trust was 32% which was better than the England average of 27% from August 2017 to July 2018. Patient feedback was overwhelmingly positive and confirmed that staff were helpful, positive and treated patients with kindness.
- **Staff gave positive support to patients to be independent and maintain their dignity by taking an active part in their recovery**. Written information on all wards supported this approach encouraging patients to be independent and to mobilise as early as possible after surgery.
- **Staff on wards and theatres were aware of their patient environment and were respectful when carrying out personal care and ensured privacy.** Patients on busy wards were offered supportive measures such as earplugs and eye shades to support their sleep and rest.

- **Staff provided emotional support to patients to minimise their distress.** Hospital volunteers were active in supporting patients, for example, by being located close to clinic areas to direct and support patients who were waiting to attend clinic. Feedback we received from patients was that this was reassuring when they were most anxious.
- **All surgical wards had a notice board which contained information for patients and visitors which included how to access appropriate spiritual care.** The chaplaincy team provided religious support twenty-four hours a day. Staff gave examples of how this was accessed out of hours and the support this service also gave to staff dealing with complex or sensitive patient emotional needs or situations. For example, supporting the staff to arrange a wedding ceremony to take place on a surgical ward in response to a dying wish
- **Staff involved patients and those close to them in decisions about their care and treatment.** Patients described how staff discussed all options with them before surgery and appropriate information was given making them part of the decision-making process. Relatives were supported and given appropriate information and reassurance enabling them to support the patient.
- **Staff introduced themselves to patients and were seen to discuss their plan of care, checking that they understood**. Patients told us they had a good level of information to make decisions about their care. Discharge planning considered patient need, level of support required and made referral to required services. Patients felt they were an active part of this process.

Is the service responsive?

Good

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

- **The service planned and provided services in a way that met the need of local people,** including a new surgical assessment unit due to open in the spring of 2019. Wexham Park and Heatherwood hospitals worked closely together and appointments or day surgery could be carried out at either site giving the patient a choice of location.
- **The service took account of patient's individual needs** by undertaking a full patient assessment, education of staff and providing specialist nursing and medical practitioners to support the needs of the patient as well as staff caring for the patient.
- **Staff received training on how to support patients living with dementia and learning disabilities.** There were experienced teams for each of these specialty areas to support staff in providing an appropriate and individualised plan of care and support.
- **Patients with complex or specific needs were supported by specialist and advanced nurse practitioners.** They were experienced for example in cancer care, stoma care, trauma and vascular skills. This supported the staff as well to ensure the care was individualised for the patient.
- **People could access the service when they needed it**. Waiting time standards from referral to treatment were better than the England average in four of the seven specialties, close in two and below the average for trauma and orthopaedics. The trust had an action plan to address this. Arrangements to admit, treat and discharge patients was in line with good practice.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results and shared these with staff**. Processes for making complaints were well publicised.

However:

- **Complaints were not always responded to in a timely manner.** The service did not achieve the trust target of 25 days for a response to complaints.

Is the service well-led?

Good ↓

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

- **Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.** Managers demonstrated the ability to understand the challenges they faced and developed plans to deal with these challenges. Staff told us they felt well supported by their immediate line manager. Staff felt there was a clear management structure within the service and leaders and senior staff were very approachable. If there was any conflict within the service, they would go to their line manager and seek support.
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action which it developed with staff and patients.** Documents about vision and values were readily available for staff, patients and the public to view at ward level or on the website. Staff understood the vision and values and were positive about the trust plans.
- **Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values**. Staff told us they felt valued and proud to work at the trust. Board walkabouts were planned and undertaken, staff referred to senior members of the leadership team by name.
- **The service systematically improved service quality and safeguarded high standards of care by creating an environment for excellent clinical care to flourish**. There was a structure of governance checks and structured communication in place to safeguard patient safety.
- **The service had good systems to identify risks, plans to eliminate or reduce them and cope with both the expected and unexpected**. Performance and audit was kept under review with evidence of corrective actions. The risk assurance framework was robust and showed evidence of actions and review, at department level managers knew the risks in their department and what actions were in place.
- **The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.**
- **The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with organisations effectively**. Good use was made of the website to communicate with the public. The trust was actively involved in the integration of care services.
- The national NHS staff survey showed the overall indicator for staff engagement of 3.89 was in the highest (best) 20% when compared with trusts of a similar type.
- **The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation.** Cross-site working and learning was evident at regular governance meetings. There was evidence of ward to board communication.

Areas for improvement

Action the service must take to improve

- The trust must take action to ensure mandatory training rates meet trust targets.

Surgery

Action the service should take to improve

- The trust should manage changes to the theatre list consistently and in line with policy.
- The trust should plan junior doctor's rotas in a timely way and have a designated guardian of safe working hours.
- The trust should take and record appropriate actions when ambient room temperatures and fridges storing medicines are outside of the required temperature range.
- The trust should close the fire exit in the corridor to pre-assessment and check ventilation in this area.
- The trust should make plans that enable all staff to have an annual appraisal.
- The trust should respond to complaints within 25 days in line with trust policy.

Maternity

Good

Key facts and figures

The maternity service at Frimley Health NHS Foundation Trust is situated on the Frimley Park and Wexham Park sites.

The trust report that the services delivered 9,525 women and 9,676 babies in 2017/18. Services at both sites provide; early pregnancy care, obstetric led care and midwifery led care throughout the maternity pathway. The trust provides antenatal care in locations across the local geography of Surrey, Hampshire, Berkshire and South Buckinghamshire in hospital and primary care settings to a population of women ranging from the most deprived to most affluent. English is not the first language of a high proportion of women using maternity services on the Wexham Park site.

The trust offers choice of place of birth on labour ward, birth centre and home birth. During the postnatal period they provide care in primary care settings and women's homes. The Local Maternity System (LMS) is progressing the implementation of Better Births (2016).

The trust has facilities that have undergone significant refurbishment on both sites over the past five years. In addition to standard care the trust offers fetal medicine services, midwifery led birth choices clinics and have recently invested in and increased the midwifery services for diabetes, perinatal mental health and pregnancy loss. The trust has supported the Clinical Negligence Scheme for Trusts (CNST) safety action five of supernumerary band 7 midwives on the labour ward 24 hours a day.

(Source: Trust Provider Information Request – Acute sites and context tabs)

The facilities for birth at Wexham Park Hospital consist of a consultant-led labour ward and a midwife-led birth centre (Juniper Birth Centre). The Labour Ward has 11 ensuite rooms for women to give birth. One room has a birthing pool and another was part of the bereavement suite for women who had lost their baby. Juniper Birth Centre has six ensuite rooms room for labour and delivery, three of which had birthing pools. The hospital has a Maternity Assessment Centre with five cubicles, a 14-bed antenatal ward (Ward 21) and a postnatal ward with 25 beds and cots, plus an adjoining 8-bed transitional care unit (Ward 22). At the time of our visit, 11 beds on Ward 22 were closed for ongoing refurbishment.

As part of our inspection on 6 and 7 November 2018, we visited all inpatient areas of the maternity service at Wexham Park Hospital. This included Labour Ward, Juniper Birth Centre, Ward 21 (antenatal ward) and Ward 22 (postnatal and transitional care). We also visited the Maternity Assessment Centre and the Antenatal Clinic. We spoke with 28 members of staff, including midwives, matrons, consultant obstetricians, consultant anaesthetists, the Head of Midwifery and Deputy Head of Midwifery. We spoke with eight women who received maternity care at Wexham Park Hospital. We reviewed 12 sets of patient records and a variety of policies and performance data.

Summary of this service

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

- Staff understood how to protect women and children from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean.
- The service had suitable premises and equipment and looked after them well.

Maternity

- The service assessed a comprehensive range of risks in pregnant women, including diabetes, pre-eclampsia and mental health. We saw the service responded promptly to a range of risks to keep women and babies safe.
- Staff kept clear and up-to-date records of patients' care and treatment.
- The service managed medicines safely and effectively.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Senior staff 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 provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave women enough food and drink to meet their needs and improve their health. Trained staff provided plenty of support to women with infant feeding and the service had Level One Unicef UK Baby Friendly Initiative accreditation. The accreditation helped ensure a high standard of care for pregnant women and breastfeeding babies and mothers in hospital.
- Women and babies using maternity services at Wexham Park Hospital had similar outcomes to the national averages for other maternity units in England. National audit findings showed the service's performance was as expected. The trust performed better than expected in the 2017 Maternal, New-born and Infant Clinical Outcome Review Programme (MBRRACE UK Audit).
- The service monitored the effectiveness of care and treatment through local audits and used the findings to improve them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, midwives and other healthcare professionals supported each other to provide good care.
- The service obtained and recorded women's consent in line with General Medical Council (GMC) and Nursing and Midwifery Council (NMC) guidance.
- The service made sure staff were competent for their roles.
- Staff cared for women and their babies with compassion. Women we spoke with confirmed staff treated them well and with kindness.
- Staff provided emotional support to women and their families and comfort in times of distress. Dedicated pregnancy loss midwives provided support to women and their partners who had lost their babies.
- Staff involved women and their partners in decisions about their care and treatment.
- The trust planned and provided services in a way that met the needs of local people. This included specialist clinics and dedicated midwives for perinatal mental health, bereavement and diabetes.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with relevant staff.
- The service had specialist staff and facilities to meet women's individual needs, including those in vulnerable circumstances, bereaved women and families and those with complex needs.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.

Maternity

- The service had effective systems for identifying risks and working to eliminate or reduce them.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- The service engaged well with patients, staff, the public and local organisations to plan and deliver maternity services.
- The service used a systematic approach to maintain high standards of quality and there was a focus on continuous learning and improvement.

However:

- The service did not have sufficient numbers of midwifery staff on all shifts. The trust's ratio of one midwife to every 31.7 births was worse than the England average of one midwife to every 25.7 births. Midwifery staffing levels often did not meet the expected levels determined by the nationally-recognised acuity tool the trust used. Midwives described the impact of short-staffing, including midwives feeling "exhausted" from working extra shifts. Trust data showed staff reported 71 incidents of short staffing across the maternity service at Wexham Park Hospital between October 2017 and September 2018.
- We saw some gaps in the daily checking of key equipment, including the neonatal resuscitation trolleys on Labour Ward and the adult resuscitation trolley on Ward 22 (postnatal ward). Midwives we spoke with told us checks were sometimes missed because of short-staffing.
- Mandatory training rates were worse than the trust target for five out of 18 courses for midwifery and nursing staff, and 16 out of 17 modules for doctors between August 2017 and August 2018.
- Midwives reported pharmacy were sometimes slow to collect out-of-date controlled drugs for secure disposal. We saw some out of date controlled drugs awaiting collection by pharmacy. These were stored securely while awaiting collection and disposal.
- Eleven of the 14 policies we reviewed for Wexham Park Hospital were outside their review date and under review at the time of our visit.
- Appraisal rates for nursing and midwifery staff did not meet the trust target of 85% between August 2017 and July 2018.
- Access and flow through inpatient areas of the service was sometimes a concern.

Is the service safe?

Requires improvement 

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

- **Midwifery staffing did not always meet planned levels.** The trust's ratio of one midwife to every 31.7 births was worse than the England average of one midwife to every 25.7 births. Midwifery staffing levels often did not meet the expected levels determined by the nationally-recognised maternity acuity tool the trust used. Trust data for a 13-week period between August and November 2018 showed midwifery staffing levels did not meet the expected ratio of midwives to birth. Staffing levels met the ratio they should have been (as indicated by the acuity tool) on only 12% of shifts in the worst week during this period and on 69% of shifts in the best week. Trust data showed staff reported 71 incidents of short staffing across the maternity service at Wexham Park Hospital between October 2017 and September 2018. Midwives described the impact of short-staffing, including missing key equipment checks and staff feeling "exhausted" from working extra shifts.

- We saw occasional gaps in the daily checking of key equipment, including the neonatal resuscitation trolleys on Labour Ward and the adult resuscitation trolley on Ward 22 (postnatal ward). Midwives we spoke with felt checks were sometimes missed because of short-staffing. However, midwives advised us resuscitation trolleys were always re-stocked after use, which helped reduce the potential impact of missing checks. Except for one out-of-date item of equipment on a neonatal resuscitation trolley on Labour Ward, all items of equipment we checked were sealed and within the manufacturer's recommended use-by dates. We reported the out of date item we found to a senior midwife, who removed it from the trolley immediately for replacement.
- **The service provided mandatory training in key skills, however not all staff completed it.** Mandatory training rates were worse than the trust target for five out of 18 courses for midwifery and nursing staff, and 16 out of 17 modules for doctors between August 2017 and August 2018.
- Midwives reported pharmacy staff were sometimes slow to collect out-of-date controlled drugs for secure disposal. We saw some out of date controlled drugs awaiting collection by pharmacy. These were stored securely while awaiting collection and disposal.

However:

- **Staff understood how to protect women and children from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.
- **The service controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection, such as cleaning their hands in line with the World Health Organisation "Five Moments for Hand Hygiene". All clinical areas we visited were visibly clean and tidy. Cleaning audit results provided ongoing assurances around cleanliness.
- **The service had suitable premises and equipment and looked after them well.** Following concerns around the estate at the last inspection, the service had refurbished the environment on Labour Ward, Juniper Birth Centre, the Antenatal Clinic and the Maternity Assessment Centre. At the time of our inspection, the postnatal ward, Ward 22, was partway through refurbishment. Equipment servicing records we reviewed showed the hospital serviced equipment in line with trust policy to keep it safe and fit for purpose.
- **Staff completed and updated risk assessments for each woman.** They kept clear records and asked for support when necessary. The service assessed a comprehensive range of risks in pregnant women, including diabetes, pre-eclampsia and mental health. We saw the service responded promptly to a range of risks to keep women and babies safe. This included the sepsis screening pathway and referrals to perinatal mental health and other specialist teams.
- **Staff kept clear and up-to-date records of patients' care and treatment.** Records were available to all staff providing care. We saw an acceptable standard of record keeping in records we reviewed in line with General Medical Council and Nursing and Midwifery Council guidance.
- **The service managed medicines safely and effectively.** We saw medicines (including controlled drugs) stored securely. Controlled drugs are medicines liable for misuse that are controlled under the Misuse of Drugs legislation. The service stored all medicines within locked clinical treatment rooms.
- **Staff stored medicines at the correct temperatures to remain effective**. Staff checked and recorded medicines fridge temperatures daily. When temperatures were outside the required range, staff reported to pharmacy and escalated. Emergency medicines were readily accessible to staff and checked daily. However, we saw room temperatures where intravenous fluids were stored on Labour Ward were not monitored. This meant the service might not have had assurances intravenous fluids were always stored within the optimum temperature range.

Maternity

- **The service managed patient safety incidents well.** Staff recognised incidents and reported them appropriately. Senior staff 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.

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.** Policies incorporated national guidance from bodies including the Royal College of Gynaecologists and the National Institute for Health and Care Excellence (NICE). The service had a comprehensive audit schedule to check staff followed policies and provided evidence-based care. Overall, audit results showed a high level of compliance with policies and evidence-based care.
- **Staff gave women enough food and drink to meet their needs and improve their health.** Trained staff provided plenty of support to women with infant feeding and the service had Level One Unicef UK Baby Friendly Initiative accreditation. The accreditation helped ensure a high standard of care for pregnant women and breastfeeding babies and mothers in hospital. It is based on a set of interlinking evidence-based standards for maternity, health visiting, neonatal and children's centres services. The service made adjustments for women's religious, cultural and other preferences.
- **The service monitored the effectiveness of care and treatment through local and national audits and used the findings to improve them.** National audit findings showed the service's performance was as expected. Women and babies using maternity services at Wexham Park Hospital had similar outcomes to the national averages for other maternity units in England. The trust performed better than expected in the 2017 Maternal, New-born and Infant Clinical Outcome Review Programme (MBRRACE UK Audit).
- **Staff assessed and monitored women regularly to see if they were in pain.** All women we spoke with told us staff managed their pain well and responded promptly to give them pain relief when they needed it.
- **Women had access to maternity services 24 hours a day, seven days a week if they went into labour or developed any concerns during their pregnancy.** The service had 24-hour, seven days a week access to pharmacy, medical imaging, anaesthetics, a consultant obstetrician and a senior midwife on-call. For women planning homebirths, there were on-call rotas for community midwives covering the homebirth service 24 hours a day, seven days a week.
- **Staff of different kinds worked together as a team to benefit patients.** Doctors, midwives and other healthcare professionals supported each other to provide good care. Staff reported positive working relationships between different groups, and we observed this during our visit. Women's records we reviewed demonstrated multi-professional input into care, including midwives, midwifery support workers, medical staff and specialist teams such as perinatal mental health where relevant. The service had introduced Practical Obstetric Multi-Professional Training (PROMPT). This was scenario-based training where staff if different kinds worked together through emergency simulations. Staff told us this enabled effective multi-disciplinary working in the team.
- **The service obtained and recorded women's consent in line with General Medical Council (GMC) and Nursing and Midwifery Council (NMC) guidance.** Staff knew how to support patients experiencing mental ill health and had clear pathways and specialist teams to allow them to do this.

- **Staff assessed and monitored women regularly to see if they were in pain.** They supported those unable to communicate using suitable assessment tools and offered additional pain relief to ease pain.
- **The service made sure staff were competent for their roles.** We saw evidence of a thorough induction programme for bank, agency and new staff. Online annual assessments in cardiotocography (CTG, or continuous electronic monitoring of babies' heart rates) provided ongoing assurances of midwives' competencies in this area. Staff also had access to training courses and practice development midwives to support their continuing professional development.

However:

- **Some policies had passed their review date**. Eleven of the 14 policies we reviewed for Wexham Park Hospital were outside their review date and under review at the time of our visit. We raised this issue with senior leaders, who described how the service was aligning policies across the two sites. This was part of the trust's strategy for better cross-site working and consistency across the two hospitals. They told us they had reviewed the policies and rated them as red, amber or green in terms of clinical urgency and whether the evidence base or national guidance was still relevant or due to expire. This gave us assurances that whilst some policies had expired, there was a risk assessed plan to address this. Trust data showed the service had aligned 67 maternity policies across the two hospitals at the end of September 2018. All policies we reviewed appeared to reflect the most up-to-date national guidance available at the time of our visit.
- **Appraisal rates for nursing and midwifery staff did not meet the trust target of 85% between August 2017 and July 2018.** However, appraisal rates for doctors were 90%, which was better than the trust target.

Is the service caring?

Good ➔➔

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

- **Staff cared for women and their babies with compassion.** Women we spoke with confirmed staff treated them well and with kindness. Women told us staff respected their wishes and were attentive and helpful. The service's performance in the NHS Friends and Family test and the CQC Survey of women's experiences of maternity services 2017 was similar to other maternity services in England.
- **Staff provided emotional support to women and their families and comfort in times of distress.** Women we spoke with described how midwives provided emotional support during labour to lessen any anxieties and keep them feeling positive and motivated. Trained midwifery support workers and midwives provided massage to women in labour and those on Ward 21 (antenatal ward) to help them relax and reduce any anxieties.
- Dedicated pregnancy loss midwives provided support to women and their partners who had lost their babies. The trust was a pilot site for implementation of the Stillbirth and Neonatal Death Charity (SANDS) national bereavement care pathway for pregnancy and baby loss. As part of this pathway, staff offered women and their partners memory-making options such as photographs, hand and footprints and the option to wash and dress their baby if they wanted to.
- **Staff involved women and their partners in decisions about their care and treatment.** They gave them plenty of information in pregnancy to allow them to make informed decisions for pregnancy, birth and beyond. The trust was amongst the best-performing in England for the following question in the CQC Survey of women's experiences of maternity services 2017: "If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted"? The trust scored 9.8 out of a possible 10 for this question, which demonstrated the service involved birth partners in women's care.

Maternity

Is the service responsive?

Good ➔➔

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

- **The trust planned and provided services in a way that met the needs of local people.** This included specialist clinics and dedicated midwives for perinatal mental health, bereavement and diabetes. The hospital offered facilities for women to deliver their babies on the obstetric-led Labour Ward, midwife-led birth centre or at home, depending on women's choice and risk.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with relevant staff.**
- **The service had specialist staff and facilities to meet women's individual needs, including those in vulnerable circumstances, bereaved women and families and those with complex needs.** Staff used translation and interpretation services for patients who did not speak English as a first language. The service provided a dedicated post-dates clinic to support women over 40 weeks of pregnancy. There was a room called "The Bubble" on Ward 21 (antenatal ward), which provided a calm and relaxing space for women in early labour to receive aromatherapy and massage.
- **Women could access antenatal services when they needed them.** Trust data showed 96% of women attended an antenatal booking appointment before 12 weeks and 6 days. This was in line with National Institute for Health and Care Excellence (NICE) Antenatal Care QS22.

However:

- Access and flow through inpatient areas of the service was sometimes a concern. However, the service was aware of this issue and was starting a new project to address flow by improving the efficiency of discharge from Ward 22 (postnatal ward). Refurbishment works on Ward 22 were ongoing at the time of our visit, with 11 postnatal beds closed. The completion of the refurbishment and the re-opening of the 11 beds would also help improve the flow of women through the service.

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.** Leaders of the service were visible and approachable. They were knowledgeable about the issues and priorities for the quality and sustainability of the service, understood the challenges and how to address them.
- **Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** All staff we met spoke highly of the support they received from their managers and colleagues. We saw evidence of a culture of openness, transparency and learning from incidents to improve women and babies' care.
- **The service had effective systems for identifying risks and working to eliminate or reduce them.** Senior leaders and matrons regularly reviewed the service's risk register and had a thorough understanding of risks to the service and measure to reduce them.

Maternity

- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action.** The service shared the trust's vision and strategy for "One Frimley" to ensure shared processes and equity on both hospital sites. Staff described progress the service had made with the strategy, such as cross-site training, cross-site meetings and the work towards making all maternity policies cross-site.
- **The service engaged well with patients, staff, the public and local organisations to plan and deliver maternity services.** The Maternity Voices Partnership had recently been established as part of the Local Maternity System. The Maternity Voices Partnership provided a channel to seek the views of women who had used the service and their families and to use this to improve the quality of care. One of the key areas of focus for the Maternity Voices Partnership was to seek out views and experiences from those in hard to reach groups. The trust also worked with a local council in the Wexham area to engage with women from Central and Eastern Europe and help them access antenatal screening.
- **The trust used a systematic approach to continually improve the quality of the service and safeguard high standards of care by creating an environment in which excellence in clinical care would flourish.** The service used a comprehensive dashboard to monitor performance. Staff regularly reviewed the dashboard and acted to investigate and improve any measures that fell below key performance indicator targets.
- **The trust was committed to improving services by learning from when things went well and when they went wrong, and promoting training and innovation.** Several improvement projects were ongoing at the time of our visit. This included a cross-site project to improve triage waiting times as part of the national Maternity and Neonatal Collaborative. Another improvement project had seen the trust halve its rates of third and fourth-degree perineal tears from 4% to 2%.

Outstanding practice

- We found "The Bubble" room on Ward 21 to be an area of outstanding practice. This provided a calm and relaxing space for women to receive aromatherapy massage from trained maternity support workers during early labour.
- We found the post-dates clinic provided at Juniper Birth Centre to be an area of outstanding practice. The clinic provided one-hour long appointments to women beyond 40 weeks of pregnancy, which included aromatherapy and massage to support women in what can be an anxious time for some women.

Areas for improvement

Action the service must take to improve

- The trust must ensure midwifery staffing meets the acuity level set out in the acuity tool on all shifts.
- The trust must ensure mandatory training rates meet trust targets.

Action the service should take to improve

- The trust should staff complete all daily checks of critical equipment.
- The trust should follow systems monitor the ambient temperature of rooms where intravenous medicines are stored.
- The trust should remove out of date controlled drugs promptly from clinical areas for denaturation by pharmacy staff.
- The trust should review and update all policies outside of their review date in a timely way.
- The trust should meet trust targets for midwifery and nursing appraisal rates
- The trust should continue to improve patient flow through the maternity departments.

Frimley Park Hospital

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Key facts and figures

The trust brought together Heatherwood and Wexham Park Hospitals NHS Foundation Trust and Frimley Park Hospital NHS Foundation Trust to create Frimley Health NHS Foundation Trust on 1 October 2014.

The trust is part of the Frimley Health and Care system, one of 14 integrated care systems (ICS) nationally.

Frimley Park Hospital provides acute hospital services to a population of 400,000 people across north-east Hampshire, west Surrey and east Berkshire. It serves a wider population for some specialist care including emergency vascular and heart attacks. Frimley Park Hospital has around 3,700 whole time equivalent members of staff and a compliment of 750 beds.

The hospital also hosts the Defence Medical Group (South East) with military surgical, medical and nursing personnel working alongside the hospital's NHS staff providing care to patients in all specialties.

We inspected Frimley Park Hospital in 2014 when the trust was rated as outstanding overall. In September 2018 we carried out a focussed inspection in surgery in response to information of concern. We did not rerate the service on this occasion.

Summary of services at Frimley Park Hospital

Outstanding ☆ ➔➔

Our rating of services stayed the same. We rated them as outstanding because:

- We rated the hospital as outstanding overall. We rated caring, responsive and well led as outstanding and, effective and safe as good. In aggregating ratings we took account of the ratings from 2014 for the six services we did not inspect at this time.
- On this occasion we rated both surgery and maternity as good in effective, caring, responsive and well led. For safe we rated surgery as good and maternity as requires improvement.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Staff had training on how to recognise and report abuse and they knew how to apply it.

Summary of findings

- **The hospital controlled infection risk well.** Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection. The hospital had suitable premises and equipment and looked after them well.
- **The hospital followed best practice when prescribing, giving, recording and storing medicines.** Patients received the right medication at the right dose at the right time.
- **Generally, the hospital had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.**
- **The hospital 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 in line with the duty of candour.
- **The hospital provided care and treatment based on national guidance and evidence of its effectiveness.** Managers checked to make sure staff followed guidance and monitored the effectiveness of care and treatment and used the findings to improve them.
- **Staff gave patients enough food and drink to meet their needs and improve their health.** The hospital 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.
- **Staff cared for patients with compassion.** Feedback from patients confirmed that staff treated them well and with kindness.
- **The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs.** The trust was a leader in the Frimley Integrated Care System and collaborated well with partners.
- **The hospital treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.** However, the trust did not always meet its own standard in response timeliness.
- **Managers at all levels in the hospital had the right skills and abilities to run a service providing high-quality sustainable care.**
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action.** This was underpinned by a set of values that staff at the hospital understood.

However:

- **Although the trust provided mandatory training in key skills to all staff the trust was not achieving its completion target of 85% in all topics.**
- **Although there were systems for managers to appraise staff's work performance not all staff had received an up to date appraisal.**
- **Midwifery staffing did not always meet national guidance. Women did not always**

Surgery

Good ↓

Key facts and figures

Frimley Park Hospital is part of Frimley Health NHS Foundation Trust. The hospital is located in Camberley and provides elective (planned) and non-elective (emergency) surgery to people living in North Hampshire, West Surrey and East Berkshire.

The hospital has 275 beds and trolleys spaces across 13 wards, 18 operating theatres and a recovery unit.

The hospital had 30,336 surgical admissions from June 2017 to May 2018. Non- elective admissions accounted for 10,767 (35%), 15,479 (51%) were day cases and the remaining 4,090 (13%) were elective.

During our inspection we spoke with 13 patients and their relatives, 45 members of trust staff, including nursing and medical staff, porters, housekeepers and allied health professionals. We reviewed eight sets of patient records. Our team visited F4, F5, F6, F7 wards, the pre-operative department, day surgery two unit, the theatres and the recovery unit. We observed the delivery of care and assessed the service's quality assurance processes, local leadership, staffing and performance against national and local audits.

Summary of this service

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

- Patients were assessed, treated and cared for in line with professional guidance. Staff completed risk assessments for clinical risks including falls, pressure ulcers and venous thromboembolism (VTE).
- We observed multidisciplinary participation in all patient care. Patient records demonstrated input from allied health professionals, medical and nursing staff. All staff spoke of good working relationships.
- Staff understood their responsibilities to report incidents, including safeguarding concerns. We saw staff received feedback and lessons learned were shared.
- Local governance arrangements were robust, and the service leaders were aware of the risks to their service. The concerns staff told us about, were reflected in the risk register.
- There was a clear leadership structure and strategy for surgical services. Staff told us that leaders were visible, approachable and supportive.

However:

- During our inspection we found access to store rooms was not correctly restricted, allowing access to unauthorised persons.

Is the service safe?

Good →←

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

Surgery

- **Staff understood their responsibilities to protect patients from abuse** but demonstrated a variable understanding of safeguarding issues. Junior nurses demonstrated a limited understanding of what constituted safeguarding. However, all staff said they would raise any concerns with a senior member of staff. Staff were aware of who the local safeguarding lead was and could explain the process of raising safeguarding concerns.
- **The service generally controlled infection risk well.** All areas we visited appeared clean. There were suitable arrangements for cleaning. Each area we visited had weekly and monthly cleaning schedules for housekeeping and nursing staff. Cleaning schedules were consistently completed.
- **The trust had effective processes for assessing and responding to patients at risk.** Staff could effectively assess deteriorating patients and escalate concerns in accordance to guidance. Staff described to us how patients with high National Early Warning Score 2 (NEWS2) were escalated to receive a medical review. On F4 ward we saw the correct escalation procedures documented in the patients notes.
- We found good compliance with the World Health Organisation (WHO) 'five steps to safer surgery' checklist, designed to reduce the risks of mistakes in surgery.
- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment**. Ward managers monitored daily staffing levels against the acuity or dependency of patients. Staffing shortfalls due to unplanned leave or sickness were escalated at the daily trust wide bed meetings. Following the trust wide assessment and using professional judgement, staff were moved around or the ward skill mix was adjusted. This ensured safe staffing and matched the needs of the patients.
- **The service had enough medical staff to conduct daily medical reviews.** Staff told us surgical patients on the wards received a daily medical review, including at weekends. We reviewed eight patient records, which all demonstrated this had occurred. Nursing staff told us doctors promptly attended to review patients when they escalated any immediate concerns.
- **Staff kept records of patients' care and treatment.** Records were clear, up-to-date and available to all staff providing care. We reviewed eight sets of patient records and saw they were comprehensive and well documented. Records were easily accessible to staff. Patient records were stored in a range of ways including integrated care pathways on paper for nursing and medical documentation.
- **The service managed patient safety incidents well.** There was a strong incident reporting culture where staff were encouraged to report incidents and received feedback from investigations to minimise the risk of similar incidents reoccurring. Staff told us learning from incidents was shared across the surgery services in a range of ways including team meetings, minutes and newsletters. We saw actions taken to make changes to practices where issues were identified following incidents.
- **The service used safety monitoring results well.** Safety thermometer information was displayed on large white boards in a prominent place on the entrance to all wards we visited. It advised the numbers of falls, pressure ulcers and healthcare acquired infections identified in the last month. It also provided information on staffing levels and the friends and family test data.

However:

- **Although the trust provided mandatory training in key skills to all staff, the service was not achieving its completion target of 85% in all topics.** Overall the mandatory training completion rate for medical staff was 72%, with five out of 19 modules achieving the trust target. The overall completion rate for nursing staff was better at 89% meeting the trust target. Records showed 12 out of the 19 mandatory training modules met the target.

- **Access to store rooms in three of the four wards we visited was not properly restricted**. We noted that the doors were wedged open, closed but not locked or they were locked with codes to access these areas written on the doors. We found sharps and cleaning fluids that were subject to control of substances hazardous to health (COSHH) standards in the store room which presented a safety risk to patients.
- **There were poor arrangements for the preparation of medicines.** We found that the preparation of medicines was conducted at the nurses' stations on F6 and F7 wards. Staff did not effectively use the aseptic non-touch technique when preparing medication.
- **Signs differentiating resuscitation and difficult airway equipment was not clear.** We observed signs placed on the floor in front of the trolleys; however, these were wearing off and in the event of an emergency could be confusing to identify.

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.** Trust policies and procedures were evidence-based and adhered to national guidance. Practice guidelines were available to staff on the trust intranet to ensure practice remained in line with national guidance. Staff knew where to find policies and were notified of any updates at briefing meetings.
- **Staff gave patients enough food and drink to meet their needs and improve their health.** Patient records we reviewed included assessments of nutritional requirements which were assessed weekly. Staff said nutritional requirements of individual patients were highlighted during handovers, wards rounds and multidisciplinary meetings to ensure a holistic approach to care. Surgical wards had access to a dietician, who provided advice and input to patients who were at risk of dehydration or malnutrition.
- **Staff assessed and monitored patients regularly to see if they were in pain.** The service delivered pain relief in a range of ways including patient controlled analgesia, epidural infusion analgesia and regional infusion analgesia. Patient records indicated that pain management had been discussed with patient. We noted pain relieving medicines were recorded on the patients' administration charts and given when required.
- **Managers monitored the effectiveness of care and treatment and used the findings to improve them**. Surgical patients at Frimley Park Hospital had a lower expected risk of readmission for elective admissions when compared to the England average. The hospital's performance in the 2016/17 Patient Outcomes Measures (PROMS) survey for groin hernias, hip replacements varicose veins and knee replacements was similar to the England average.
- **The service made sure staff were competent for their roles**. Educational opportunities were good and available for staff who wanted to progress. Many staff we spoke with said they had achieved career progression in clinical, nursing or management roles through education and support offered by the trust.
- **Staff of different professional backgrounds worked together as a team to benefit patients.** There were effective multi-disciplinary team working in all surgical areas to maximise patient outcomes. Care and treatment was provided by a combination of nursing staff, occupational therapists, physiotherapists, theatre staff and medical staff. Patient records showed a holistic approach to patient care with records having an input from staff with various professional backgrounds.
- A seven-day service was provided by the surgical acute dependency unit, short stay surgery main theatres and the post anaesthetic recovery unit. There was 24-hour access to these areas seven days a week.

Surgery

- **The trust provided patients with information to help patients manage and improve their own health**. Each ward we visited had a range of posters and leaflets to help patients reduce their risk of deep vein thrombosis and pressure ulcers.
- **Staff understood the need for valid consent and how and when to assess whether a patient had the capacity to make decisions about their care.** Staff demonstrate good understanding of the legislation and best practice regarding consent, the Mental Capacity Act and Deprivation of Liberty Safeguards. We saw good examples of mental capacity assessments being carried out.

Is the service caring?

Good 

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

- **Staff cared for patients with compassion, dignity and respect.** Staff showed respect for the privacy and dignity of patients. We observed kind and compassionate interactions between staff and patients. All patients we spoke with told us their care had been good or excellent.
- **The Friends and Family Test response rate for Frimley Park Hospital was 27% which was the same as the England average.** F6 ward had the highest response rate with 57% and an average recommendation rate of 98% from July 2017 to June 2018
- **Staff provided emotional support to patients to minimise their distress.** A multi-faith 24-hour chaplaincy service was available. There were copies of sacred books for some major faiths. Chaplaincy staff were also available to meet with patients when requested and we met a chaplain visiting a patient whilst inspecting F6 ward.
- **Staff involved patients and those close to them in decisions about their care and treatment.** Patients and their relatives were given time to ask questions about their care and treatment and discuss any concerns. Patients said all staff were approachable and explained what they were doing in a way they understood.

Is the service responsive?

Good 

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

- **Information about the needs of the local population was being used to inform how surgical services were planned and delivered.** The hospital served a large Nepali population and it was identified through various surveys that there was a lack of feedback from this group as well as other non-English speaking groups. The trust used this to design more specific patient engagement programmes in conjunction with the clinical commissioning group. This included having bank Nepali interpreters who provided a more culturally sensitive service for Nepali patients accessing health and critical services.
- **The service had arrangements to meet the needs of people in vulnerable circumstances and with protected characteristics.** The trust had specialist teams to care for patients living with dementia and learning disabilities. The teams provided support to patients, their families and staff through their surgical journey. Patients with protect characteristics were identified at pre-assessment and reasonable adjustment were made to meet their needs. The dementia and delirium team held daily activities on the wards for these patients to interact with others and remain active whilst in hospital.

Surgery

- **Generally, people could access the service when they needed it, although waiting times in some specialities did not meet national standards**. The average length of stay for elective patients was lower than England average. However, for non-elective patients the average length of stay was higher at 5.5 days compared to 4.9 days.
- Referral to treatment (RTT) rates varied between specialities. The trust was performing above the England average in four specialities and below the England average for three specialities. For example, the RTT rate (percentage within 18 weeks) for oral surgery was 99.5% which was much better than the England average of 59.8%. While trauma and orthopaedics achieved 48.1% which was worse than the England average of 60.1%.
- The percentage of cancelled operations over the last two years had fluctuated between 5% and 15%. This was similar to the England average.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.** Information about how to complain was displayed throughout the surgical areas we visited. Staff said complaints were fully investigated and they were involved in the investigations. Staff gave us examples of complaints, the lessons learnt and changes to practice that had been made as a result.

However:

- **The service did not always meet its own standards of timeliness when responding to complaints.** Frimley Park Hospital took an average of 27 days to investigate and close complaints, which was not in line with trust policy of 25 days.
- **Patients were not always cared for in single sex accommodation.** From August 2017 to July 2018 the service reported 424 mixed sex breaches with 67% occurring on day surgery unit two. All affected patients were given a letter of apology and incidents were reported to the board of directors and commissioning groups with the aim to eliminate future breaches. The trust had begun refurbishing the affected areas through a phased approach with the aim to complete the work in summer 2019.

Is the service well-led?

Good  

- Our rating of well-led went down. We rated it as good because:
- **Managers had the skills, knowledge and experience to manage the service**. Leaders were visible and approachable. There were opportunities for leaders to engage with staff at ward level and listen to their concerns.
- **Surgical directorates had clear strategies driven by quality and safety aligned to the trust's vision and values.** Staff were aware of the trusts' strategy and understood how their objectives aligned with the trust.
- **Managers across surgery promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.** Staff were complimentary of each other and felt supported by their colleagues and surgical leads. Ward and theatre managers consistently told us they were proud of their staff and their dedication to patients despite the heavy workload.
- **The governance arrangements were well established to monitor performance and risks.** There were regular meetings at all levels and allowed for a two-way flow of information. Staff were clear about their responsibilities and maintained accountability through these meetings.

Surgery

- **The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.** Surgical leaders were clear about the risks within their divisions and these reflected concerns shared by staff. Risk registers were proactively monitored with high level risks tracked as part of the corporate risk assurance framework.
- **The trust engaged well with patients, staff, the public to plan and manage appropriate services, and collaborated with partner organisations effectively.** The director of nursing had introduced quarterly leadership away days which had proved popular. Staff who had attended said it was an opportunity to meet with service and trust leaders, to raise and address patient safety and quality issues. It was also an opportunity to network with colleagues from the other hospital sites and share commonalities and experiences.
- **The trust was working with external partners as part of the integrated care system (ICS) board, which included commissioning groups, local authorities and NHS providers.** The board aimed to improve the alignment of services across organisations and promote broader cross organisational understanding.
- **The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.** Learning, training and development were key focuses for the service. Staff spoke highly of the educational and progression opportunities within the directorate. Associate nurse practitioner roles had been created to ensure good patient care was maintained and recruitment difficulties to nursing posts mitigated. This allowed advancement opportunities for junior staff. The initiative had proved to be successful as the first group due to qualify in April 2019.

Areas for improvement

Actions the trust MUST take to improve

- The trust must increase compliance with mandatory training to meet its 85% standard in all topics.

Actions the trust SHOULD take to improve

- The trust should check premises restricted to staff such as those storing substances subject to control of substances hazardous to health standards and sharp equipment are kept locked at all times.
- The trust should keep store rooms and trolleys where controlled medicines locked when not occupied by a member of staff.
- The trust should ensure treatment rooms are suitable and have adequate space to safely prepare medication.
- The trust should check signs to identify resuscitation and difficult airway equipment are clearly labelled and visible.

Maternity

Good

Key facts and figures

The maternity service at Frimley Health NHS Foundation Trust is situated on the Frimley Park and Wexham Park sites.

The trust report that the services delivered 9,525 women and 9,676 babies in 2017/18. Services at both sites provide; early pregnancy care, obstetric led care and midwifery led care throughout the maternity pathway. The trust provides antenatal care in locations across the local geography of Surrey, Hampshire, Berkshire and South Buckinghamshire in hospital and primary care settings to a population of women ranging from the most deprived to most affluent.

The trust offers choice of place of birth on labour ward, birth centre and home birth. During the postnatal period they provide care in primary care settings and women's homes. The Local Maternity System (LMS) is progressing the implementation of Better Births (2016).

The trust has facilities that have undergone significant refurbishment on both sites over the past five years. In addition to standard care the trust offers fetal medicine services, midwifery led birth choices clinics and have recently invested in and increased the midwifery services for diabetes, perinatal mental health and pregnancy loss. The trust has supported the Clinical Negligence Scheme for Trusts (CNST) safety action five of supernumerary band 7 midwives on the labour ward 24 hours a day.

(Source: Trust Provider Information Request – Acute sites and context tabs)

As part of our inspection we visited the antenatal unit, labour ward, Mulberry Birthing Centre and postnatal ward.

We spoke with six women and two of their partners. We spoke with 27 members of staff including midwifes, maternity support workers, student midwives and the senior leadership team for the directorate. We reviewed policies and performance data and reviewed 12 patient records.

Summary of this service

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

- Staff understood how to protect patients from abuse. Staff had training on how to recognise and report abuse and data provided to us showed that midwifery staff performed better than the target, however medical staff performed worse than the target in both adults and children safeguarding.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. Control measures were used to prevent the spread of infection and staff had infection control training as part of their mandatory training.
- Some safety thermometer information was displayed on each ward area for patients and visitors to the ward to see. Falls and pressure damage were displayed on boards but rates of catheter-associated urinary tract infections and venous-thromboembolism (VTE, or blood clots in veins) were not. However, we saw data that confirmed that the maternity service had 100% harm free care over the last 12 months.
- Information about patient's care and treatment and their outcomes was routinely collected and monitored and care and treatment was based on national guidance.

Maternity

- Consent to care and treatment was gained in line with legislation and guidance, including the Mental Capacity Act 2005. People were supported to make decisions and where appropriate their mental capacity was assessed and recorded.
- Staff cared for patients with kindness and compassion.
- People who used the services and those close to them were involved and encouraged to be partners in their care and in making decisions, and received support they needed.
- The trust planned and provided services in a way that met the needs of the local people. The importance of flexibility, informed choice and continuity of care was reflected in the services.
- People could access the service when they needed it. Access to care was managed to take account of people's needs, including those with urgent needs.
- Leaders of the service were visible and approachable. They were knowledgeable about the issues and priorities for the quality and sustainability of the service, understood the challenges and how to address them.

However:

- The service provided mandatory training in key skills, however not all staff completed it. Medical staff met or exceeded the trust training target for only two out of 17 mandatory training modules and only 71% of medical staff had received level two safeguarding children training. Midwifery staff met or exceeded the trust training for only 11 out of 17 modules.
- The service did not have sufficient numbers of midwifery staff on all shifts. Data for April to June 2018 showed that the trust did not meet its target for one to one care in labour.
- The trust's ratio of one midwife to every 31.7 births was worse than the England average of one midwife to every 25.7 births. Midwifery staffing levels often did not meet the expected levels determined by the nationally-recognised acuity tool the trust used.
- Appraisal rates for nursing and midwifery staff did not meet the trust target. Compliance ranged between 57% to 68% which was worse than the 85% target.
- Printed copies of the fire policy and evacuation plans in business continuity folders seen on the departments were out of date.

Is the service safe?

Requires improvement 

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

- **Midwifery staffing did not always meet planned levels.** The trust set a target of 100% for one to one care in labour and documented the compliance with this monthly on the maternity dashboard. We reviewed the data available for April to June 2018 and saw that the service did not meet this target between April and June 2018. Compliance for this ranged between 93% and 98%, which was worse than the trust target.
- The trust's ratio of one midwife to every 31.7 births was worse than the England average of one midwife to every 25.7 births. Midwifery staffing levels often did not meet the expected levels determined by the Birthrate Plus acuity tool. Trust data for a 13-week period between August and November 2018 showed midwifery staffing levels did not always meet the expected ratio of midwives to birth. Trust data showed staff reported 11 incidents of short staffing across the maternity service between March and September 2018.

Maternity

- **The service provided mandatory training in key skills, however not all staff completed it.** Medical staff met or exceeded the trust training target for only two out of 17 mandatory training modules and only 71% of medical staff had received level two safeguarding children training. Mandatory training rates were worse than the trust target for six out of 17 courses for midwifery and nursing staff.
- Although all areas we visited appeared visibly clean, cleaning checklists for patient rooms and en-suite bathrooms were not always completed and we saw gaps in the checklists we reviewed in the labour and postnatal wards.
- We saw correct segregation of clinical and non-clinical waste. However, not all the waste bins we saw were clearly labelled in line with Health Technical Memorandum (HTM) 07-01 safe management of healthcare waste: 4.18 which states that: Labelled, colour-coded waste receptacles should be supplied for each waste stream.

However:

- **Staff understood how to protect patients from abuse**. Staff had training on how to recognise and report abuse and data provided to us showed that midwifery staff performed better than the trust target, however medical staff performed worse than the target in both adults and children safeguarding training.
- **The service controlled infection risk well.** Staff kept themselves, equipment and the premises clean. Control measures were used to prevent the spread of infection and staff completed an infection control module as part of their mandatory training.
- **Staff kept clear and up-to-date records of patients' care and treatment**. Records were available to all staff providing care. We saw an acceptable standard of record keeping in records we reviewed in line with General Medical Council and Nursing and Midwifery Council guidance.
- **The service managed medicines safely and effectively.** We saw medicines (including controlled drugs) stored securely. Controlled drugs are medicines liable for misuse that are controlled under the Misuse of Drugs legislation. Staff stored medicines at the correct temperatures to remain safe and effective. Staff checked and recorded medicines fridge temperatures daily.
- Some safety thermometer information was displayed on each ward area for patients and visitors to the ward to see. Falls and pressure damage were displayed on boards but rates of catheter-associated urinary tract infections and venous-thromboembolism (VTE, or blood clots in veins) were not. However, we saw data that confirmed that the maternity service had 100% harm free care over the last 12 months.

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.** Policies incorporated national guidance from bodies including the Royal College of Gynaecologists and the National Institute for Health and Care Excellence (NICE). The service had a comprehensive audit schedule to check staff followed policies and provided evidence-based care. Overall, audit results showed a high level of compliance with policies and evidence-based care.
- **Women and babies using maternity services at Frimley Park Hospital had similar outcomes to the national averages for other maternity units in England.** National audit findings showed the service's performance was as

expected. The trust performed better than expected in the 2017 Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE UK Audit). The service monitored the effectiveness of care and treatment through local audits and used the findings to improve them. They participated in national audits and compared their results with those of other services to help drive continuous improvement.

- **All staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice.** Staff were supported to maintain and further develop their professional skills and experience. Online annual assessments in cardiotocography (CTG, or continuous electronic monitoring of babies' heart rates) provided ongoing assurances of midwives' competencies in this area. However, the training data at the time of our inspection was slightly worse than the trust target.
- **Women had access to maternity services 24 hours a day, seven days a week if they went into labour or developed any concerns during their pregnancy**. The service had 24-hour, seven day a week access to pharmacy, medical imaging, anaesthetics, a consultant obstetrician and a senior midwife on-call. For women planning homebirths, there were on-call rotas for community midwives covering the homebirth service 24 hours a day, seven days a week.
- **Staff of different kinds worked together as a team to benefit patients.** Doctors, midwives and other healthcare professionals supported each other to provide good care. Staff reported positive working relationships between different groups, and we observed this during our visit.
- The service had introduced Practical Obstetric Multi-Professional Training. This was scenario-based training where staff if different kinds worked together through emergency simulations. Staff told us this enabled effective multi-disciplinary working in the team.
- **Consent to care and treatment was gained in line with legislation and guidance, including the Mental Capacity Act 2005.** People were supported to make decisions and where appropriate their mental capacity was assessed and recorded.

However:

- **However, not all policies were in date.** We raised this issue with senior leaders, who described how the service was aligning policies across the two sites. This was part of the trust's strategy for better cross-site working and consistency across the two hospitals". They told us they had reviewed the policies and rated them as red, amber or green in terms of clinical urgency and whether the evidence base or national guidance was still relevant or due to expire. This gave us assurances that whilst some policies had expired, there was a risk assessed plan in place to address this. Trust data showed the service had aligned 67 maternity policies across the two hospitals at the end of September 2018. All policies we reviewed appeared to reflect the most up-to-date national guidance available at the time of our visit.
- **Compliance with appraisals was worse that the trust target for all midwifery and registered nursing staff.** Compliance ranged from 57% to 68% which was worse than the 85% target.

Is the service caring?

Good ➔➔

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

- **Staff cared for women with kindness and compassion**. Results from the Friends and Family Test for maternity were generally the same or better than the national average. Feedback from patients on the wards was positive about the care they received and we saw multiple plaudits and thankyou cards from women who had used the service.

- Bereavement midwives provided support to women and their partners who had lost their babies. The trust was a pilot site for implementation of the Stillbirth and Neonatal Death Charity (SANDS) national bereavement care pathway for pregnancy and baby loss. As part of this pathway, staff offered women and their partners memory-making options such as photographs, hand and footprints and the option to wash and dress their baby if they wanted to.
- Women who used the services and those close to them were involved and encouraged to be partners in their care and in making decisions, and received support they needed.
- Staff understood the expectation of the service around privacy and dignity. There were privacy screens and curtains within patient rooms and staff took care to protect patient's dignity.
- **Staff involved women and their partners in decisions about their care and treatment.** They gave them plenty of information in pregnancy to allow them to make informed decisions for pregnancy, birth and beyond. The trust was amongst the best-performing in England for the following question in the CQC Survey of women's experiences of maternity services 2017: "If your partner or someone else close to you was involved in your care during labour and birth, were they able to be involved as much as they wanted"? The trust scored 9.8 out of a possible 10 for this question, which demonstrated the service involved birth partners in women's care.

Is the service responsive?

Good

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

- **The trust planned and provided services in a way that met the needs of the local people.** The importance of flexibility, informed choice and continuity of care was reflected in the services. The hospital offered both consultant and midwifery-led labour care and women could (dependent on risk) choose where they preferred to have their baby. Choices of place of birth for low-risk women were home, the midwife-led Mulberry Birth Centre or the consultant-led Labour Ward.
- **The needs and preferences of different people were taken into account when delivering and coordinating services, including those who are in vulnerable circumstances or who have complex needs**. There were dedicated perinatal mental health and safeguarding leads for the trust, who worked with midwives at all stages of the patient's pregnancy. Staff used translation and interpreting service for patients who did not speak English as a first language. On the Mulberry Birthing Unit, patients could receive aromatherapy and massage as part of their birthing experience.
- **People could access the service when they needed it.** Access to care was managed to take account of people's needs, including those with urgent needs. The hospital offered both consultant and midwife-led labour care to women 24 hours a day, seven days a week. There were dedicated triage lines women could access if they were at home and concerned about their pregnancy.
- **Complaints and concerns were taken seriously and investigated thoroughly, although not all complaint responses were returned within the target set by the trust**. We reviewed complaint responses and saw that they all contained apologies and what action the trust had taken to prevent issues re-occurring.

However:

- The service did not monitor waiting times for the antenatal clinic.

Maternity

Is the service well-led?

Good ➔➔

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

- **Leaders of the service were visible and approachable**. They were knowledgeable about the issues and priorities for the quality and sustainability of the service, understood the challenges and how to address them.
- **The directorate had a clear vision and a credible strategy to deliver high quality sustainable care.** It had robust plans to help achieve and deliver this as part of the Local Maternity System and as part of the trust's Clinical Strategy.
- **The service had effective systems for identifying risks and working to eliminate or reduce them**. Senior leaders and matrons regularly reviewed the service's risk register and had a thorough understanding of risks to the service and measure to reduce them.
- **The trust engaged well with patients, staff, the public and local organisations to plan and deliver services**. The Maternity Voices Partnership had recently been established as part of the Local Maternity System.
- **The service used a systematic approach to maintain high standards of quality.** The service used a comprehensive dashboard to monitor performance. Staff regularly reviewed the dashboard and took action to investigate and improve any measures that fell below key performance indicator targets.
- **There was a focus on continuous learning and improvement**. Several projects were in progress by a variety of staff roles. This included a cross-site project to improve triage waiting times as part of the national Maternity and Neonatal Collaborative. Another improvement project had seen the trust halve its rates of third and fourth-degree perineal tears from 4% to 2%.

However:

- Whilst the service participated in the Patient Led Assessment of the Care Environment (PLACE) audits, they did not provide us with benchmarked data against the national audits and we were therefore unable to use this data in our report.

Areas for improvement

Action the service must take to improve

- The service must take action to ensure mandatory training including safeguarding training rates meet trust targets.
- The service must ensure that midwifery staffing levels meet expected levels as determined by the nationally recognised acuity tool.

Action the service should take to improve

- The service should ensure where policies are printed into hard copy that they are in date and the correct version.
- The service should consistently document cleaning checklists.
- The service should label clinical waste in line with Health Technical Memorandum (HTM) 07-01 safe management of healthcare waste.
- The service should take action to review and update all policies outside of their review date in a timely way.

Community health services

Background to community health services

The inpatient community services for Frimley Health NHS Foundation Trust Frimley are located on Calthorpe ward in Fleet Community Hospital. The ward, but not the hospital, had been transferred to Frimley which meant the building and some services within the hospital were managed by a different trust.

Calthorpe is an 18 bedded ward which provides rehabilitation, step up and step down care for adult patients in north east Hampshire. Patients are primarily, but not exclusively, over age 65. It also provides end of life care in some instances. Step down care is a facilitated discharge pathway with the aim of reducing acute length of stay (LOS) and supporting care closer to home and step up care is an admission avoidance pathway in partnership with community matrons, GPs and intermediate care teams (ICTs).

Calthorpe ward is a care of the elderly consultant led unit within the trust's Medicine Directorate. It promotes integration between acute and community services, with a focus on frailty liaison, the ICT and primary care. The ward has dedicated therapists and a social worker onsite alongside the nursing team.

Summary of community health services

Good

The service was not previously inspected or rated as part of Frimley Health NHS Foundation Trust. We rated it as good because:

- **People could access the service when they needed it**. The service aimed to avoid acute admissions from the community through step up care provisions, provide a step down option for acute patients who were not ready to return home and provide rehabilitation services. This supported patients to gain their previous levels of function and be safe, independent and functional when they returned to their homes.
- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.** Senior staff could use permanent, bank and agency staff as necessary to keep patients safe. Despite a 52.2% vacancy rate, rotas were filled for 98.5% of shifts.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so**. Although there had not been safeguarding referrals on the ward in the past year, staff had training on how to recognise and report abuse, and they knew how to apply it.
- **The service controlled infection risk and used control measures to prevent the spread of infection.** There was a focus on infection control. There were educational materials and hand cleaning foam available for patients, visitors and staff. Staff used personal protective equipment in line with guidance and cleaned their hands in line with the World Health Organisation guidance, Five Moments of Hand Hygiene.

Summary of findings

- **The service planned for emergencies and staff understood their roles if one should happen**. Staff had a good understanding of patient risk and the observation, assessment and escalation of deteriorating patients necessary to keep patients safe in a community hospital.
- **The ward provided effective care based on national guidance.** Staff worked across disciplines to use evidence based guidance to provide care to their patients.
- **The ward's multidisciplinary team worked together to provide safe care to patients.** A multidisciplinary group of staff worked together to provide care and holistic assessments, care plans and goals throughout patients' stay, with discharge in mind from the time of admission. They promoted health throughout patient care.
- **Staff cared for patients with compassion.** Staff clearly cared about the patients on the ward. They knew patients as individuals and most patients reflected this when they described the care they received from staff on the ward.
- **Staff involved patients and those close to them in decisions about their care and treatment**. Patients and family members agreed that doctors and staff involved patients in their own care. They discussed options with patients and patients said they understood their care plan and care decisions.
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action.** The leadership team had a clear vision and strategy to make the ward a hub for integrated care in the region in line with local demand. They were working with the CCG and across disciplines in the region to meet this goal. The ward had previously provided only rehabilitation. There was local demand for integrated care facilitated by community step up and step-down units. The ward has taken a leadership role in integrated care in the region and provided step up and step-down care alongside the rehabilitation services they already offered.
- **The service took account of patients' individual needs.** We saw many examples of care that was responsive to individual needs, for instance, one bay was for patients living with dementia and the ward used the 'this is me' document provide information about these patients. A patient care activity co-ordinator visited weekly to lead singing and movements with patients. The ward had a hearing loop for hard of hearing patients and a sign language interpreter was available.
- **The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.** The internal governance structure supported them to do this. Staff at all levels told us the matron and senior sister, were providing positive leadership and helping to integrate the ward into the wider trust although both been in their roles for less than two months.
- **The trust used a systematic approach to continually improve the quality of its services and safeguard high standards of care.** Quality and performance were monitored through the directorate quality and safety meeting and monthly performance meetings, the medical directorate clinical governance meeting and as part of commissioner led contract and quality review meetings. The trust reported that learning from the past 18 months had enabled further integration with the organisational senior nursing structure under the Head of Nursing for Medicine and Elderly Care.
- **Managers promoted a positive culture on the ward that supported and valued staff, creating a sense of common purpose based on shared values.** Staff we spoke to, including agency staff, told us there was an open culture which allowed for discussion of any concerns between team members including regular and temporary staff.
- **The trust engaged well with patients, staff, the public and local organisations to plan and manage services, and collaborated with partner organisations effectively.**
- **There was strong community engagement on the ward.** The Friends of Fleet were involved in fundraising and providing feedback on issues that were important to patients on the ward. For instance, they provided input about the ward's future and vision and reviewed pamphlets to ensure they were patient friendly. Other groups such as community pastors and a Brownie troop were also involved in the ward.

Summary of findings

However:

- **The service provided mandatory training in key skills, but not everyone attended it.** At the time the provider completed the information request, the ward did not meet its training target of 85% for two thirds of training modules.
- **Learning from incidents and complaints was not always shared in writing or more broadly when staff were unable to attend meetings.**
- **There were concerns about cleaning and the recording of cleaning on the ward. It did not seem that the governance system ensured quality.** Non-compliant cleaning on the ward was a risk on the community services risk assurance framework. We saw that the ward was clean during our inspection, however when we requested previous cleaning records, they were incomplete and inadequate to provide an audit trail.

Community health services for adults

Good

Key facts and figures

The inpatient community services for Frimley Health NHS Foundation Trust (Frimley) are located on Calthorpe Ward in Fleet Community Hospital. The ward, but not the hospital, had been transferred to Frimley which meant the building and some services within the hospital were managed by a different trust.

Calthorpe is an 18-bedded ward which provides rehabilitation, step-up and step-down care for adult patients in north east Hampshire. Patients are primarily, but not exclusively, over age 65. It also provides end of life care in some instances. Step-down care is a facilitated discharge pathway with the aim of reducing acute length of stay (LOS) and supporting care closer to home and step-up care is an admission avoidance pathway in partnership with community matrons, GPs and intermediate care teams (ICTs).

Calthorpe Ward is a care of the elderly consultant led unit within the trust's medicine directorate. It promotes integration between acute and community services, with a focus on frailty liaison, the ICT and primary care. The ward has dedicated therapists and a social worker onsite alongside the nursing team.

Summary of this service

The service was not previously inspected or rated as part of Frimley Health NHS Foundation Trust. We rated it as good because:

- **People could access the service when they needed it**. The service aimed to avoid acute admissions from the community through step-up care provisions, provide a step-down option for acute patients who were not ready to return home and provide rehabilitation services. This supported patients to gain their previous levels of function and be safe, independent and functional when they returned to their homes.
- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.** Senior staff could use permanent, bank and agency staff as necessary to keep patients safe. Despite a 52.2% vacancy rate, rotas were filled for 98.5% of shifts.
- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.** Although there had not been safeguarding referrals on the ward in the past year, staff had training on how to recognise and report abuse, and they knew how to apply it.
- **The service controlled infection risk and used control measures to prevent the spread of infection.** There was a focus on infection control. There were educational materials and hand cleaning foam available for patients, visitors and staff. Staff used personal protective equipment in line with guidance and cleaned their hands in line with the World Health Organisation guidance, Five Moments of Hand Hygiene.
- **The service planned for emergencies and staff understood their roles if one should happen.** Staff had a good understanding of patient risk and the observation, assessment and escalation of deteriorating patients necessary to keep patients safe in a community hospital.
- **The ward provided effective care based on national guidance**. Staff worked across disciplines to use evidence based guidance to provide care to their patients.

- **The ward's multidisciplinary team worked together to provide safe care to patients.** A multidisciplinary group of staff worked together to provide care and holistic assessments, care plans and goals throughout patients' stay, with discharge in mind from the time of admission. They promoted health throughout patient care.
- **Staff cared for patients with compassion.** Staff clearly cared about the patients on the ward. They knew patients as individuals and most patients reflected this when they described the care they received from staff on the ward.
- **Staff involved patients and those close to them in decisions about their care and treatment.** Patients and family members agreed that doctors and staff involved patients in their own care. They discussed options with patients and patients said they understood their care plan and care decisions.
- **The trust had a vision for what it wanted to achieve and workable plans to turn it into action**. The leadership team had a clear vision and strategy to make the ward a hub for integrated care in the region in line with local demand. They were working with the CCG and across disciplines in the region to meet this goal. The ward had previously provided only rehabilitation. There was local demand for integrated care facilitated by community step-up and step-down units. The ward has taken a leadership role in integrated care in the region and provided step-up and step-down care alongside the rehabilitation services they already offered.
- **The service took account of patients' individual needs.** We saw many examples of care that was responsive to individual needs, for instance, one bay was for patients living with dementia and the ward used the 'this is me' document to provide information about these patients. A patient care activity co-ordinator visited weekly to lead singing and movements with patients. The ward had a hearing loop for hard of hearing patients and a sign language interpreter was available.
- **The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.** The internal governance structure supported them to do this. Staff at all levels told us the matron and senior sister, were providing positive leadership and helping to integrate the ward into the wider trust although both had been in their roles for less than two months.
- **The trust used a systematic approach to continually improve the quality of its services and safeguard high standards of care.** Quality and performance were monitored through the directorate quality and safety meeting and monthly performance meetings, the medical directorate clinical governance meeting and as part of commissioner led contract and quality review meetings. The trust reported that learning from the past 18 months had enabled further integration with the organisational senior nursing structure under the Head of Nursing for Medicine and Elderly Care.
- **Managers promoted a positive culture on the ward that supported and valued staff, creating a sense of common purpose based on shared values.** Staff we spoke to, including agency staff, told us there was an open culture which allowed for discussion of any concerns between team members including regular and temporary staff.
- **The trust engaged well with patients, staff, the public and local organisations to plan and manage services, and collaborated with partner organisations effectively**. There was strong community engagement on the ward. The Friends of Fleet were involved in fundraising and providing feedback on issues that were important to patients on the ward. For instance, they provided input about the ward's future and vision and reviewed pamphlets to ensure they were patient friendly. Other groups such as community pastors and a Brownie troop were also involved on the ward.

However:

- **The service provided mandatory training in key skills, but not everyone attended it.** At the time the provider completed the information request, the ward did not meet its training target of 85% for two thirds of training modules. Learning from incidents and complaints was not always shared in writing or more broadly when staff were unable to attend meetings.

- **The service took learning from incidents but did not ensure is was shared**. However, some staff members told us they felt learning was not always shared in writing or more broadly when staff were unable to attend meetings. Staff told us they did not know if they missed learning when they missed team meetings and that this information was not shared in writing.

Is the service safe?

Good

This is the first time this service has been rated. We rated it as good because:

- **Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.** Although this service had not directly raised a safeguarding alert during the reporting period, staff demonstrated they understood their safeguarding responsibilities and they had access to the information and support they needed to identify safeguarding issues and escalate safeguarding concerns in line with guidance.
- **The service controlled infection risk and used control measures to prevent the spread of infection**. Staff kept themselves and equipment clean. Staff used personal protective equipment and followed hand hygiene procedures in line with guidance to control infection risk. Side rooms were available for patients who had or were at risk of infection.
- **The service had suitable premises and equipment and looked after them well.** Staff told us they had the equipment necessary to do their jobs. We saw a variety of nursing, physiotherapy and occupational therapy equipment available and in use throughout the ward. A random sampling of supplies held in the ward storage area demonstrated that the supplies were sealed and in date. Waste was stored and disposed of safely.
- **The service planned for emergencies and staff understood their roles if one should happen**. The ward did not have facilities to provide emergency or acute care services on site as it was in a community hospital rather than an acute hospital. Detailed risk assessments were completed for each patient and patients were assessed throughout the day using the revised National Early Warning Score (NEWS2). Staff demonstrated understanding of processes to respond to and escalate patient deterioration internally, to the out of hours service or by dialling 999.
- **The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.** The ward had vacancies for qualified nurses but was fully staffed for health care assistants, physiotherapists and occupational therapists. The risk of potential compromise to patient safety due to high vacancy rate on Calthorpe Ward was listed on the local and corporate risk assurance frameworks. The ward kept patients safe by relying on temporary staff to fill the additional qualified nursing shifts. Temporary staff were inducted onto the ward on their first shift so they understood the ward and their responsibilities. The ward used repeat temporary staff where possible so staff knew the ward and patients.
- **Staff kept appropriate records of patients' care and treatment.** Notes were completed by the multidisciplinary team and information about the patient's diagnoses, care and treatment plan were documented. Staff said they could access records and had adequate information to provide safe care and treatment and create individualised care plans that were safe, and aimed for independence and functionality.
- **The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time.** Medicines were held safely and securely on the ward. Nurses administered the right medicines at the right time and medicines were recorded in line with guidance. Non-refrigerated drugs were stored safely and securely in a locked storage room on the ward.

- **The service managed patient safety incidents well**. Staff recognised incidents and reported them appropriately. Managers investigated incidents and usually shared lessons learned with team members and the wider service.

However:

- **The service provided mandatory training in key skills, but not everyone attended it.** At the time the provider completed the information request, the ward did not meet its training target of 85% for two thirds of training modules. At the time of inspection, staff on the ward had improved their mandatory training compliance to meet their target for 12 out of 15 modules. Patients and staff could still be at risk because staff on the ward did not meet the training targets for three mandatory modules including; Infection Prevention and Control, Dementia Level 2 and Prevent which was still at 50% completion rate. Senior staff had a plan to complete the training before the end of 2018.
- **There were concerns about cleaning and records did not reflect cleaning had occurred in line with protocols.** Risk of non-compliance to cleaning standards was a risk on the local risk assurance framework, the risk was rated as high. The ward was clean when we visited but cleaning records did not provide assurance the ward had been cleaned in line with established guidelines and procedures during the previous two weeks.

Is the service effective?

Good

This is the first time this service has been rated. We rated it as good because:

- **The service provided care and treatment based on national guidance and had evidence of its effectiveness.** Staff worked across disciplines and used evidence based guidance to provide care to their patients. Relevant, evidence based guidelines directed care on the ward.
- **Staff assessed patients' nutrition to ensure patients were receiving food and drink to meet their individual needs.** Caterers provided a menu for each meal with a selection of options which included controlled calorie and vegetarian choices. Patients selected their meal and could specify whether they wanted a small, medium or large meal. Patients told us that the food options met their needs and the food on the ward was tasty. The service made adjustments for patients' religious, cultural and other preferences.
- **Staff monitored and managed patient pain well**. All patient records we reviewed reflected that patients' pain was assessed as part of regular observations three times a day. Patients were asked to rate their pain on a scale of 0-10 and pain was treated with analgesics as necessary. Patients verified they that they had not been in pain or that their pain had been quickly addressed and relieved.
- **Staff of different kinds worked together as a team to benefit patients.** Doctors, nurses, social services and other healthcare professionals supported each other to provide good care. The service was working to become a hub for integrated care. The lead consultant on the ward worked in the community as well as the ward and had close relationships with multidisciplinary teams in the region. The ward held weekly multidisciplinary meetings to facilitate integration.
- **Multidisciplinary teams worked together to ease transfers to and from the ward and to plan discharge from the time of admission.** Patients who had previously transferred to and/or from the acute hospital reported that the transfer was well organised and went smoothly from the patient perspective.
- **The service provided a holistic view of health and recovery which supported health promotion.** Patients and staff described the promotion of health through nutrition, healthy lifestyle and the overall goal of supporting patients to return to their previous levels of function so they could lead as independent a life as possible.

- **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, understood their responsibilities under the Mental Health Act and Mental Capacity Act and supported those who lacked the capacity to make decisions about their care. The trust had a comprehensive consent policy which was in date and cited relevant legislation and guidance.

However:

- **The service did not make sure staff were competent for their roles.** Managers did not uniformly appraise staff's work performance and hold supervision meetings with them to provide support and monitor the effectiveness of the service. During the reporting period less than half of staff in the community inpatients services received appraisals. This had been addressed in the months leading up to the inspection and at the time of inspection most appraisals had been completed. Goals were identified on each appraisal however, completion of goals were mixed in the appraisal forms we reviewed.

Is the service caring?

Good

This is the first time this service has been rated. We rated it as good because:

- **Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.** Many of the patients' we spoke with described "excellent" care. Patients' felt listened to and that staff ''really knew them''. We were told staff were "amazing" and offered ongoing support for physical and mental wellbeing. Staff reported they were proud of the holistic care they provided to patients and how they know each patient as an individual.
- **Staff provided emotional support to patients to minimise their distress.** Patients felt their spiritual needs were being met and expressed that this supported their mental wellbeing. Patients also felt supported by the nurses, therapists and doctors emotionally as their admission often resulted in making life changes.
- **Staff involved patients and those close to them in decisions about their care and treatment.** The ward made sure patients were listened to, involved and they took part in decisions about their care and how it was delivered. We observed therapy services engaging with patients and offering in-depth discussions about patient choices specific to their needs. Patients were fully informed of treatment processes and their opinions were considered. Staff encouraged their families to be a part of the planning. Signposting for emotional support following discharge was readily available. Links, referrals to services and contacts were available to both patients and their families.

Is the service responsive?

Good

This is the first time this service has been rated. We rated it as good because:

- **The trust planned and provided services in a way that met the needs of local people.** Calthorpe Ward provided rehabilitation, step-up and step-down care to their patients. The service's model of care had changed over the last four years to support the needs of the local population. The multidisciplinary team carried out partnership working with the trust, social care, community care and primary care.

Community health services for adults

- **People could access the service when they needed it.** Arrangements to admit, treat and discharge patients were in line with good practice. Liaison with the Integrated Care Teams (ICT) took place regularly which resulted in prompt referrals, a strong discharge plan and care planning. The integration of health and social care aimed to improve the care and support for patients who needed to use health and social care services when discharged from Calthorpe Ward.
- **The service took account of patients' individual needs.** A standardised assessment took place on the patients' admission to the ward. The assessment addressed the physical, psychological, social, and spiritual needs. Staff supported patients in developing personalised care plans with each patient's plan devised with input from the multidisciplinary team including doctors, nurses, physiotherapists and occupational therapists on the ward. Other specialists such as palliative care nurses from the acute trust or hospice provided input. There were arrangements to meet the needs of those living with dementia, sensory loss and of limited mobility.
- The service was able to provide end of life care to patients who were on the ward or requested to receive end of life care there.
- There was one dedicated bay for patients who had a diagnosis of dementia and the ward was working towards being ''Dementia Friendly''.
- All patients were encouraged to join in with ward activities to aid recovery and promote positive health and wellbeing.
- Volunteers often supported patients at meal times and offered companionship.
- There was mixed feedback about responding to call bells. One patient told us staff were always ''so quick to respond'' to call bells. Other patients told us there could be slow responses to call bells, although nurses did answer them in time.
- **The service met the needs of those with sensory loss**. The ward provided a loop for hard of hearing patients, staff and visitors. Selected letters and paperwork were available in braille and large print if requested. The ward had signs that can be placed next to a patient's bed to remind staff that the patient had a hearing or visual impairment. Staff could also access visual aids and prompts to support meeting the needs of inpatients
- The ward met the needs of disabled people and those with limited mobility.
- **The service met the cultural and spiritual needs of patients.** Pastoral support to all patients and their families and staff was available through the chaplaincy service. It accommodated any religious beliefs, and to those who follow no religious faith.
- **The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.** There was information on how to make a complaint readily available for patients.

Is the service well-led?

Good

This is the first time this service has been rated. We rated it as good because:

- **The trust had managers at all levels with the right skills and abilities to run the service providing high-quality sustainable care.** The ward was part of the Medicine Directorate governance structure, which included community services. Leaders included the local ward leadership team and the overarching trust senior management team. The local leadership team was visible and approachable and brought broad experience from both acute and community care settings.

- **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.** The senior leadership team described a vision of integrated care where health and social care providers worked together to keep patients healthy, respond to the needs and preferences of patients and keep patients with complex care needs who did not need to be in an acute hospital, from requiring ambulances, the emergency department and acute hospital beds. The senior leadership team had a vision for the ward which focused on local and patient needs and was aligned with the local plans for the wider health care economy. Senior leaders told us they were currently developing new local processes, policies and guidelines to increase access to transitional care and provide guidance for transitional, integrated care in accordance with the organisational and local drive for integration of services.
- **Managers across the trust promoted a positive culture on the ward that supported and valued staff, creating a sense of common purpose based on shared values.** Staff told us the team on the ward was 'great' and 'supportive' noting they were proud of how the team worked together. We saw and heard examples of how staff, across disciplines, worked together on the ward to get the best outcomes for their patients. Staff we spoke to including agency staff told us there was an open culture which allowed for discussion of any concerns between team members including regular and temporary staff.
- **The trust used a systematic approach to continually improve the quality of its services and safeguard high standards of care by creating an environment in which excellence in clinical care would flourish.** The ward was governed within the trust wide medicine directorate, which included community care. The head of nursing for medicine and elderly care, director of nursing and the associate director of community services all spent time at the hospital and the chief of service for the medical directorate was involved directly with the ward generally spending one day a week at the hospital.
- **The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.** The ward identified and managed incidents using an online risk management system. Incidents were reviewed by ward leaders and escalated in line with the governance structure. Risks were identified through the review of incidents, trends and a range of other data. Ward risks were recorded and managed using the community services local risk assurance framework (RAF), the Corporate Governance Group had final oversight of the RAF.
- **The trust collected, analysed, managed and used information well, in most cases, to support all its activities, using secure electronic systems with security safeguards.** The unit collected quality and quantity information about the care they provided. The medicine directorate had a dashboard which collated these measures and they were reviewed monthly.
- **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 had a patient and public involvement and engagement plan for 2018/19. The plan aimed to engage, 'patients, members, communities, partners, key opinion formers and staff in developing our future plans' through workshops, materials, outreach and involvement. The trust engaged with local people about changes to the ward and the services provided there.
- **The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.** The leaders wanted the ward to be on the forefront of integration around integrated care and changing care models. The team worked with a wide range of multidisciplinary health and community partners to identify best practices and provide integrated care for patients. The ward offered learning and continuous improvement opportunities to attract and keep staff. This included a preceptorship program, management courses offerings for some nurses who stayed on the ward after a rotation there, band 4 roles for health care assistants and community rotations and senior house officer (non-consultant doctor) level roles for doctors including doctors who qualified overseas.

However:

- **It did not appear that the system always ensured quality improvement and that the improvement could be measured**. Cleaning on the ward was a risk which was rated high on the community services risk assurance framework. This risk had increased from moderate to high and was overseen by a member of the leadership team. We saw that the ward was clean during our inspection, however when we requested previous cleaning records, they were incomplete and inadequate to provide an audit trail.

Outstanding practice

We found examples of outstanding practice in this service.

- The teams work with a wide range of multidisciplinary health and community partners to identify best practices and provide integrated care for patients was outstanding. For instance, they worked with partners to develop the catheter pathway which was implemented across the system so patients could access the right catheter care whether they were home, in a community care setting, at a community hospital or an acute hospital. Following the implementation of that pathway they were working with stakeholders to create other pathways with the aim of implementing them system wide.
- The lead consultant on the ward worked in the community as well as the ward and had close relationships with medical and social care teams within the region. The ward held weekly multidisciplinary meetings to help integration of care within the region. Both internal and external care providers, including the lead consultant, nursing staff, occupational and physical therapists, integrated care team, junior doctor, social workers and community matron attended these meetings.
- Each patient's care plan was individualised with input from the multidisciplinary team including doctors, nurses, physio and occupational therapists on the ward and these teams worked together to ease transfers to and from the ward. Ward staff worked closely with community and district nursing teams, social care providers and other services to ensure timely discharge and continuity across inpatient and primary care.

Areas for improvement

Action the service should take to improve

- The trust must increase compliance with mandatory training to meet its 85% standard in all topics.
- The trust should check processes are implemented and existing policy is followed so fridge temperatures are monitored and recorded daily and concerns about temperatures are escalated to managers and or pharmacy.
- The trust should implement processes to learn from incidents and share learning with all staff members, regardless of whether they attend meetings.
- The trust should introduce tools and processes to ensure the ward is cleaned daily in line with the relevant internal requirements and guidance and that cleaning is recorded for auditing and evidential purposes.
- The trust should provide computers so staff can access trust policies, procedures and training regardless of location.
- The trust should give a timely appraisal to all staff members.

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)

This guidance (see 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
Maternity and midwifery services	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity	Regulation
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 Termination of pregnancies Transport services, triage and medical advice provided remotely Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Our inspection team

Catherine Campbell CQC Head of Hospital Inspection and a CQC inspection manager led this inspection. An executive reviewer, Stephen Posey, a chief executive of an NHS trust, supported our inspection of well-led for the trust overall.

The team included nine inspectors, and eight specialist advisers with expertise in maternity, surgical nursing, community nursing, safeguarding and board level positions.

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.

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NHS
Frimley Health
NHS Foundation Trust

HASC
9 July 2019

Hospital sites

- Frimley Park Hospital, near Camberley
- Heatherwood Hospital, Ascot
- Wexham Park Hospital, Slough
- Fleet Hospital and community services
- Satellite sites for outpatient and other services

November and December 2018 inspection

First ever trust-wide inspection of Frimley Health

November inspection of:

- Surgical services
- Maternity
- Community inpatient services (Fleet Hospital)

December:

- Leadership (well-led domain)
- Use of resources (management and value for money)

First ever FHFT full inspection – March 2019

Service Name	Safe	Effective	Caring	Responsive	Well-led	Location Overall
Frimley Park Hospital	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding
Wexham Park Hospital	Good	Good	Good	Good	Outstanding	Good
Heatherwood Hospital	Good	Good	Good	Good	Good	Good
Community Inpatient Services	Good	Good	Good	Good	Good	Good
Trust Overall	Good	Good	Good	Good	Good	Good

Ratings for Frimley Park Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Outstanding Sept 2014	Not rated	Good Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014
Medical care (including older people's care)	Good Sept 2014	Good Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014
Surgery	Good → ← Mar 2019	Good → ← Mar 2019	Good → ← Mar 2019	Good ↓ Mar 2019	Good ↓ Mar 2019	Good ↓ Mar 2019
Critical care	Outstanding Sept 2014	Good Sept 2014	Outstanding Sept 2014	Good Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014
Maternity	Requires improvement ↓ Mar 2019	Good → ← Mar 2019	Good → ← Mar 2019	Good → ← Mar 2019	Good → ← Mar 2019	Good → ← Mar 2019
Services for children and young people	Requires improvement Sept 2014	Good Sept 2014	Outstanding Aug 2014	Good Sept 2014	Good Sept 2014	Good Sept 2014
End of life care	Good Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014
Outpatients	Good Sept 2014	Not rated	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014	Outstanding Sept 2014
Overall*	Good → ← Mar 2019	Good → ← Mar 2019	Outstanding → ← Mar 2019	Outstanding → ← Mar 2019	Outstanding → ← Mar 2019	Outstanding → ← Mar 2019

Ratings for Wexham Park Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good Feb 2016	Good Feb 2016	Good Feb 2016	Outstanding Feb 2016	Outstanding Feb 2016	Outstanding Feb 2016
Medical care (including older people's care)	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Surgery	Good →← Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Good ↓ Mar 2019	Good →← Mar 2019
Critical care	Good Feb 2016	Good Feb 2016	Outstanding Feb 2015	Good Feb 2016	Outstanding Feb 2016	Outstanding Feb 2016
Maternity	Requires improvement ↓ Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Good →← Mar 2018
Services for children and young people	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
End of life care	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Outpatients	Good Feb 2016	Not rated	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Overall*	Good →← Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Good →← Mar 2019	Outstanding →← Mar 2019	Good →← Mar 2019

Ratings for Heatherwood Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2018	Good Mar 2018
Overall*	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019

Ratings for Community Inpatient Services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health inpatient services	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019
Overall*	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019	Good Mar 2019

What FHFT Must Improve:

The CQC identified two actions that the Trust must take:

- Maternity: Improve staff to birth ratios.
- Increase compliance with mandatory training standard.

Examples of 'outstanding' and 'good' practice

Dr Nigel Acheson, CQC's deputy chief inspector of hospitals for the south: **"Our inspectors found a strong patient-centred culture with staff committed to keeping their patients safe, and encouraging them to be independent."**

'outstanding'

- 'The Bubble' relaxation room in maternity
- Collaboration in care planning for community inpatients

University Hospital Southampton NHS Foundation Trust

Inspection report

Trust Management Offices, Mailpoint 18
Southampton General Hospital, Tremona Road
Southampton
Hampshire
SO16 6YD
Tel: 02380777222
www.uhs.nhs.uk

Date of inspection visit: 4 - 6 Dec 2018, 22 - 24 Jan 2019
Date of publication: 17/04/2019

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	Good
Are services safe?	**Requires improvement**
Are services effective?	**Outstanding**
Are services caring?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Good**

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.

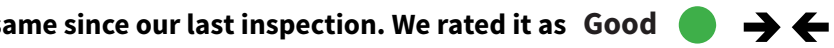
Summary of findings

Background to the trust

University Hospital Southampton NHS Foundation Trust has had foundation trust status since 1 October 2011. It is one of the country's largest university hospitals, and provides local inpatient services to a population of 1.9 million people living in Southampton and south Hampshire. It also provides specialist services to over 3.7 million people living in southern England and the Channel Islands. Services include urgent and emergency care, medicine, surgery, critical care, maternity and gynaecology, services for children and young people, end of life care, and outpatient services including diagnostic imaging. There are approximately 11,500 staff employed to deliver services.

The trust is also a major centre for teaching and research in association with the University of Southampton and partners including the Medical Research Council and Wellcome Trust.

Overall summary

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

What this trust does

University Hospital Southampton NHS Foundation Trust provides local inpatient services to a population of 1.9 million people living in Southampton and south Hampshire. It also provides specialist services to over 3.7 million people living in southern England and the Channel Islands. Services include urgent and emergency care, medicine, surgery, critical care, maternity and gynaecology, services for children and young people, end of life care, and outpatient services including diagnostic imaging.

The trust is also a major centre for teaching and research in association with the University of Southampton and partners including the Medical Research Council and Wellcome Trust.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

The core services we inspected were the emergency department, outpatients, medicine and maternity.

We selected the services for inclusion in this inspection based on those that where intelligence information we held on these areas indicated the need for re-inspection.

Summary of findings

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question for the trust overall.

What we found

Our overall findings indicated that most areas made improvements.

We rated safe, responsive as requires improvement, well led as good, effective and caring as outstanding. On this occasion we rated three of the trust's acute services as good and one as requires improvement.

We rated well-led at the trust level as good.

- Urgent and emergency care: the rating improved to good overall, with outstanding in both effective and caring domains.
- Maternity: this was the first rating of the service as no longer combined with gynaecology. The rating was good overall at both locations with requires improvement for safe domain at Princess Anne Hospital.
- Outpatients: this was the first rating of the service as no longer combined with diagnostic and imaging, the rating was requires improvement overall for both locations with requires improvement for safe, responsive and well led.
- Medicines: the rating has improved to good overall with outstanding in caring and responsive domains and requires improvement in well led.
- Well led: is rated good overall which reflects a proportionate approach to our findings.

Overall trust

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

In rating the trust, we considered the current ratings of four other services not inspected this time.

- The staff survey results for 2017/2018 showed trust staff engagement had remained consistently high compared to the NHS average
- The trust was ranked number seven in acute trusts, and the third best university teaching hospital. It was also ranked second in good communication between senior managers and staff.
- Managers involved staff in changes to services.
- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses and to report them internally and externally.
- The trust had established an integrated medical examiner group (IMEG) to review all deaths twice daily Monday to Fridays.
- Staffing levels, skill mix and caseloads were planned and reviewed so that people received safe care and treatment.
- Staff had access to necessary equipment and medicines; and had a range of policies and procedures based on national standards to support their practice.
- Medicines were appropriately prescribed and administered to people in line with the relevant legislation and current national guidance and had improved since our last inspection.
- People's physical, mental health and social needs were holistically assessed and their care and treatment delivered in line with legislation, standards and evidence-based guidance.

Summary of findings

- Multidisciplinary working was strong across the services. Staff worked well together and with other organisations to deliver effective care and treatment.
- The services had clear arrangements for supporting and managing staff to deliver effective care and treatment.
- Staff had annual appraisals and managers encouraged staff and supported opportunities for development.
- Staff were kind caring and treated patients with dignity and respect. Patients spoke of the positive care they received from staff.
- Staff communicated with people so they understood their care, treatment and condition; and advice was given when required. Staff involved carers and families in the patient's care, where appropriate.
- Services delivered were accessible and responsive to people with complex needs or in vulnerable circumstances.
- The trust was recognised as one of 16 exemplar Global Digital acute trusts in England. A benefit for staff and patients was through the medical patient records (My medical record) being accessible to patients and promoting supportive management of long term conditions.
- The use of electronic white boards had been introduced for improving patient safety.
- The volunteers for the trust, worked at the hospitals and were involved with a wide range of activities including hospital radio, patient support and chaplaincy and spiritual care.

However,

- In the emergency department services, we found there were delays in triage of patients that could impact on the health and wellbeing of patients.
- In medicine we found that not all paper records were stored securely to protect patients.
- In maternity we found that systems for ensuring secure access to the unit were not well established.
- In maternity and outpatients, we found infection control procedures were not fully applied.
- There were challenges with the aging estates for fire, water, electricity, and ventilation maintenance. The patient environments were showing significant signs of wear and tear.
- In outpatients there was not always the capacity to meet the needs of patients and their relatives attending.
- In outpatients the risks were significant to patients due to delays for waiting for ophthalmology appointments.
- In several services not all staff had recent updated mandatory training.
- Not all staff were satisfied with the promotion of equality and diversity in the trust's day to day work and for supporting opportunities for career progression. Board members recognised that they had work to do to improve diversity and equality across the trust and at board level.
- The board assurance framework process did not ensure it covered all that the board needed and board meeting minutes did not reflect the degree of challenge and discussion that had been held.
- Complaint response targets had not been met and there were delays responding to patients.

Are services safe?

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

In Maternity:

Summary of findings

- Emergency equipment was not maintained safely, as all the necessary checks were not completed in line with the trust policy and procedures.
- The standard of cleanliness was variable particularly in areas such as the birthing pool on the labour ward.
- Although safety information was collected, it was not on display to the service users. There was limited evidence the data from the safety thermometer was used to improve the service.
- There were weaknesses in the security of the service at Princess Anne hospital which posed risks of unauthorised access to women and babies.
- The shower facilities on antenatal and post- natal wards were in poor state of repair and did not meet the needs of women. Some parts of the environment were draughty and cold as windows needed replacing.
- IT connectivity in the community was poor and staff could not easily access women's records and blood results which could impact on care.

In Outpatient services:

- The service provided mandatory training in safety systems, processes and practices but did not always ensure everyone had completed it.
- The service did not effectively control all infection risks. Premises were not always clean which could increase the spread of infection. There was no consistent approach to infection control and prevention in the outpatient departments.
- Not all outpatient services had suitable premises. Some departments had capacity issues and could not cope with the volume of patients attending clinics.
- The service did not always maintain patient's confidentially as patient details were left visible in some clinics.
- Systems and procedures to monitor and manage risks to patients had failed which had led to patient harm.

In Urgent and emergency care:

- At the time of the inspection, clinical oversight of the adult waiting room was limited. With raised this with the trust who took swift action to mitigate against any possible risks.
- Compliance against mandatory training (for doctors) was below the trust target of 85% in seven of the nine mandatory modules. It was reported there were mitigating circumstances to this and we saw evidence of an improved compliance rate at the time of the inspection

In Medical care services:

- The service did not accurately record doctors' completion of the relevant mandatory training.
- Venous thromboembolism (VTE) risk assessments were not recorded as per the trust policy.
- Incidents were not always fully investigated and learnt from including for medicine errors.
- The results of the safety monitoring were not always known to staff or shared with patients and visitors.

However

- Staff understood their safeguarding responsibilities and how to protect patients from avoidable harm. There was a good understanding amongst staff of what to report as an incident. Staff understood their responsibility to raise concerns and felt confident to report them.

Summary of findings

- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to staff providing care.
- The prescribing, giving, recording and storing of medicines was managed well.
- The services 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.

In the urgent and emergency care department:

- The age of the urgent and emergency care department presented some challenges in terms of the available clinical space to treat patients. Staff managed the risks associated with this well.
- Careful provision had been given to ensuring vulnerable patients and those who presented with acute mental health needs were treated in a safe environment.
- Nursing staff monitored patients using the National Early Warning System (NEWS2) which produced an overall score to alert staff to signs of deterioration in condition. Patients were escalated in accordance with local policies.
- The service controlled risks associated with infections well. Staff protected themselves and patients from the risk of infection by adopting good hand hygiene and utilising personal protective equipment in the majority of cases. However, some equipment and areas of the emergency department were found to be dusty or unclean.

In Medical Care services:

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Staff had a proactive approach to risk assessments. They recognised it was their responsibility to anticipate and manage risks to people who used the service. Staff kept clear records and asked for support when necessary.
- The service had enough nursing and medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Are services effective?

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

- The services provided care and treatment based on national guidance in line with best practice and national guidance.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They followed the trust's policy and procedures when gaining consent to care.
- 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 were proactive in supporting people to live healthier lives.
- The urgent and emergency care department was a research active centre, participating in multiple research studies in conjunction with colleagues from across different specialities.

Summary of findings

- Where clinical audits demonstrated deviation from benchmarked peers, the urgent and emergency care department worked to identify contributing factors, instigate changes to practice and then revisit those changes to ensure positive clinical outcomes were achieved.
- The urgent and emergency care department had been dynamic in developing alternative professional development pathways including encouraging staff to undertake the advanced care practitioner course.
- The children's emergency department was staffed by qualified children's nurses 24 hours a day. The department employed four specialist paediatric emergency medicine consultants who supported the children's ED whilst also liaising closely with the children's hospital.
- The vulnerable adult safeguarding team provided comprehensive support to vulnerable patients. The team comprised of highly competent and experienced practitioners whose role it was to support patients from across a group of vulnerable people. The team worked with both internal and external stakeholders to not only prevent patients being admitted to hospital but to also ensure patients were safeguarded, signposted to appropriate support services and ensure the holistic needs of patients was met.
- All patients had their nutrition needs and hydration needs met and staff assessed and managed patients' pain effectively.
- The services made sure staff were competent for their roles. Most staff had been appraised to review staff's work performance and held supervision meetings with them, when required, to provide support and monitor the effectiveness of the service.
- The medical care service provided a seven-day service and staff supported patients to manage their own health, care and well-being and to maximise their independence following admission and as appropriate for individuals.

However:

- Not all staff had received an annual appraisal or completed mandatory training requirements.

Are services caring?

Our rating of caring went down

We rated Southampton General Hospital overall outstanding for Caring and the other locations as Good giving the trust overall Good for Caring

We rated it as good because:

- All services involved patients and service users and those close to them in decisions about their care and treatment
- Staff cared for patients and service users with compassion.
- Staff provided emotional support to patients and service users to minimise their distress.
- In Maternity services bereaved parents were supported by specialist teams and referred to counselling services as needed
- Patients spoke positively about their care and treatment. They told us they were treated with dignity and compassion.
- Throughout the inspection we observed staff speaking in appropriate ways with patients. Staff adapted their body language to enable them to communicate more effectively with patients.
- Staff used curtains around the bed spaces to provide privacy when assessing and treating patients, and ensured patients' dignity was maintained when curtains were opened.

Summary of findings

- We observed episodes of care in the urgent and emergency care department during which patients were truly respected and valued as individuals. Patients were empowered as partners in their care both practically and emotionally. This was especially the case for those patients who presented with mental health conditions or those patients who were recognised as vulnerable.
- Staff de-escalated anxious patients through non-physical techniques. Members of the vulnerable adult support team had been trained to use motivational interview techniques; this technique enabled staff to help patients to change or alter their behaviour by helping people to overcome ambivalence about a particular course of action.
- The trust's urgent and emergency care Friends and Family Test performance (% recommended) was better than the England average from September 2017 to August 2018.

However,

- However, due to the design of the urgent and emergency care department, patient privacy was not always maintained when they were being assessed at the triage stage. This was because the triage room contained two triage stations therefore allowing for two patients to be triaged by different nurses simultaneously. There were no dividers between the two triage bays and so patients and relatives could overhear other patient's conversations when they were being triaged.

Are services responsive?

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

- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet the standard for any of the 12-month period from September 2017 to August 2018. The trust performance ranged from 68 to 92 minutes which was constantly worse than the standard and England average (which ranged from 56 to 64 minutes).
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From October 2017 to September 2018 the trust failed to meet the standard and performed worse than the England average for seven months during the 12-month period.
- From September 2017 to August 2018 the monthly percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was consistently worse than to the England average.
- Services did not always investigate complaints in a timely way.
- In outpatient services waiting times from referral to treatment were not in line with good practice for some specialties.
- Follow up appointments were not managed effectively in some outpatient departments.
- Some outpatient departments were cramped for the number of patients visiting the clinics.
- Patients experienced delays in some outpatient clinics. Patient waiting times in the clinic were not monitored or communicated to the patients.

However

- Services were planned and delivered to meet the needs of the local population.
- Specialist midwives worked closely with mental health and needing extra support teams to support women with additional needs.

Summary of findings

- All the services treated concerns and complaints seriously, investigated them, learned lessons from the results and shared with staff.
- In Midwifery services there was consideration for the diverse needs of women and a translation service was available to them. This included leaflets in many different languages.
- In Outpatients staff were aware of how to provide additional support for patients with a learning disability or living with dementia.
- The urgent and emergency care department had introduced various ways to support vulnerable patients. For example:
- Twelve dementia champions who worked to raise awareness of those living with dementia and were available to offer advice and support to staff, patients and carers during their time in the department.
- Patients with a learning disability or needs that required assistance were identified on presentation to the department. Staff explained how they encouraged relatives or carers to be part of the treatment process and encouraged people to remain with vulnerable patients during their stay in the emergency department.
- Also, a comprehensive and extensive fact sheet was available to sign post current military and veteran personnel requiring support from a variety of organisations including those providing mental health services.
- Staff had drafted standard operating procedures for the management of homelessness and a patient information leaflet about staying safe on the streets.
- All patients were screened and risk assessed to determine whether they were regular users of recreational or illicit drugs. Relevant patients were provided with information, signposted to support services. Appropriate inter-professional referrals and safeguarding interventions were made.
- From October 2017 to September 2018 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was consistently better than the England average.
- Departmental flow and the emergency access target was considered a "Trust-wide" target. We observed excellent working relationships with medical and surgical specialities who attended the department when required to review and assess patients.
- There was a specialist emergency assessment unit for older patients with a new frailty unit, where patients received rapid assessment by a team led by consultant geriatricians

Are services well-led?

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

In Maternity services:

- Some staff felt there were limited career development opportunities available to them. The trust was working on feedback from the staff survey where some staff group were not treated as equals.

In Outpatients services:

- Whilst there was management of outpatients in clinical speciality care groups, there was not a complete oversight of outpatient services for the trust for governance, risk and consistency of services.
- A strategy for improving outpatients was still in the planning stages.
- The quality of data collected and it effectiveness to keep patients safe was limited.

In Urgent and emergency care:

Summary of findings

- During the inspection we considered a lack of clinical oversight of the adult waiting room presented a risk to patients. Although senior staff were aware of the issue, no remedial action had been taken at the time of the initial inspection to address those risks. We raised this with the trust on conclusion of the inspection. The trust took swift action to address the identified risks, thus mitigating the risk to patient safety.

In Medical care services

- The service had some nursing and medical paper records that were not stored securely.

However:

- The trust had a vision to deliver excellence and value in patient care, teaching and research within a culture of compassion and integrity.
- The trust's strategy, vision and values underpinned a culture which was patient centred. Local managers across the service promoted a positive culture that supported and valued staff.
- Managers in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care.
- The services engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The services collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The services were committed to improving services promoting training, research and innovation.
- The priorities of different health professions were considered and discussions at governance meetings. Nursing and medical priorities were aligned and professional standards were upheld and promoted by the leadership team. Clinical effectiveness, safety, patient experience, quality, performance and financial sustainability were all considered equally.

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in Medicines, Urgent and emergency care and Well led. For more information, see the Outstanding practice section of this report.

Areas for improvement

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

We found areas 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.

Summary of findings

Action we have taken

We issued requirement notices to the trust. Our action related to breaches of three legal requirements in number of 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 that at well led the trust were outstanding for:

Across the trust

- The staff survey results for 2017/2018 which showed trust staff engagement had remained consistently high (3.95) compared to the NHS average (3.79). The trust was rated second in good communication between senior managers and staff.
- The trust had established an integrated medical examiner group (IMEG) to review all deaths. There was a clear inclusive process for twice daily medical examiner reviews Monday to Fridays for which all deaths had to be presented no later than the day following the death.
- The trust was recognised as one of 16 exemplar Global Digital acute trusts in England. An example of the benefit for staff and patients was through the medical patient records (My medical record) being accessible to patients and promoting supportive management of long term conditions. Also, the use of electronic white boards introduced for improving patient safety.
- People were also encouraged to become volunteers for the trust and there were at least 859 volunteers in October 2018, who worked at the hospitals and were involved with a wide range of activities including hospital radio, patient support and chaplaincy and spiritual care.

In Urgent and emergency care:

- The Vulnerable adults support team (VAST) won a Nursing Times award in November 2018 for a pioneering initiative to provide better support around the underlying causes of physical and mental health crises in the emergency department.
- The trust was actively engaged in research across a wide spectrum of clinical conditions. Further, the service was also participating in research associated with the psychological impact of bereaved families whose relatives had been lost due to major trauma incidents.
- Careful planning and consideration had been given to meeting the needs of the local population. Environmental changes including the development and building of the new enhanced care suite and the children's emergency department were exemplar examples.
- The arrangements for supporting vulnerable patients and other service users was exceptional. The knowledge and resources within the vulnerable adult support team ensured patients were supported in line with national best practice standards.

Summary of findings

- Staff were supported to access post-graduate training. This ensured the skill mix and competency of staff was of a level which promoted excellent multi-professional led care. For example, appropriately trained nurses and advanced care practitioners were encouraged and empowered to lead cardiac arrest scenarios with support from consultants.
- The department had recently introduced a comprehensive care bundle which was observed to be consistently used. The care bundle prompted staff to complete rapid assessments across a range of health measures including physical observations, falls risks and skin integrity, sepsis screening, peripheral cannula insertion records and visual infusion phlebitis management. Staff also consistently used hourly safety checklists which prompted staff to consider pain management, vital signs, level of consciousness, nutrition and hydration needs and speciality referrals for those who were identified as being vulnerable for example.
- We observed rapid attendance of clinical specialities to the emergency department when pre-alert calls were received from the ambulance service. Members of the stroke team responded to all stroke calls, even if medical history suggested the patient was outside the optimal window for thrombolysis. Members of the trauma team arrived to the resuscitation area with minimal delay. Health professionals were well prepared and were aware of their roles and responsibilities for managing specific conditions.
- The trust had undertaken extensive work to ensure patients arriving by ambulance were handed over as quickly as possible in order ambulances could return to service to treat pre-hospital patients. A policy of “No-stacking” meant the department was required to use a dedicated clinical area effectively. The “Pit-stop” allowed for the timely handover of care of patients arriving by ambulance. Nurses were trained to undertake rapid assessments of patients, supported by a consultant. Patients were triaged and clinically assessed and clinical interventions such as electrocardiograms, blood tests or radiological procedures including x-rays and computerised tomography (CT) imaging could be requested within the “Pit-stop” area.
- There were several patient groups with a mixture of mental health, substance misuse and chronic medical problems that benefited from a consistent response from health professionals. To help frequent attenders to the emergency department (ED), monthly meetings called, “The high intensity service users’ group”, chaired by an ED consultant had been established. In the meeting, patients were discussed and a care plan was agreed which may alter behaviours and contribute more constructively to the patient’s needs.
- The hospital had developed a frailty team who provided rapid assessments of patients in the ED who met certain referral criterial. We observed the multi-disciplinary frailty service, which comprised physiotherapists, occupational therapists, therapy assistants and nurses. Their role was focussed around improving the urgent care pathway for older people and those living with frailty.
- We spoke with twenty-three patients and relatives, all of whom were highly complementary of the care and treatment they had received. Patients consistently reported they had been treated with dignity and respect.
- We observed episodes of care during which patients were truly respected and valued as individuals. Patients were empowered as partners in their care both practically and emotionally. This was especially the case for those patients who presented with mental health conditions or those patients who were recognised as vulnerable. Staff de-escalated anxious patients through non-physical techniques.
- We considered the leadership team to be cohesive, with heightened visibility and presence across the department and well respected by peers and colleagues. The priorities of different health professions were considered and discussions at governance meetings appeared well rounded.
- Staff strived to continual improve the services on offer within the emergency department of Southampton General Hospital. There was a clear motivation from across a range of health professions and grades to improve the quality of the service. Staff were encouraged to adopt formalised quality improvement methodologies to affect change.

In Maternity services:

Summary of findings

- The development of the needing extra support care team had a positive impact on women with complex needs welfare and well-being. This provided them with care, support and above all continuity in their care.
- The trust had a dedicated team and an en-suite bereavement room to support women and their families who had experienced loss of their babies. This allowed them to spend time with their families and a cold cot was available in the room.

In Medical care services:

- Staff cared for patients with compassion. Feedback from patients throughout the service confirmed that staff treated them well and with kindness. Patients and their relatives gave us examples of how staff went an extra mile to provide care and support that exceeded their expectation. For example, the trust registered 18 pets as therapy dogs for both child and adult services. These pets visited the stroke and dementia wards regularly.
- The trust had introduced 'Eat, Drink, Move" initiative which had improved patient outcomes.
- The trust achieved best practice tariff status in quarter 3 of 2017. A Best Practice Tariff (BPT) is a national price paid to providers that is designed to incentivise high quality and cost-effective care. The aim was to reduce unexplained variation in clinical quality and to encourage best practice. Only 42% of the NHS trust in England achieved this.
- The trust met all the four key national standards to enable it to provide a seven-day medical service.
- The proportion of patients reviewed by a consultant within 14 hours of admission at hospital improved from 76% in 2016 to 92% in 2018.
- All cardiology patients received a 365-day echo cardiogram service and seven-day consultant. This meant that all new patients and those with complex conditions received a consultant review seven day a week including weekends.
- Reduced admissions were achieved through the consultant-led ambulatory care unit (ACU) where patients were admitted via several different routes, including GPs helped identify patients in the community who required medical intervention without the need to be admitted to the hospital.
- There was a specialist emergency assessment unit for older patients with a new frailty unit, where patients received rapid assessment by a team led by consultant geriatricians.
- The care of the elderly consultants' locality based model improved the continuity of inpatient care, and with communication with patients and families, and with other healthcare services in the community.
- The "Red to Green" meetings held on every ward ensured patients had all tests and referrals completed. This initiative improved access and flow of patients.

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 services.

Action the trust MUST take to improve

We told the trust that it must act to bring services into line with three legal requirements. This action related to core services.

In Maternity services:

- Ensure that the environment and equipment are kept clean and fit for purpose. Infection control procedures are in place and adhered to in order to control and minimise the risks of cross infection. Regulation 12 (2) (h)
- Ensure emergency equipment are maintained safely and all necessary checks are completed to safeguard patients. Regulation 15 (1) (e)
- Ensure that arrangements are in place for the safe transfer of women within the maternity unit. Regulation 15(1) (f)
- The provider must ensure premises are suitable for the service provided, including the layout and fit to deliver care and treatment must meet people's needs. Regulation 15 (1) (c)
- The provider must ensure that security of the premises is managed effectively and have the appropriate level of security needed in relation to the services being delivered. Regulation 15 (1) (b).

In Outpatient services:

- Ensure the outpatient service environment is kept clean and fit for purpose. Infection control procedures are in place and adhered to. Regulation 12 (2) (h)
- Ensure systems and procedures are in place to monitor and manage patient's care and outcomes. Thus, avoiding delays in patient appointments which has resulted in patient harm. Regulation 17
- Ensure complete oversight of outpatient services across the trust sites for the management and leadership, governance, risk and consistency of services. Regulation 17
- Ensure there is a finalised strategy for outpatient services. Regulation 17
- Ensure staff personal property is stored appropriately and securely when on duty. Regulation 15
- Ensure patients are kept safe from harm such as by having working emergency call bells and observation of patients left in waiting areas. Regulation 15
- Ensure the physical capacity of the outpatient environments meet the needs of the number of patients waiting and being treated. Regulation 15

In Medical care services

- Ensure records are stored securely. Regulation 17

Action the trust SHOULD take to improve

Across the Trust

- Work with staff for the promotion of equality and diversity in the trust's day to day work and for supporting opportunities for career progression.
- Develop the board assurance framework process.
- Continue to improve the complaint response targets had not been met and there were delays responding to patients.
- Review the condition of the estate where this did provide a good experience for patients.
- Review process for all staff to complete annual appraisals.
- Review process for medical staff to complete mandatory training
- Continue in the planning and monitoring at board level for the delays in patient care such as ophthalmology services.

In Maternity services:

Summary of findings

- The service should ensure that staff in the community have access to information to support and provide women with safe and effective care to meet their needs.
- The service should ensure medicines are stored at the correct temperatures in the day care unit.

In Outpatient services:

- Ensure patient information is kept secure by not leaving patient notes unattended and computers unlocked when not in use.
- Ensure standard operating procedures are reviewed and updated as soon as possible.

In Urgent and emergency care:

- Ensure clinical areas are cleaned regularly in accordance with trust policies and procedures.
- Ensure there is sufficient capacity and flow within the department and across the trust to effectively manage patients requiring step-down care.
- Ensure patient's privacy is maintained at all times by reviewing the triage arrangements within the main waiting area.

In Medical care services:

- Ensure the frequency of change of curtains around the patient bed area is followed and staff made aware of this.
- Ensure the arrangements in the neurological unit meet patient's needs of privacy.
- Ensure venous thromboembolism (VTE) risk assessments are recorded as per the trust policy.
- Ensure there is a specific check list for the equipment on the major bleed trolley in endoscopy.
- Ensure incident and learning from medicine administration is shared across the medical teams.
- Ensure patient safety thermometer data is shared with patients and visitors.

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.

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Our rating of well-led at the trust has gone down. We rated well-led as good because:

- The trust had an experienced leadership team with the skills, abilities, and commitment to provide high-quality services. They recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation.

Summary of findings

- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles. With a new chief executive there was a recognised opportunity to refresh the vision and values.
- The trust strategy was directly linked to the vision and values of the trust. The trust involved clinicians, patients and groups from the local community in the development of the strategy and from this had a clear five-year plan to provide high-quality care with financial stability.
- The trust had a clear structure for overseeing performance, quality and risk, with board members represented across the divisions. This gave them greater oversight of issues facing the service and they responded when services needed more support. There had been a recent review of the risk management strategy and policy.
- The leadership team worked well with the clinical leads and encouraged divisions to share learning across the trust.
- The trust made sure that it included and communicated effectively with patients, staff, the public, and local organisations. It supported the divisions to develop their own communication and engagement strategies and encouraged staff to get involved with projects affecting the future of the trust.
- The board reviewed performance reports that included data about the services, which divisional leads could challenge.
- The trust recognised the risks created by the introduction of new IT and business systems in the services. Staff managed these risks well at ward level.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- The staff survey results for 2017/2018 showed trust staff engagement had remained consistently high (3.95) compared to the NHS average (3.79).
- The trust was ranked number seven in acute trusts, and the third best university teaching hospital.
- The trust ranked as the best in the south for recommendation as a place to work and be treated. Also ranked second in good communication between senior managers and staff.
- The trust had established an integrated medical examiner group (IMEG) to review all deaths. The policy, updated in 2018, described a clear inclusive process for twice daily medical examiner reviews Monday to Fridays for which all deaths had to be presented no later than the day following the death.
- The trust recognised, acted upon and met its legal obligations to safeguard those people at risk from abuse, neglect or exploitation.
- There was good preparation for the information governance changes across the trust including how to manage any breaches. Where there had been information governance breaches these had been dealt with according to policy keeping the patient as the focus.
- The trust made sure that it included and communicated effectively with patients, staff, the public, and local organisations. People were also encouraged to become members of the trust to share their views as well as volunteers for the trust and there were at least 859 volunteers in October 2018, who worked at the hospitals and were involved with a wide range of activities including hospital radio, patient support and chaplaincy and spiritual care.
- The trust promoted innovation for example, the trust was recognised as one of 16 exemplar Global Digital acute trusts in England. An example of the benefit for staff and patients was through the medical patient records (My medical record) being accessible to patients and promoting supportive management of long term conditions. Also, the use of electronic white boards across the trust had been introduced for improving patient safety.

Summary of findings

- The Vulnerable adults support team (VAST) won a professional publication award in November 2018 for a pioneering initiative to provide better support around the underlying causes of physical and mental health crises in the emergency department.

However:

- Not all staff were satisfied with the promotion of equality and diversity in the trust's day to day work and for supporting opportunities for career progression.
- The board assurance framework process did not ensure it covered all that the board needed and board meeting minutes did not reflect the degree of challenge and discussion that had been held.
- Complaint response targets had not been met and there were delays responding to patients.
- The condition of the estate did not provide a good experience for patients where departments were at capacity.
- There had been significant delays in resolving the ophthalmology waiting times and the action plans in place needed careful monitoring for improvements to be achieved.

Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at www.cqc.org.uk/provider/RHM/Reports

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 ➔➔ Apr 2019	Outstanding ↑ Apr 2019	Good ↓ Apr 2019	Requires improvement ➔➔ Apr 2019	Good ↓ Apr 2019	Good ➔➔ Apr 2019

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
Southampton General Hospital	Good ↑ Apr 2019	Outstanding ↑ Apr 2019	Outstanding →← Apr 2019	Requires improvement →← Apr 2019	Requires improvement ↓ Apr 2019	Requires improvement →← Apr 2019
Princess Anne Hospital	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
New Forest Birthing Centre	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
South Hants Hospital	Requires improvement Apr 2019	N/A	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019
Overall trust	Requires improvement →← Apr 2019	Outstanding ↑ Apr 2018	Good ↓ Apr 2019	Requires improvement →← Apr 2018	Good ↓ Apr 2019	Good ↓ Apr 2019

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 Southampton General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good →← Apr 2019	Outstanding ↑ Apr 2019	Outstanding ↑ Apr 2019	Good ↑ Apr 2019	Good →← Apr 2019	Good →← Apr 2019
Medical care (including older people's care)	Good ↑ Apr 2019	Good →← Apr 2019	Outstanding ↑ Apr 2019	Outstanding ↑ Apr 2019	Requires improvement →← Apr 2019	Good →← Apr 2019
Surgery	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Critical care	Good Jun 2017	Good Jun 2017	Outstanding Jun 2017	Good Jun 2017	Outstanding Jun 2017	Outstanding Jun 2017
Services for children and young people	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Requires improvement Apr 2015	Good Apr 2015	Good Apr 2015
End of life care	Good Jun 2017	Outstanding Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Outpatients	Requires improvement Apr 2019	N/A	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019
Overall*	Good →← Apr 2019	Outstanding ↑ Apr 2019	Outstanding →← Apr 2019	Requires improvement →← Apr 2019	Requires improvement ↓ Apr 2019	Requires improvement ↓ Apr 2019

*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 Princess Anne Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Overall*	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

*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 South Hants Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Requires improvement Apr 2019	N/A	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019
Overall*	Requires improvement Apr 2019	N/A	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019

*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 New Forest Birthing Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Overall*	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

*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 South Hants Hospital

Brintons Terrace
Southampton
Hampshire
SO14 0YG
Tel: 02380634288
www.uhs.nhs.uk

Key facts and figures

The University Hospital Southampton NHS Foundation Trust provides outpatient appointments for adults for a wide range of medical, surgical and ophthalmology specialities. They provide services at the Southampton General Hospital (SGH), Royal South Hants Hospital (RSH), the Princess Anne Hospital and peripheral clinics at Queen Alexandra Hospital, Lymington New Forest Hospital and at the Countess Mountbatten House. However, the majority of adult outpatient clinics are located at the Southampton General Hospital and the Royal South Hants Hospital. Each year this trust facilitates over 900,000 outpatient appointments.

The trust provides consultant, nurse and allied healthcare professional-led outpatient clinics. Outpatient clinics are mainly coordinated by the Patient Service Centre.

Medical specialities were run out of Southampton General Hospital but some specialities held their outpatient clinics at the Royal South Hants Hospital.

During this inspection we visited the Royal South Hants Hospital and the following outpatient departments:

Trauma and Orthopaedics

Dermatology

ENT

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

Summary of services at Royal South Hants Hospital

Requires improvement

We rated them as requires improvement because:

On this inspection we rated the outpatients service as requires improvement because:

- The service did not effectively control all infection risks.
- The service had capacity issues in certain departments and could not cope with the volume of patients attending clinics.

Summary of findings

- Systems and procedures to monitor and manage risks to patients had failed which had led to patient harm.
- It was unclear if there was a robust system for providing feedback and lessons learnt from complaints or incidents to staff working in outpatient services.
- It was unclear if the outpatient services had robust, well-established and effective leadership and governance processes.

However:

- Staff were supported through service related policies and procedures in addition to evidence based professional guidance.
- Feedback from people using outpatient services, and those close to them, was continually positive about the way staff treated them.
- Services provided by the outpatient departments mostly reflected the needs of the local population.
- Most patients were able to access the service in a timely way, with many specialties in line with or close to the national averages in waiting times.

Outpatients

Requires improvement

Key facts and figures

The University Hospital Southampton NHS Foundation Trust provides outpatient appointments for adults for a wide range of medical, surgical and ophthalmology specialities. They provide services at the Southampton General Hospital (SGH), Royal South Hants Hospital (RSH), the Princess Anne Hospital and peripheral clinics at Queen Alexandra Hospital, Lymington New Forest Hospital and at the Countess Mountbatten House. However, the majority of adult outpatient clinics are located at the Southampton General Hospital and the Royal South Hants Hospital. Each year this trust facilitates over 900,000 outpatient appointments.

Children's outpatient services and maternity outpatient services are not reported in this report. They would be reported under the children and young people core service and the maternity core service reports. However, some children were seen in regular outpatient clinics dependent on speciality including Ear, Nose and Throat (ENT) and ophthalmology. Maternity outpatient clinics are located at the Princess Anne maternity Hospital.

The trust is a regional centre for many specialities including cancer care, cystic fibrosis and allergy and immunology.

The trust provides consultant, nurse and allied healthcare professional-led outpatient clinics. Outpatient clinics are mainly coordinated by the Patient Service Centre.

The trust has four Divisions; Division A, Division B, Division C and Division D. The Divisions are further split up into medical speciality Care Groups. Outpatient departments were managed in the Care Group to which the medical speciality belonged.

The Patient Service Centre (PSC) is part of the Trust Headquarters (THQ) and sits in the Chief Operating Officer (COO) Directorate. The PSC is located at the Southampton General Hospital.

Medical specialities were run out of Southampton General Hospital but some specialities held their outpatient clinics at the Royal South Hants Hospital.

During this inspection we visited the Southampton General Hospital and the Royal South Hants Hospital.

We inspected the following outpatient departments at the Southampton General Hospital:

Ophthalmology

Chemotherapy

Oral and Maxillofacial

Pathology and Phlebotomy

Dietetics

Neurology

Cystic Fibrosis
Respiratory

Allergy and Immunology

Medical care

Cardiovascular thoracic

Outpatients

Oncology

Physiotherapy

Occupational therapy

Victoria House

Patient Service Centre

and the following outpatient departments at the Royal South Hants department:

Trauma and Orthopaedics

Dermatology

ENT

Rheumatology and Managed Care

All outpatient services are managed and overseen by the surgical and medical specialities of the University Hospital Southampton NHS Foundation trust, therefore much of the information found in the separate SGH and RSH evidence appendixes are interlinked.

During the inspection we spoke with 22 patients and relatives, 88 members of staff including administration staff, managers, doctors, nurses, allied healthcare professionals and healthcare assistants across the two sites. We observed care being provided, looked at patient waiting areas and clinical environments, policies and procedures and information provided by the trust both before and after the inspection.

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

On this inspection we rated the outpatients service as requires improvement because:

- The service did not effectively control all infection risks.
- The service had capacity issues in certain departments and could not cope with the volume of patients attending clinics.
- Systems and procedures to monitor and manage risks to patients had failed which had led to patient harm.
- It was unclear if there was a robust system for providing feedback and lessons learnt from complaints or incidents to staff working in outpatient services.
- It was unclear if the outpatient services had robust, well-established and effective leadership and governance processes.

However:

- Staff were supported through service related policies and procedures in addition to evidence based professional guidance.

Outpatients

- Feedback from people using outpatient services, and those close to them, was continually positive about the way staff treated them.
- Services provided by the outpatient departments mostly reflected the needs of the local population.
- Most patients were able to access the service in a timely way, with many specialties in line with or close to the national averages in waiting times.

Is the service safe?

Requires improvement

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- The service provided mandatory training in safety systems, processes and practices but did not always ensure everyone had completed it.
- The service did not effectively control all infection risks. Premises were not always clean which could increase the spread of infection. There was no consistent approach to infection control and prevention in the outpatient departments.
- Not all outpatient services had suitable premises. Some departments had capacity issues and could not cope with the volume of patients attending clinics.
- The service did not always maintain patient's confidentially as patient details were left visible in some clinics.
- Systems and procedures to monitor and manage risks to patients had failed which had led to patient harm.

However:

- Staff understood their safeguarding responsibilities and how to protect patients from avoidable harm. There was a good understanding amongst staff of what to report as an incident. Staff understood their responsibility to raise concerns and felt confident to report them.
- The service had suitable equipment and looked after it well.
- Staff knew how to recognise and respond to signs of deteriorating health or medical emergencies.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to staff providing care.
- In general, the prescribing, giving, recording and storing of medicines was managed well.
- 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.

Is the service effective?

Currently we do not rate effective for Outpatients, however we found:

- The service provided care and treatment based on national guidance to ensure treatment and care was effective.

Outpatients

- Staff ensured patients had enough food and drink during their visit to outpatients.
- 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 their responsibilities to ensure patients gave valid consent.
- Staff were proactive in supporting people to live healthier lives.
- 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.

However:

- Systems to monitor the effectiveness of care and treatment were not embedded in the service.
- There were gaps in management and support arrangements for staff, such as appraisal, supervision and professional development. Appraisal rates for staff working in the outpatient services were below the trust target.

Is the service caring?

Good

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

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

Is the service responsive?

Requires improvement

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- Waiting times from referral to treatment were not in line with good practice for some specialties.
- Follow up appointments were not managed effectively in some outpatient departments.
- Patients experienced delays in some clinics.
- Patient waiting times were not monitored or communicated to the patients.
- Complaints were not always responded to in a timely manner

However:

Outpatients

- The trust planned and provided services in a way that mostly met the needs of local people.
- The service took account of patients' individual needs. In the majority of outpatient services staff were aware of how to provide additional support for patients with a learning disability or living with dementia.
- The service treated concerns and complaints seriously, investigated them giving detailed but delayed responses to complainants, learnt lessons from the results and shared these with all staff. The trust was working to improve the time taken to response to complainants

Is the service well-led?

Requires improvement

We rated it as requires improvement because:

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

- Managers in the trust had the right skills and abilities to run a service providing high-quality sustainable care. However, it was unsure if senior staff had full oversight of the outpatient departments.
- Whilst there was management of outpatients in clinical speciality care groups, there was not a complete oversight of outpatient services for the trust for governance, risk and consistency of services.
- A strategy for improving outpatients was still in the planning stages.
- The quality of data collected and it effectiveness to keep patients safe was limited.

However,

- Managers across the trust promoted a positive culture that supported and valued staff.
- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- There was a strong empathise on clinical research in the trust.

Areas for improvement

We found areas for improvement in this service.

The provider MUST:

- Ensure all areas of the outpatient service environment are kept clean and fit for purpose. Infection control procedures are in place and adhered to.
- Ensure systems and procedures are in place to monitor and manage patient's care and outcomes. Thus, avoiding delays in patient appointments which has resulted in patient harm.
- Ensure complete oversight of outpatient services across the trust sites for the management and leadership, governance, risk and consistency of services.
- Ensure there is a finalised strategy for outpatient services.

- Ensure staff personal property is stored appropriately and securely when on duty.
- Ensure patients are kept safe from harm by having working emergency call bells and patients not left unattended in waiting areas.
- Ensure the physical capacity of the outpatient environments meet the needs of the number of patients waiting and being treated.

The provider SHOULD:

- Make sure patient information is kept secure by not leaving patient notes unattended and computers unlocked when not in use.
- Make sure mandatory training is completed by all staff. Make sure there is oversight of mandatory training compliance rate of the medical staff working in the outpatient services.
- Make sure there is dedicated time for staff to complete training and receive yearly appraisals.
- Make sure standard operating procedures are reviewed and updated as soon as possible.

Regulations

Regulation 12 Health and Social Care Act 2008 (Regulated activities) Regulations 2014 Safe care and treatment

Regulation 12 (2)(h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;

How the regulation not being met:

- Unclean facilities in the outpatient departments.
- There was no consistent approach to infection control and prevention in the outpatient departments.

Regulation 15: Premises and equipment

Regulation 15 (1)(a)(c)(d)(e) All premises and equipment used by the service provider must be, (a) clean, (c) suitable for the purpose for which they are being used, (d) properly used (e) properly maintained,

How the regulation not being met:

- Staff personal property not being held appropriately or securely.
- Broken emergency call bells and patients left unattended in waiting areas.
- Outpatient departments that could not cope with the volume of patients attending clinics.

Regulation 17 Good Governance

Regulation 17 (2)(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity

How the regulation not being met:

- Systems and procedures not in place to monitor and manage patient's care and outcomes. This had led to lengthy delays and patient harm.
- Limited oversight by the trust for governance, risk and consistency of services.

Princess Anne Hospital

Coxford Road
Shirley
Southampton
Hampshire
SO16 5YA
Tel: 02380777222
www.uhs.nhs.uk

Key facts and figures

We carried out an unannounced inspection on 4,5 and 6 December 2018.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activities at the service.

Maternity Services at the Princess Anne Hospital is a tertiary provider of complex maternity and neonatal services including high risk maternal and fetal medicine and infants with complex medical and surgical needs.

Births occurred in four locations: Labour Ward, the midwifery-led low risk birthing areas in the co-located Broadlands Birth Centre, stand-alone New Forest Birth Centre, and the home setting.

The maternity service included hospital and community settings ensuring that women received care across the antenatal, labour and post-natal periods. The service comprised of the pre–natal diagnostic service such as fetal Medicine, ante-natal screening facilities and the Ultra Sound Sonography (USS) service.

The maternity service at Princess Anne Hospital provided unscheduled and emergency service alongside planned and responsive community acute care delivery. The Trust told us 75% of the service was delivered within a community setting. The maternity service had approximately 51,000 antenatal contacts and 21,000 postnatal contacts with women and their babies.

The Trust has 80 maternity beds.

At Princess Anne Hospital, the maternity service consisted of:

Lyndhurst Ward (22 beds primarily used as antenatal beds, but often also housing post-natal women and babies).

Burley Ward (a 20- bedded postnatal ward).

The Labour Ward which consisted of 14 birthing / delivery suites including a birthing pool

The Broadlands Birth Centre, a midwife-led unit which consisted of four birthing rooms, two of which were equipped with pools and four post-natal beds for women and babies.

The theatre suite which was adjacent to the delivery suite comprises of two obstetric operating theatres.

The midwives were organised into two teams delivering either midwifery or obstetric led care. This ensured that the workforce could respond flexibly to the demands of the service and maintain the skills of the midwifery staff working within each pathway.

Summary of findings

Uncomplicated pregnancies were midwife-led throughout pregnancy and birth and the care of women with specific complications were managed by the midwives and the obstetric team using agreed pathways and guidelines.

The Trust told us that maternity services worked to ensure that the vision from Better Births was embedded into service development to ensure it was safe, well-led and met the needs of women.

We previously inspected maternity jointly with gynaecology; therefore we cannot compare our new ratings directly with previous ratings.

During this inspection we spoke with 28 staff members across maternity services; including service leads, matrons, midwives, health support staff, nurses, domestics and administrative staff.

We spoke with 12 women and their relatives and reviewed approximately 48 records across maternity wards including care plans, risk assessments, medicines charts and other records pertaining to the service.

Summary of this service

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

Summary of services at Princess Anne Hospital

Good

We rated them as good because:

- The hospital always had enough staff with the right qualifications, skills, experience and training to keep women safe from avoidable harm and abuse, and to provide them with the care and treatment they needed.
- Staff had clear understanding about their safeguarding responsibilities and were confident about actions they would take if they had any concern about a woman's well-being. Staff followed internal procedures for safeguarding women and children.
- Women had access to maternity services when they needed it, with access to telephone guidance 24- hours a day and prompt responses. The Trust provided maternity services seven days a week.
- The service provided care and treatment that was based on national guidance and monitored its application in practice.
- Actions were taken to improve service provision in response to feedback, incidents investigations and complaints received.
- The Trust vision and strategy was understood by staff and staff said they were supported by their managers.

However:

- Emergency equipment was not managed safely, as all the necessary checks were not completed in line with the Trust policy and procedures.
- There were weaknesses in the security of the service which may impact on women and babies.
- The current arrangement for transfer of women was not effectively managed as the lift could not be overridden in an emergency in order to access the Labour Ward and the operating theatres.

Summary of findings

- Infection prevention processes and guidance were not always followed which posed risks of cross infection. We found some parts of the service did not meet the required standards for cleanliness particularly in the birthing room on the Labour Ward and the ante-natal and post-natal wards.
- The medicines in the induction of Labour Ward was not stored in line with guidance and this may affect their efficacy.
- The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared with staff. These were not completed in a timely way; detailed responses had resulted in delays for the complainants which the Trust was working to improve.
- Not all staff had received yearly appraisals to provide support and monitor their practice. This was below the compliance rate set by the Trust. The trust told us they had taken steps following the inspection to improve appraisal rates, such as allocating protected times on the duty roster for appraisals.

Maternity

Good

Key facts and figures

We carried out an unannounced inspection on 4,5 and 6 December 2018.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activities at the service.

Maternity Services at the Princess Anne Hospital is a tertiary provider of complex maternity and neonatal services including high risk maternal and fetal medicine and infants with complex medical and surgical needs.

Births occurred in four locations: Labour Ward, the midwifery-led low risk birthing areas in the co-located Broadlands Birth Centre, stand-alone New Forest Birth Centre, and the home setting.

The maternity service included hospital and community settings ensuring that women received care across the antenatal, labour and post-natal periods. The service comprised of the pre–natal diagnostic service such as fetal Medicine, ante-natal screening facilities and the Ultra Sound Sonography (USS) service.

Maternity service at Princess Anne Hospital provided unscheduled and emergency service alongside planned and responsive community acute care delivery. The Trust told us 75% of the service was delivered within a community setting. The maternity service had approximately 51,000 antenatal contacts and 21,000 postnatal contacts with women and their babies.

The trust has 80 maternity beds.

At Princess Anne Hospital, the maternity service consisted of:

Lyndhurst Ward (12 beds primarily used as antenatal beds, but often also housing postnatal women and babies).

Burley Ward (a 22- bedded postnatal ward).

The Labour Ward which consisted of 15 birthing / delivery suites including a birthing pool

The Broadlands Birth Centre, a midwife-led unit which consisted of four birthing rooms, two of which were equipped with pools and four postnatal beds for women and babies.

The antenatal clinic and early pregnancy assessment unit, a four- bedded day assessment unit and a four- bedded induction of Labour Ward.

The theatre suite which was adjacent to the delivery suite comprises of two obstetric operating theatres.

The midwives were organised into two teams delivering either midwifery or obstetric led care. This ensured that the workforce could respond flexibly to the demands of the service and maintain the skills of the midwifery staff working within each pathway.

Uncomplicated pregnancies were midwife-led throughout pregnancy and birth and the care of women with specific complications were managed by the midwives and the obstetric team using agreed pathways and guidelines.

The trust told us that maternity services worked to ensure that the vision from Better Births was embedded into service development to ensure it was safe, well-led and met the needs of women.

We previously inspected maternity jointly with gynaecology therefore we cannot compare our new ratings directly with previous ratings.

Maternity

During this inspection we spoke with 28 staff members across maternity services; including service leads, matrons, midwives, health support staff, nurses, domestics and administrative staff.

We spoke with 12 women and their relatives and reviewed approximately 48 records across maternity wards including care plans, risk assessments, medicines charts and other records pertaining to the service.

Summary of this service

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

- Midwives and obstetric staff had completed additional training for the management of emergency including the Practical Obstetric Multi Professional Training (PROMPT) for obstetric emergencies such as shoulder dystocia, ante-partum and post-partum haemorrhage and maternal sepsis.
- Staff had clear understanding about their safeguarding responsibilities and confident about actions they would take if they had any concern about a woman's wellbeing. Staff followed their internal procedures for safeguarding women and children.
- Staff carried out detailed assessments of women including the most vulnerable groups and ensured that safeguards were in place.
- Actions were taken to improve service provision in response to feedback, incidents investigations and complaints received.
- Antenatal risk assessments and screening for safeguarding and mental health were recorded and actions instigated as needed.
- Women had access to maternity services when they needed it, with access to 24/7 telephone guidance and prompt responses. The trust provided maternity services seven days a week.
- The trust had developed a needing extra support team who managed the care of women with complex needs and providing continuity in their care.
- The maternity was responsive to the needs of women and provided 24-hour care for women, seven days a week.
- The service provided care and treatment that was based on national guidance and monitored its application in practice.
- There were effective cross sector working with the New Forest Birthing Centre and staff said they were well supported when they needed additional help with staffing, and transfer of women and babies
- Incidents were managed well and staff were supported to report incidents. Learning from incidents were shared regularly with staff group which encouraged openness.
- Services were planned and delivered to meet the needs of the local population and reflected some aspects of the National Maternity Review.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Managers at local levels in the trust had the skills to manage the service providing quality and sustainable care.
- The trust vision and strategy was understood by staff and staff said they were supported by their managers.

However:

- Emergency equipment was not managed safely, as all the necessary checks were not completed in line with the trust policy and procedures.
- There were weaknesses in the security of the service which may impact on women and babies.
- The current arrangement for transfer of women was not effectively managed as the lift could not be overridden in an emergency in order to access the Labour ward and the operating theatres.
- Infection prevention processes were poor and guidance were not followed which posed risks of cross infection. We found some parts of the service did not meet the required standards for cleanliness particularly in the birthing room on the Labour Ward and the antenatal and postnatal wards.
- The medicines in the day unit was not stored in line with guidance and this may affect their efficacy.
- The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared with staff. These were not completed in a timely way; detailed responses had resulted in delays for the complainants which the trust was working to improve.
- Not all staff had received yearly appraisals to provide support and monitor their practice. This was below the compliance rate set by the trust.

Is the service safe?

Requires improvement

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated safe as requires improvement because:

- Emergency equipment was not maintained safely, as all the necessary checks were not completed in line with the trust policy and procedures. This posed risk of equipment may not be available when required in an emergency.
- The maternity service had two passenger lifts as one of them was being refurbished. Arrangements for transfers of women were of concerns as the lift may be in use by visitors and not available in an emergency. There was no facility for overriding it and there was no dedicated patient's lift.
- The standard of cleanliness was variable particularly in areas such as the birthing pool on the Labour Ward, Burley and Lyndhurst wards. Infection control procedures were not consistently followed to ensure risks of cross infection was minimised. Loose tiles in the birthing pool area on the Labour Ward may pose an infection risk from the loose dust particles.
- The staff had not received an appraisal of their work and the appraisal rate was lower than the 100% trust's target.
- The service did not use safety monitoring results well. Although safety information was collected, it was not on display to the service users. Senior staff were not all aware if safety thermometer data was collected. There was limited evidence the data from the safety thermometer was used to improve the service.
- There were weaknesses in the security of the service at Princess Anne hospital which posed risks of unauthorised access to women and babies.
- The shower facilities on antenatal and post- natal wards were in poor state of repair and did not meet the needs of women. Some parts of the environment were draughty and cold as windows needed replacing.

- IT connectivity in the community was poor and staff could not access women's records and blood results which could impact on care.

However:

- Women were supported to give birth at their preferred place. The Trust had introduced triage midwives which allowed for direct referral from women and GPs into the maternity service. This enabled the service to have an early contact with the women to highlight any actions or referrals needed.
- Midwives monitored women's baseline observations such as blood pressure, weight and fetal growth at each appointment. They reassessed risk factors as appropriate. The risk assessment process included an escalation procedure to refer women to an obstetric consultant team.
- Staff completed Practical Obstetric Multi Professional Training (PROMPT) for obstetric emergencies such as shoulder dystocia and haemorrhage post- delivery.
- Staff followed their internal procedures for safeguarding women and children. Staff carried out detailed assessments of women including the most vulnerable groups and ensured that safeguards were in place. Antenatal risk assessments and screening for safeguarding and mental health were recorded and actions instigated as needed.
- The trust had developed a needing extra support team (NEST) who worked within community areas and offered support to women with complex needs aimed at providing them with continuity in their care.
- Staff kept appropriate records of women and babies care and treatment. Records were clear, up to date and easily available to staff providing care in the inpatient wards
- Incidents were managed well and staff reported them appropriately. Learning from incidents was shared and action plans were developed following root cause analysis when things went wrong. Women were supported and given an apology.

Is the service effective?

Good

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

- The service provided care and treatment based on national guidance in line with best practice and national guidance, such as the National Institute of Health and Care Excellence (NICE) and Royal College of Obstetricians and Gynaecologists (RCOG) guidance.
- Babies born with tongue tie were seen in midwife-led clinics. Several midwives had been trained to treat tongue tie in babies.
- The service managed women's pain effectively and staff administered prescribed medicines in a timely manner. Women were empowered to make choices regarding pain control.
- Staff supported women and babies to meet their dietary needs. Women received breastfeeding support.
- Staff worked well as a multi-disciplinary teamed including midwives, obstetricians, sonographers and other healthcare professionals to provide effective care. This benefited women and their babies.
- The maternity was responsive to the needs of women and provided 24-hour care for women, seven days a week.

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They followed the trust's policy and procedures when gaining consent to care.

However:

- Staff were supported through preceptorship to ensure they were competent for their roles. and worked collaboratively. However not all staff received an appraisal as the appraisal completion rate was significantly lower than the trust's target.

Is the service caring?

Good

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

- Staff looked after the women and babies with utmost care and compassion. Feedback from women and their families confirmed that staff treated them well and with kindness.
- Staff provided emotional support to women to minimise their distress. Bereaved parents were supported by specialist teams and referred to counselling services as needed.
- Staff involved women and those close to them in decisions about their care and treatment.

Is the service responsive?

Good

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

- Services were planned and delivered to meet the needs of the local population and reflected some aspects of the national maternity review which were, personalised care, continuity, safer care, ante and post-natal mental health care, multi professional working and working across boundaries.
- The service took account of the woman's individual needs. Specialist midwives worked closely with mental health and needing extra support teams to support women with additional needs.
- Women could access maternity services when they needed it, with access to 24/7 care, telephone guidance and prompt responses.
- The trust took into consideration the diverse needs of women and a translation service was available to them. This included leaflets in many different languages.

However:

- The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared with staff. However, they did not always investigate in a timely way.

Maternity

Is the service well-led?

Good

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

- The trust had a vision to deliver excellence and value in patient care, teaching and research within a culture of compassion and integrity.
- The Trust's strategy, vision and values underpinned a culture which was women centred. Local managers across the service promoted a positive culture that supported and valued staff.
- The Trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care.
- The service engaged well with women, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service was committed to improving services promoting training, research and innovation.

However:

- The trust was aware of the need to develop the equality and diversity further in the trusts day to day work and for supporting opportunities for career progression. The trust was working on feedback from the staff survey where some staff groups were not treated as equals.

Outstanding practice

- The development of the needing extra support care team had a positive impact on women with complex needs welfare and well-being. This provided them with care, support and above all continuity in their care.
- The trust had a dedicated team and an en-suite bereavement room to support women and their families who had experienced loss of their babies. This allowed them to spend time with their families and a cold cot was available in the room.

Areas for improvement

We found areas for improvement in this service.

Action the provider MUST take to improve:

Musts:

- Ensure that the environment and equipment are kept clean and fit for purpose. Infection control procedures are in place and adhered to in order to control and minimise the risks of cross infection. Regulation 12 (2) (h)
- Ensure emergency equipment are maintained safely and all necessary checks are completed to safeguard woken and their babies. Regulation 15 (1) (e)

- Ensure that arrangements are in place for the safe transfer of women within the maternity unit. Regulation 15(1) (f)
- Ensure premises are suitable for the service provided, including the layout and fit to deliver care and treatment must meet people's needs. Regulation 15 (1) (c)
- Ensure that security of the premises is managed effectively and have the appropriate level of security needed in relation to the services being delivered. Regulation 15 (1) (b).

Action the provider SHOULD take to improve:

Should:

- Improve access to information for staff in the community in order to support and provide women with safe and effective care to meet their needs.
- Have systems in place for medicines to be stored at the correct temperatures in the day care unit.
- Have arrangements in place to support staff and achieve the Trust's target for yearly staff appraisals.
- Investigate complaints within the time frames as detailed in their own complaints' policy.

New Forest Birth Centre

Ashurst Hospital, Lyndhurst Road
Ashurst
Southampton
Hampshire
SO40 7AR
Tel: 02380747690
www.uhs.nhs.uk

Key facts and figures

We carried out an unannounced inspection on 4, 5 and 6 December 2018.

This report relates to the service provided at the New Forest Birth Centre which is a standalone service in the New Forest. They worked collaboratively with Princess Anne Hospital which is the main maternity centre for University Hospital Southampton NHS Foundation Trust.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activities at the service.

The New Forest Birth Centre (NFBC) is a stand-alone unit on the edge of the new forest.

During the inspection we visited the New Forest Birth Centre. This is a midwife-led unit which consisted of two birthing rooms and seven postnatal beds. The unit looked after low risk pregnant women and had facilities to transfer women to Princess Anne Hospital which is the main maternity centre. Women requiring epidural or medical help were transferred to the Princess Anne Hospital.

The Princess Anne Hospital is a tertiary provider of complex maternity and neonatal services including high risk maternal and fetal medicine and infants with complex medical and surgical needs. The trust has 80 maternity beds.

We previously inspected maternity jointly with gynaecology, therefore we cannot compare our new ratings directly with previous ratings.

Summary of services at New Forest Birth Centre

Good ➔➔

We rated them as good because:

• The hospital always had enough staff with the right qualifications, skills, experience and training to keep women safe from avoidable harm and abuse, and to provide them with the care and treatment they needed.

• Staff had clear understanding about their safeguarding responsibilities and were confident about actions they would take if they had any concern about a woman's well-being. Staff followed internal procedures for safeguarding women and children.

Summary of findings

• Women had access to maternity services when they needed it, with access to telephone guidance twenty- four hours a day and prompt responses. The trust provided maternity services seven days a week.

• The service provided care and treatment that was based on national guidance and monitored its application in practice.

• Actions were taken to improve service provision in response to feedback, incidents investigations and complaints received.

• Staff told us there was good working relationship with Princess Anne Hospital and they felt well supported in delivering care to women and babies.

• The trust vision and strategy was understood by staff and staff said they were supported by their managers.

However:

• There was only one midwife on site and staff relied on support from the main hospital which may impact on care of women.

• The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared with staff. These were not completed in a timely way; detailed responses had resulted in delays for the complainants which the trust was working to improve.

• Not all staff had received annual appraisals to provide support and monitor their practice. This was below the compliance rate set by the trust.

• All staff had not completed additional training for management of women in the birthing pool.

Maternity

Good 

Key facts and figures

We carried out an unannounced inspection on 4,5 and 6 December 2018.

This report relates to the service provided at the New Forest Birthing Centre which is a stand-alone service in the New Forest. They worked collaboratively with Princess Anne Hospital which is the main maternity centre for this Trust.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activities at the service.

The New Forest Birthing Centre (NFBC) is a stand- alone unit on the edge of the New Forest.

During the inspection we visited the New Forest Birthing Centre. This is a midwife-led unit which consisted of two birthing rooms and seven postnatal beds. The unit looked after low risk pregnant women and had facilities to transfer women to Princess Anne Hospital which is the main maternity centre. Women requiring epidural or medical help were transferred to the Princess Anne Hospital, Southampton.

The Princess Anne Hospital is a tertiary provider of complex maternity and neonatal services including high risk maternal and fetal medicine and infants with complex medical and surgical needs. The Trust has 80 maternity beds.

We previously inspected maternity jointly with gynaecology, therefore we cannot compare our new ratings directly with previous ratings.

Summary of this service

We rated it as good because:

This was the first inspection of the core service of maternity at the New Forest Birthing Centre as a separate service. Therefore, we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated this service as good because:

- Midwives and obstetric staff had completed additional training for the management of emergency including the Practical Obstetric Multi Professional Training (PROMPT) for obstetric emergencies such as shoulder dystocia, ante-partum and post-partum haemorrhage and maternal sepsis.
- Staff had clear understanding about their safeguarding responsibilities and were confident about actions they would take if they had any concern about a woman's well-being. Staff followed their internal procedures for safeguarding women and children.
- Staff carried out detailed assessments of women including the most vulnerable groups and ensured that safeguards were in place.
- Actions were taken to improve service provision in response to feedback, incidents investigations and complaints received.
- Ante-natal risk assessments and screening for safeguarding and mental health were recorded and actions instigated as needed.
- Women had access to maternity services when they needed it, with access to telephone guidance 24- four hours a day and prompt responses. The Trust provided maternity services seven days a week.

Maternity

- The service had developed a needing extra support team who managed the care of women with complex needs and providing continuity in their care.
- The service provided care and treatment that was based on national guidance and monitored its application in practice.
- Incidents were managed well and staff were supported to report incidents. Learning from incidents were shared regularly with staff group which encouraged openness.
- Services were planned and delivered to meet the needs of the local population and reflected some aspects of the National Maternity Review.
- Staff told us there was a good working relationship with Princess Anne Hospital and they felt well supported in delivering care to women and babies.
- There were effective multi- agency working to meet the needs of women and children.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Managers at local levels in the Trust had the skills to manage the service providing quality and sustainable care.
- The Trust vision and strategy was understood by staff and staff said they were supported by their managers.

However:

- There was only one midwife allocated per shift and staff relied on support from the main hospital or staff in the community which may impact on care of women and babies.
- The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared with staff. These were not completed in a timely way; detailed responses had resulted in delays for the complainants which the Trust was working to improve.
- Not all staff had received annual appraisals to provide support and monitor their practice. This was below the compliance rate set by the Trust. The trust told us they had taken steps following the inspection to improve appraisal rates, such as allocating protected times on the duty roster for appraisals.
- All staff had not completed additional training for management of women in the birthing pool.

Is the service safe?

Good ↑

This was the first inspection of the core service of maternity at the New Forest Birthing Centre as a separate service, therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated safe as good because:

- Emergency equipment was maintained safely, as all the necessary checks were completed in line with the Trust policy and procedures.
- All the areas we visited were clean and well maintained. Infection control procedures were followed, cleaning records were maintained and hand gels were available at reception and in clinical areas for visitors and staff.
- Women were supported to give birth at their preferred place. The Trust had introduced triage midwives which allowed for direct referral from women and GPs into the maternity service. This enabled the service to have an early contact with the women to highlight any actions or referrals needed.

Maternity

- Midwives monitored women's baseline observations such as blood pressure, weight and foetal growth at each appointment. They reassessed risk factors as appropriate. The risk assessment process included an escalation procedure to refer women to an obstetric consultant team.
- Staff followed their internal procedures for safeguarding women and babies. Staff carried out detailed assessments of women including the most vulnerable groups and ensured that safeguards were in place. Ante-natal risk assessments and screening for safeguarding and mental health were recorded and actions instigated as needed.
- The service had developed a needing extra support team (NEST) who worked within community areas and offered support to women with complex needs aimed at providing them with continuity in their care.
- Staff kept appropriate records of women and babies care and treatment. Records were clear, up to date and easily available to staff providing care in the inpatient wards.
- Incidents were managed well and staff reported them appropriately. Learning from incidents was shared and action plans were developed following root cause analysis when things went wrong. Women were supported and given an apology.

However;

- The service did not use safety monitoring results well. Although safety information was collected, it was not on display to the service users. Senior staff were not all aware if safety thermometer data was collected. There was limited evidence the data from the safety thermometer was used to improve the service.
- There was only one midwife on site and staff relied on support from the main hospital which may impact on care of women. The Trust told us following the inspection that the other midwife has been deployed to support the community team and would be recalled if needed.
- IT connectivity in the community was poor and staff could not access women's records and blood results which could impact on care. The trust had since told us they had systems in place to support midwives in accessing records.

Is the service effective?

Good

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated effective as good because:

- The service provided care and treatment based on national guidance in line with best practice and national guidance, such as the National Institute of Health and Care Excellence (NICE) and Royal College of Obstetricians and Gynaecologists (RCOG) guidance.
- The service managed women's pain effectively and staff administered prescribed medicines in a timely manner. Women were empowered to make choices regarding pain control.
- Staff supported women and babies to meet their dietary needs. Women received breast feeding support. Meals were prepared on site and women were complimentary about the food and meal choices offered.

Maternity

- Staff worked well as a multi-disciplinary team including midwives, obstetricians, sonographers and other healthcare professionals to provide effective care. This benefited women and their babies.
- Staff confirmed that they worked across both sites and had developed effective working relationship with the team at Princess Anne Hospital.
- The maternity service was responsive to the needs of women and provided 24-hour care for women, seven days a week.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They followed the Trust's policy and procedures when gaining consent to care.

However:

- Staff were supported through preceptorship to ensure they were competent for their roles. and worked collaboratively. However not all staff received an appraisal as the appraisal completion rate was lower than the Trust's target of 100%.
- Not all staff had completed training in management of women in the birthing pool, this was not in line with guidance.

Is the service caring?

Good 

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

- Staff cared for women and babies with compassion. Feedback from women and their family throughout the service confirmed that staff treated them well and with kindness. Women felt cared for.
- Staff recognised women needed access to and support networks in the community. They provided emotional support to women in order to minimise their distress.
- Staff involved women and those close to them in decisions about their care and treatment. Staff spent time talking to the women, or those close to them**.**

Is the service responsive?

Good 

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

Maternity

- Services were planned and delivered to meet the needs of the local population and reflected some aspects of the national maternity review which were, personalised care, continuity, safer care, mental health care ante and postnatally, multi professional working and working across boundaries.
- The service took account of the woman's individual needs. Specialist midwives worked closely with mental health and needing extra support teams to support women with additional needs.
- Women could access maternity services when they needed it, with access to 24- hours care, telephone guidance and prompt responses.
- The service took into consideration the diverse needs of women and a translation service was available to them. This included leaflets in many different languages.

However:

- The service treated concerns and complaints seriously, investigated them, learned lessons from the results and shared with staff. The Trust did not always investigate these in a timely way, detailed responses had resulted in delays for the complainants which the Trust was working to improve. The trust reported that since October 2018, there was no case outside their target.

Is the service well-led?

Good 

This was the first inspection of the core service of maternity as a separate service therefore we cannot compare our new ratings directly with previous maternity and gynaecology ratings.

We rated it as good because:

- The Trust had a vision to deliver excellence and value in women care, teaching and research within a culture of compassion and integrity.
- The Trust's strategy, vision and values underpinned a culture which was women centred. Local managers across the service promoted a positive culture that supported and valued staff.
- The Trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care.
- The service engaged well with women, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service was committed to improving services promoting training, research and innovation.

However:

- Some staff felt there were limited career development opportunities available to them. The Trust was working on feedback from the staff survey where some staff groups did not feel they were treated as equals.

Maternity

Outstanding practice

- The development of the needing extra support care team had a positive impact on women with complex needs welfare and well-being. This provided them with care, support and above all continuity in their care.
- The service had a dedicated team and an en-suite bereavement room to support women and their families who had experienced loss of their babies. This allowed them to spend time with their families and a cold cot was available in the room.

Areas for improvement

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

Action the provider SHOULD take to improve:

- Develop their IT system enabling staff in the community to have access to information to support and provide women with safe and effective care to meet their needs.
- Review midwife staffing to ensure women and babies receive timely support when needed.
- Support all staff to complete yearly appraisal in line with the Trust policy.
- Support staff to complete maternity specific training such as management of women in the birthing pool.
- Continue to improve how complaints are investigated within in the time frames detailed in their own complaints policy.
- Allow patient safety thermometer data to be shared with women and visitors.

Southampton General Hospital

Tremona Road
Southampton
Hampshire
SO16 6YD
Tel: 02380777222
www.suht.nhs.uk

Key facts and figures

University Hospital Southampton NHS Foundation Trust has had foundation trust status since 1 October 2011. It is one of the country's largest university hospitals, and provides local inpatient services to a population of 1.9 million people living in Southampton and South Hampshire. It also provides specialist services to over 3.7 million people living in southern England and the Channel Islands. There are approximately 11,500 staff employed to deliver services. The trust is also a major centre for teaching and research in association with the University of Southampton and partners including the Medical Research Council and Wellcome Trust.

Services at Southampton General Hospital include urgent and emergency care, medical care, surgery, critical care, gynaecology, services for children and young people, end of life care, and outpatient services including diagnostic imaging.

Summary of services at Southampton General Hospital

Requires improvement 

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

In rating the trust, we considered the current ratings of four other services not inspected this time.

- In the emergency department services, we found there were delays in triage of patients that could impact on the health and well-being of patients.
- In medicine we found that not all paper records were stored securely to protect patients.
- In outpatients, we found infection control procedures were not fully applied.
- There were challenges with the aging estates for fire, water, electricity, and ventilation maintenance. The patient environments were showing significant signs of wear and tear.
- In outpatients there was not always the capacity to meet the needs of patients and their relatives attending.
- In outpatients the risks were significant to patients due to delays for waiting for ophthalmology appointments.
- In several services not all staff had recent updated mandatory training.
- Complaint responses were very detailed and had contributed to delays responding to patients.

Summary of findings

However,

- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses and to report them internally and externally.
- The trust had established an integrated medical examiner group (IMEG) to review all deaths twice daily Monday to Fridays.
- Staffing levels, skill mix and caseloads were planned and reviewed so that people received safe care and treatment.
- Staff had access to necessary equipment and medicines; and had a range of policies and procedures based on national standards to support their practice.
- Medicines were appropriately prescribed and administered to people in line with the relevant legislation and current national guidance and had improved since our last inspection.
- People's physical, mental health and social needs were holistically assessed and their care and treatment delivered in line with legislation, standards and evidence-based guidance.
- Multidisciplinary working was strong across the services. Staff worked well together and with other organisations to deliver effective care and treatment.
- The services had clear arrangements for supporting and managing staff to deliver effective care and treatment.
- Staff had annual appraisals and managers encouraged staff and supported opportunities for development.
- Staff were kind, caring and treated patients with dignity and respect. Patients spoke of the positive care they received from staff.
- Staff communicated with people so they understood their care, treatment and condition; and advice was given when required. Staff involved carers and families in the patient's care, where appropriate.
- Services delivered were accessible and responsive to people with complex needs or in vulnerable circumstances.
- The trust was recognised as one of 16 exemplar Global Digital acute trusts in England. A benefit for staff and patients was through the medical patient records (My medical record) being accessible to patients and promoting supportive management of long term conditions.
- The use of electronic white boards had been introduced for improving patient safety.
- The volunteers for the trust, worked at the hospitals and were involved with a wide range of activities including hospital radio, patient support and chaplaincy and spiritual care.

We saw several areas of outstanding practice:

In Urgent and emergency care for example:

- The trust was actively engaged in research across a wide spectrum of clinical conditions. Further, the service was also participating in research associated with the psychological impact of bereaved families whose relatives had been lost due to major trauma incidents.
- Careful planning and consideration had been given to meeting the needs of the local population. Environmental changes including the development and building of the new enhanced care suite and the children's emergency department were exemplar examples.
- The arrangements for supporting vulnerable patients and other service users was exceptional. The knowledge and resources within the vulnerable adult support team ensured patients were supported in line with national best practice standards.

Summary of findings

- Staff were supported to access post-graduate training. This ensured the skill mix and competency of staff was of a level which promoted excellent multi-professional led care.
- The department had recently introduced a comprehensive care bundle which was observed to be consistently used. The care bundle prompted staff to complete rapid assessments across a range of health measures including physical observations, falls risks and skin integrity, sepsis screening, peripheral cannula insertion records and visual infusion phlebitis management. Staff also consistently used hourly safety checklists which prompted staff to consider pain management, vital signs, level of consciousness, nutrition and hydration needs and speciality referrals for those who were identified as being vulnerable for example.
- We observed rapid attendance of clinical specialities to the emergency department when pre-alert calls were received from the ambulance service. Health professionals were well prepared and were aware of their roles and responsibilities for managing specific conditions.
- The trust had undertaken extensive work to ensure patients arriving by ambulance were handed over as quickly as possible in order ambulances could return to service to treat pre-hospital patients. Nurses were trained to undertake rapid assessments of patients, supported by a consultant.
- There were several patient groups with a mixture of mental health, substance misuse and chronic medical problems that benefited from a consistent response from health professionals. To help frequent attenders to the emergency department (ED), monthly meetings called, “The high intensity service users’ group”, chaired by an ED consultant had been established. In the meeting, patients were discussed and a care plan was agreed which may alter behaviours and contribute more constructively to the patient’s needs.
- The hospital had developed a frailty team who provided rapid assessments of patients in the ED who met certain referral criterial.
- We observed episodes of care during which patients were truly respected and valued as individuals. Patients were empowered as partners in their care both practically and emotionally.
- We considered the leadership team to be cohesive, with heightened visibility and presence across the department and well respected by peers and colleagues.

In Medical care services:

- The trust introduced registered 18 pets as therapy dogs for both child and adult services. These pets visited the stroke and dementia wards regularly.
- The trust had introduced ‘Eat, Drink, Move” initiative which had improved patient outcomes.
- The trust achieved best practice tariff status in quarter 3 of 2017. A Best Practice Tariff (BPT) is a national price paid to providers that is designed to incentivise high quality and cost-effective care. The aim was to reduce unexplained variation in clinical quality and to encourage best practice. Only 42% of the NHS trust in England achieved this.
- The trust met all the four key national standards to enable it to provide a seven-day medical service.
- The proportion of patients reviewed by a consultant within 14 hours of admission at hospital improved from 76% in 2016 to 92% in 2018.
- All cardiology patients received a 365-day echo cardiogram service and seven-day consultant. This meant that all new patients and those with complex conditions received a consultant review seven day a week including weekends.
- Reduced admissions were achieved through the consultant-led ambulatory care unit (ACU) where patients were admitted via several different routes, including GPs helped identify patients in the community who required medical intervention without the need to be admitted to the hospital.

Summary of findings

- There was a specialist emergency assessment unit for older patients with a new frailty unit, where patients received rapid assessment by a team led by consultant geriatricians.
- The care of the elderly consultants' locality based model improved the continuity of inpatient care, and with communication with patients and families, and with other healthcare services in the community.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust MUST:

In outpatient services:

- Ensure the outpatient service environment is kept clean and fit for purpose. Infection control procedures are in place and adhered to.
- Ensure systems and procedures are in place to monitor and manage patient's care and outcomes. Thus, avoiding delays in patient appointments which has resulted in patient harm.
- Ensure complete oversight of outpatient services across the trust sites for the management and leadership, governance, risk and consistency of services.
- Ensure there is a finalised strategy for outpatient services.
- Ensure staff personal property is stored appropriately and securely when on duty.
- Ensure patients are kept safe from harm such as by having working emergency call bells and observation of patients left in waiting areas.
- Ensure the physical capacity of the outpatient environments meet the needs of the number of patients waiting and being treated.

In Medical care services:

- Ensure records are stored securely.

Urgent and emergency services

Good

Key facts and figures

The trust provides urgent and emergency services to adults and children in and around the Southampton area. The hospital is a designated trauma centre.

The service is managed as one part of the hospital's wider division B which also includes ophthalmology services and medicine.

All emergency services are located within a single department the hospital. The emergency pathway includes a minor injury unit, a major's area with 20 bays including one side room and a cubicle with six seats to manage "Fit-to-sit" patients; a five bed "Pit-stop" area allowing nurses and advanced care practitioners to rapidly assess and commence treatment on patients, and a six three-bedded resuscitation area.

There are separate waiting facilities for children and young people. The department had recently opened a new purpose-built children's emergency department with plans to re-locate the existing paediatric assessment unit to the children's emergency department later in 2019.

The department operates two single-sex clinical decision units and a transitional care unit. X-ray facilities are co-located within the department.

From July 2017 to June 2018 there were 149,478 attendances at the trust's urgent and emergency care services.

As part of the inspection we spoke with 19 patients, two parents of children receiving care, and thirty-five members of staff including, nurses, doctors, consultants, managers and support staff. We also reviewed 15 patient care records and observed clinical handovers, bed meetings and daily safety huddles.

We inspected the service between 22 and 24 January 2019. Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. As part of the inspection we reviewed information provided by the trust about staffing, training and monitoring of performance.

We last inspected urgent and emergency services in December 2015. As a result of that inspection, we rated urgent and emergency services as requires improvement.

Summary of this service

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

- Treatment was delivered in accordance with National Institute for Health and Care Excellence (NICE) and Royal College of Emergency Medicine (RCEM) guidelines.
- The department was a research active centre, participating in multiple research studies in conjunction with colleagues from across different specialities.
- Where clinical audits demonstrated deviation from benchmarked peers, the department worked to identify contributing factors, instigate changes to practice and then revisit those changes to ensure positive clinical outcomes were achieved.
- The department recognised an unplanned re-attendance rate which was marginally higher than the national average; it was considered this was likely attributable to data quality issues and the way the trust reported their data.

- The department had been dynamic in developing alternative professional development pathways including encouraging staff to undertake the advanced care practitioner course. Nursing staff and advanced care professionals were trained to undertake advanced procedures including the management of patients who presented with acute coronary syndromes. We observed nursing staff managing specific clinical cases with good support provided by consultants.
- The children's emergency department was staffed by qualified children's nurses 24 hours a day. The department employed four specialist paediatric emergency medicine consultants who supported the children's ED whilst also liaising closely with the children's hospital.
- Twelve health care assistants had received training in dementia and were recognised as dementia champions. Staff working across the emergency department had good knowledge of the procedures and policies to support people in crisis.
- Doctors and nurses of all grades were given protected work time to participate in training.
- The vulnerable adult safeguarding team provided comprehensive support to vulnerable patients. The team comprised of highly competent and experienced practitioners whose role it was to support patients from across a group of vulnerable people. The team worked with both internal and external stakeholders to not only prevent patients being admitted to hospital but to also ensure patients were safeguarded, signposted to appropriate support services and ensure the holistic needs of patients was met.
- The department was an exemplar at demonstrating multi-disciplinary working with both internal colleagues and also across the wider Southampton health system.

There were multiple clinical pathways in place which enhanced the patient experience in the department. Clinical pathways aim to promote organised and efficient patient care based on evidence-based medicine and aim to optimise outcomes.

- Staff had the right skills and knowledge to provide safe care and treatment for patients.
- Clinical education was used to support staff and patients.
- All patients had their nutrition needs and hydration needs met and staff assessed and managed patients' pain effectively.
- Staff had access to best practice reference guides and trust policies in relation to assessing capacity.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- The service supported patients by promoting healthier lifestyles.
- We saw staff being compassionate to patients and their relatives. Patients and relatives spoke highly of the kindness and compassion shown to them by staff.
- We saw staff communicated with and included people so that they understood their care and treatment.
- Staff were non-judgemental and ensured patients were placed at the centre of care planning.
- The trust's urgent and emergency care Friends and Family Test performance (% recommended) was better than the England average from September 2017 to August 2018.
- The service had managers at all levels with the right skills and abilities to run the service, providing high-quality sustainable care.

Urgent and emergency services

- The service had a vision for what it wanted to achieve and we saw evidence of actions to achieve it.
- Managers promoted a positive culture that supported and valued staff, free from bullying, harassment or discrimination, creating a sense of common purpose based on shared values.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Learning from complaints were shared across the emergency department through daily regular team meetings. Complaints were reviewed through the emergency department governance meetings. There was evidence of changes to practice and the way the service was provided in response to complaints.
- Leadership at departmental level was considered by staff to be supportive and effective.
- Departmental staff were aware of the departments values and the values of the trust.
- There were assurance systems implemented to ensure the identification and management of risks was undertaken and appropriate action taken.

However:

- Not all staff had completed their statutory and mandatory training.

Is the service safe?

Good ➔➔

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

- The department had a good patient safety record.
- All staff had a good understanding of safeguarding procedures and they had good links with the local safeguarding team. Staff were aware of their roles and responsibilities regarding safeguarding both adults and children.
- The age of the department presented some challenges in terms of the available clinical space to treat patients. Staff managed the risks associated with this well.
- Careful provision had been given to ensuring vulnerable patients and those who presented with acute mental health needs were treated in a safe environment.
- Medicines storage and administration was safely handled. Controlled drugs were stored and found to be in order. The medicines preparation areas were hygienically maintained.
- Nursing staff monitored patients using the National Early Warning System (NEWS2) which produced an overall score to alert staff to signs of deterioration in condition. Patients were escalated in accordance with local policies.
- The service effectively assessed the risk to patients and acted where appropriate.
- Staff told us how they learnt from their local incidents to improve services by learning from when things go well and when they go wrong. Morbidity and mortality meetings occurred to help establish additional learning opportunities.
- Equipment was checked to ensure it was ready for use and fit for purpose.
- The service controlled risks associated with infections well. Staff protected themselves and patients from the risk of infection by adopting good hand hygiene and utilising personal protective equipment in the majority of cases. However, some equipment and areas of the emergency department were found to be dusty or unclean.

- There had been no reported cases of methicillin-resistant *Staphylococcus aureus* infections attributable to the ED.

However:

- Compliance against mandatory training (for doctors) was below the trust target of 85% in seven of the nine mandatory modules. It was reported there were mitigating circumstances to this and we saw evidence of an improved compliance rate at the time of the inspection.
- At the time of the inspection, clinical oversight of the adult waiting room was limited. With raised this with the trust who took swift action to mitigate against any possible risks.

Is the service effective?

Outstanding ☆ ↑

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

- Treatment was delivered in accordance with National Institute for Health and Care Excellence (NICE) and Royal College of Emergency Medicine (RCEM) guidelines.
- The department was a research active centre, participating in multiple research studies in conjunction with colleagues from across different specialities.
- Where clinical audits demonstrated deviation from benchmarked peers, the department worked to identify contributing factors, instigate changes to practice and then revisit those changes to ensure positive clinical outcomes were achieved.
- The department recognised an unplanned re-attendance rate which was marginally higher than the national average; it was considered this was likely attributable to data quality issues and the way the trust reported their data.
- The department had been dynamic in developing alternative professional development pathways including encouraging staff to undertake the advanced care practitioner course. Nursing staff and advanced care professionals were trained to undertake advanced procedures including the management of patients who presented with acute coronary syndromes. We observed nursing staff managing specific clinical cases with good support provided by consultants.
- The children's emergency department was staffed by qualified children's nurses 24 hours a day. The department employed four specialist paediatric emergency medicine consultants who supported the children's ED whilst also liaising closely with the children's hospital.
- Twelve health care assistants had received training in dementia and were recognised as dementia champions. Staff working across the emergency department had good knowledge of the procedures and policies to support people in crisis.
- Doctors and nurses of all grades were given protected work time to participate in training.
- The vulnerable adult safeguarding team provided comprehensive support to vulnerable patients. The team comprised of highly competent and experienced practitioners whose role it was to support patients from across a group of vulnerable people. The team worked with both internal and external stakeholders to not only prevent patients being admitted to hospital but to also ensure patients were safeguarded, signposted to appropriate support services and ensure the holistic needs of patients was met.
- The department was an exemplar at demonstrating multi-disciplinary working with both internal colleagues and also across the wider Southampton health system.

- There were multiple clinical pathways in place which enhanced the patient experience in the department. Clinical pathways aim to promote organised and efficient patient care based on evidence-based medicine and aim to optimise outcomes.
- Staff had the right skills and knowledge to provide safe care and treatment for patients. Clinical education was used to support staff and patients.
- All patients had their nutrition needs and hydration needs met and staff assessed and managed patients' pain effectively.
- Staff had access to best practice reference guides and trust policies in relation to assessing capacity.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.
- The service supported patients by promoting healthier lifestyles.
- Results of national and local audits looking at outcomes for patients showed that generally outcomes were similar to national averages with some areas for improvement. Where improvement was required the service had recognised this and put into place clearly defined actions to address the underlying issues.

Is the service caring?

Outstanding ☆ ↑

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

- Patients spoke positively about their care and treatment. They told us they were treated with dignity and compassion.
- Throughout the inspection we observed staff speaking in appropriate ways with patients. Staff adapted their body language to enable them to communicate more effectively with patients.
- Staff used curtains around the bed spaces to provide privacy when assessing and treating patients, and ensured patients' dignity was maintained when curtains were opened. Patients were covered up at all times when they were in the department and when patients were transferred from the ED.
- Staff were observed introducing themselves by their first names; this was a consistent and embedded practice across the department.
- Reception staff were observed providing reassurance to patients when they presented to the reception desk. Reception staff prompted other patients and relatives to step back from the reception window when other patients were being booked in; this ensured the privacy of patients.
- We observed episodes of care during which patients were truly respected and valued as individuals. Patients were empowered as partners in their care both practically and emotionally. This was especially the case for those patients who presented with mental health conditions or those patients who were recognised as vulnerable.
- Staff de-escalated anxious patients through non-physical techniques. Members of the vulnerable adult support team had been trained to use motivational interview techniques; this technique enabled staff to help patients to change or alter their behaviour by helping people to overcome ambivalence about a particular course of action.
- The trust's urgent and emergency care Friends and Family Test performance (% recommended) was better than the England average from September 2017 to August 2018.

- Patients told us they fully understood their treatment and were aware of their aftercare plan and planned date of discharge.
- Patients and relatives told us the staff had been very sensitive and alleviated any anxieties or distress they may have had.

Is the service responsive?

Good ↑

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

- Managers investigated complaints locally where possible with face-to-face mediation meetings offered to complainants. Staff discussed complaint outcomes with peers and staff could demonstrate learning from complaints.
- Patients with a learning disability or needs that required assistance were identified on presentation to the department. Staff explained how they encouraged relatives or carers to be part of the treatment process and encouraged people to remain with vulnerable patients during their stay in the emergency department.
- There was a clear recognition for the need to review the size and scale of the emergency department to ensure it met the future needs of the population.
- A new purpose-built children's emergency department (CED) had opened shortly prior to the inspection. The new CED had been designed with input from children and young people. Whilst not fully operational, there were clearly defined plans to fully open the CED in quarter three of 2019. In doing so, the existing children's assessment unit would become co-located with the CED. Additionally, the new CED had been designed to ensure treatments could be provided in a timely way. The addition of a dedicated children's x-ray room and clinical treatment room had all been carefully planned and factored in to the new department.
- The trust made a significant financial investment to establish and build an appropriate environment for the management and care of patients who presented with mental health needs. The enhanced care suite (ECS) had opened in September 2018. The ECS was a purpose built, two bedded clinical area which was used to treat patients with a range of conditions. Careful consideration had been given to ensure the ECS met service specifications.
- In response to an ageing population, the ED introduced twelve dementia champions who worked to raise awareness of those living with dementia and were available to offer advice and support to staff, patients and carers during their time in the department.
- A comprehensive and extensive fact sheet was available in ED to sign post current military and veteran personnel requiring support from a variety of organisations including those providing mental health services.
- Staff had drafted standard operating procedures for the management of homelessness in ED and a patient information leaflet about staying safe on the streets. Training had also been provided to all ED staff.
- All patients attending the ED were screened and risk assessed to determine whether they were regular users of recreational or illicit drugs. Relevant patients were provided with information, signposted to support services. Appropriate inter-professional referrals and safeguarding interventions were made.
- A well-decorated and well-sited viewing room was available for friends and relatives to spend time with deceased patients. The room was equipped with soft lighting, air conditioning and sufficient seating to accommodate several visitors. The room was located within the emergency department but away from the busy clinical areas so people were not distracted by noise.

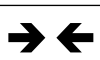
Urgent and emergency services

- From October 2017 to September 2018 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was consistently better than the England average.
- Departmental flow and the emergency access target was considered a "Trust-wide" target. We observed excellent working relationships with medical and surgical specialities who attended the department when required to review and assess patients.
- We saw examples of learning from complaints being shared with staff to help improve the service for others. Outcomes were shared so that other staff could learn from the experiences of patients and their loved ones. We saw action plans developed to ensure actions were properly recorded.

However,

- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet the standard for any of the 12 month period from September 2017 to August 2018. The trust performance ranged from 68 to 92 minutes which was constantly worse than the standard and England average (which ranged from 56 to 64 minutes).
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From October 2017 to September 2018 the trust failed to meet the standard and performed worse than the England average for seven months during the 12 month period.
- From September 2017 to August 2018 the monthly percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was consistently worse than to the England average. The trust informed us that 10% of these patients were streamed to be seen by co-located GP services.
- The service was not consistently responding to complaints within the timescales set out in the trust policy.
- The design of the department meant patient privacy was not always maintained when they were being assessed at the triage stage. This was because the triage room contained two triage stations therefore allowing for two patients to be triaged by different nurses simultaneously. There were no dividers between the two triage bays and so patients and relatives could overhear other patient's conversations when they were being triaged.

Is the service well-led?

Good  

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

- Staff reported the leadership team operated an open-door policy. Leaders were described as being very approachable and responsive to staff concerns. Leaders listened to and acknowledged the concerns of front-line staff. Our discussions with the leadership team suggested they were sighted on and were addressing the challenges of providing emergency care in a challenging estate.
- The priorities of different health professions were considered and discussions at governance meetings appeared well rounded. Nursing and medical priorities were aligned and professional standards were upheld and promoted by the leadership team. Clinical effectiveness, safety, patient experience, quality, performance and financial sustainability were all considered equally.
- Although the department did not have a formalised vision or strategy, in part because of the recent changes to the clinical leadership of the department, all staff we spoke with provided a consistent message that safety, quality and patient experience were paramount.

- There was a comprehensive emergency care action plan which was being actioned at the time of the inspection. The action plan considered a range of different workstreams including improvement of departmental and operational flow through the emergency pathway, reduce clinical variation, work to align the existing workforce to ensure it meets operational demands and to work with partners to reduce pressure during evenings and at night time.
- The leadership team were sighted on the challenges of the department. Routine audit programmes, consideration of incidents and complaints and patient feedback were all considered to determine how the department was performing. In-depth analysis of a range of information was considered and scrutinised on a monthly basis.
- The service used information about performance effectively to improve services and waiting times.
- Emerging priorities, area updates, policies and documents for review and approval, focus of the month, validation of incidents, new significant incidents, new claims, new significant complaints, favourable event reports and a review of the departmental risk register all featured at monthly governance meetings. Minutes of these meetings demonstrated a high level of discussion and analysis of all information available to the team to determine the overall clinical effectiveness and safety of the department.
- There were assurance systems implemented to ensure the identification and management of risks was undertaken and appropriate action taken.
- The service positively encouraged the participation and engagement of both staff and patients in planning and delivering services across the emergency care pathway. The voices or patients and staff were captured, considered, and used to make improvements to services.

However.

- During the inspection we considered a lack of clinical oversight of the adult waiting room presented a risk to patients. Although senior staff were aware of the issue, no remedial action had been taken at the time of the initial inspection to address those risks. We raised this with the trust on conclusion of the inspection. The trust took swift action to address the identified risks, thus mitigating the risk to patient safety.

Outstanding practice

- The trust was actively engaged in research across a wide spectrum of clinical conditions. Further, the service was also participating in research associated with the psychological impact of bereaved families whose relatives had been lost due to major trauma incidents.
- Careful planning and consideration had been given to meeting the needs of the local population. Environmental changes including the development and building of the new enhanced care suite and the children's emergency department were exemplar examples.
- The arrangements for supporting vulnerable patients and other service users was exceptional. The knowledge and resources within the vulnerable adult support team ensured patients were supported in line with national best practice standards.
- Staff were supported to access post-graduate training. This ensured the skill mix and competency of staff was of a level which promoted excellent multi-professional led care. For example, appropriately trained nurses and advanced care practitioners were encouraged and empowered to lead cardiac arrest scenarios with support from consultants.
- The department had recently introduced a comprehensive care bundle which was observed to be consistently used. The care bundle prompted staff to complete rapid assessments across a range of health measures including physical

observations, falls risks and skin integrity, sepsis screening, peripheral cannula insertion records and visual infusion phlebitis management. Staff also consistently used hourly safety checklists which prompted staff to consider pain management, vital signs, level of consciousness, nutrition and hydration needs and speciality referrals for those who were identified as being vulnerable for example.

- We observed rapid attendance of clinical specialities to the emergency department when pre-alert calls were received from the ambulance service. Members of the stroke team responded to all stroke calls, even if medical history suggested the patient was outside the optimal window for thrombolysis. Members of the trauma team arrived to the resuscitation area with minimal delay. Health professionals were well prepared and were aware of their roles and responsibilities for managing specific conditions.
- The trust had undertaken extensive work to ensure patients arriving by ambulance were handed over as quickly as possible in order ambulances could return to service to treat pre-hospital patients. A policy of “No-stacking” meant the department was required to use a dedicated clinical area effectively. The “Pit-stop” allowed for the timely handover of care of patients arriving by ambulance. Nurses were trained to undertake rapid assessments of patients, supported by a consultant. Patients were triaged and clinically assessed and clinical interventions such as electrocardiograms, blood tests or radiological procedures including x-rays and computerised tomography (CT) imaging could be requested within the “Pit-stop” area.
- There were several patient groups with a mixture of mental health, substance misuse and chronic medical problems that benefited from a consistent response from health professionals. To help frequent attenders to the ED, monthly meetings called, “The high intensity service users’ group”, chaired by an ED consultant had been established. In the meeting, patients were discussed and a care plan was agreed which may alter behaviours and contribute more constructively to the patient’s needs.
- The hospital had developed a frailty team who provided rapid assessments of patients in the ED who met certain referral criterial. We observed the multi-disciplinary frailty service, which comprised physiotherapists, occupational therapists, therapy assistants and nurses. Their role was focussed around improving the urgent care pathway for older people and those living with frailty.
- We spoke with twenty-three patients and relatives, all of whom were highly complementary of the care and treatment they had received. Patients consistently reported they had been treated with dignity and respect.
- We observed episodes of care during which patients were truly respected and valued as individuals. Patients were empowered as partners in their care both practically and emotionally. This was especially the case for those patients who presented with mental health conditions or those patients who were recognised as vulnerable. Staff de-escalated anxious patients through non-physical techniques.
- We considered the leadership team to be cohesive, with heightened visibility and presence across the department and well respected by peers and colleagues. The priorities of different health professions were considered and discussions at governance meetings appeared well rounded.
- Staff strived to continual improve the services on offer within the emergency department of Southampton General Hospital. There was a clear motivation from across a range of health professions and grades to improve the quality of the service. Staff were encouraged to adopt formalised quality improvement methodologies to affect change.

Areas for improvement

The provider should:

Ensure all staff complete their mandatory training in line with trust and statutory requirements.

Ensure clinical areas are cleaned regularly in accordance with trust policies and procedures.

Urgent and emergency services

Ensure there is sufficient capacity and flow within the department and across the trust to effectively manage patients requiring step-down care.

Ensure patient's privacy is maintained at all times by reviewing the triage arrangements within the main waiting area.

Ensure complaints are managed in accordance with the trust policy.

Medical care (including older people's care)

Good ➔➔

Key facts and figures

We carried out an unannounced inspection on 4,5 and 6 December 2018.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activities at the service.

The medical care core service at Southampton General Hospital provides care and treatment in 24 inpatient areas as described below:

- Endoscopy unit
- Acute medical unit (54 beds)
- Five elderly wards
- Three respiratory wards including a high dependency ward
- Two gastroenterology wards/ general medicine wards
- General medical ward
- Transition ward
- Three cardiology wards including a Coronary Care Unit (CCU) and high dependency CCU
- Two stroke wards including a hyperacute stroke and neurological day case ward
- Four oncology wards
- Two isolation wards

The trust had 55,295 medical admissions from July 2017 to June 2018. Emergency admissions accounted for 24,001 (43.4 %), 3,190 (5.8%) were elective, and the remaining 28,104 (50.8%) were day case.

Admissions for the top three medical specialties were:

- General medicine
- Clinical haematology
- Cardiology

Provision of clinical services at the Southampton General Hospital were structured within four divisions, namely A, B, C and D. Most medical services and older people's care were a part of division B. Oncology was provided within division A and stroke services within division D. There was a 47-bedded acute medical unit (AMU), a five bedded GP AMU, and an ambulatory care unit (ACU). All these services were provided at Southampton General Hospital.

The following was a general overview: stroke unit (F8 ward), elderly care and dementia wards (G5, G6, G7, G8 and G9 wards), general and speciality medicine wards (D5, D6, D7 and D8 wards), isolation wards (C5 and D10 wards), coronary care unit (CCU) and the cardiac short stay ward.

Medical care (including older people's care)

During this inspection, we visited all the wards, the acute medical unit (AMU), a five bedded GP AMU, the ambulatory care unit (ACU) and the endoscopy suite. We spoke with 45 members of staff including service leads, doctors, nursing staff, healthcare assistants, housekeeping staff, porter's and administrative staff. We also spoke with 14 patients and three sets of relatives.

We looked at 41 sets of medical records and reviewed a wide range of documents including policies, standard operating procedures, meeting minutes, action plans, risk assessments and audit results. Before our inspection, we reviewed performance information from, and about, the trust.

We last inspected medical care services in December 2015. As a result of that inspection, we rated medical care services as good.

Summary of this service

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

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- People who used the medical care services were kept safe from avoidable harm because there were suitable arrangements to enable staff to identify and respond to risks.
- There were sufficient numbers of staff, and they had been provided with safety training. Staff were further supported through service related policies and procedures in addition to evidence based professional guidance.
- Feedback from people using medical care services, and those close to them, was positive about the way staff treated them. Patients and their relatives gave us examples of how staff went an extra mile to provide care and support that exceeded their expectation. For example, the trust registered 18 pets as therapy dogs for both child and adult services. These pets visited the stroke and dementia wards regularly.
- Patients told us staff demonstrated genuine affection, care and concern for them. Patients and family members gave us examples of how staff ensured patients' emotional and social needs were as important as their physical needs.
- Services provided by the medical care reflected the needs of the local population.
- The service used technology innovatively to ensure people had timely access to treatment, support and care.

However:

- Not all nursing and medical paper records for patients were stored securely.
- Incidents and learning from medicine administration errors were not shared across the medical teams.

Is the service safe?

Good ↑

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

- The service provided mandatory training in key skills to all staff. Nursing staff completed most of the training.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Staff had a proactive approach to risk assessments. They recognised it was their responsibility to anticipate and manage risks to people who used the service. Staff kept clear records and asked for support when necessary.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- 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 followed best practice when prescribing, giving, recording and storing medicines. Patients 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.
- The service used safety monitoring results well and took appropriate action as result of the findings. Staff collected safety information and managers used this to improve the service.

However:

- The service did not accurately record doctors' completion of the relevant mandatory training.
- Venous thromboembolism (VTE) risk assessments were not recorded as per the trust policy, however the trust was already taking action on this matter.
- Incidents were not always fully investigated and learnt from including for medicine errors.
- The results of the safety monitoring were not always known to staff or shared with patients and visitors.

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 this effectiveness. New evidenced-based techniques and technologies were used to support the delivery of high-quality care. Managers assessed staff compliance with guidance and identified areas for improvement.
- 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 dietary adjustments for patients for religious, cultural, personal choice or medical reasons when required.
- The service managed patients' pain effectively and provided or offered pain relief regularly.
- Staff were actively engaged in activities to monitor and improve quality and outcomes. The service proactively pursued opportunities in benchmarking and peer reviews and information was used to improve patient care.

Medical care (including older people's care)

- The service made sure staff were competent for their roles. Most staff had been appraised to review staff's work performance and held supervision meetings with them, when required, to provide support and monitor the effectiveness of the service.
- Staff worked collaboratively together as a team to benefit patients. They found innovative ways to deliver more joined-up care to people who used the service. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The medical service provided a seven-day service.
- Staff supported patients to manage their own health, care and well-being and to maximise their independence following admission and as appropriate for individuals.
- 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.

However:

The trust did not meet the target for appraisals.

Is the service caring?

Outstanding ☆ ↑

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

- Staff cared for patients with compassion. Feedback from patients throughout the service confirmed that staff treated them well and with kindness.
- Patients and their relatives gave us examples of how staff went an extra mile to provide care and support that exceeded their expectation. For example, the trust registered 18 pets as therapy dogs for both child and adult services. These pets visited the stroke and dementia wards regularly.
- Patients told us staff demonstrated genuine affection, care and concern for them. Patients and family members gave us examples of how staff ensured patients' emotional and social needs were seen as being as important as their physical needs.
- Staff recognised people needed access to and support networks in the community. They provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff spent time talking to people, or those close to them.

Is the service responsive?

Outstanding ☆ ↑

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

- The trust planned and provided services in a way that met the needs of local people.
- The service took a proactive approach to understanding the needs and preferences of different groups of people. Care was delivered in a way that met those needs.

- Patients could access the service when they needed. The service used technology innovatively to ensure people had timely access to treatment, support and care.
- There was a specialist emergency assessment unit for older patients with a new frailty unit, where patients received rapid assessment by a team led by consultant geriatricians.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- Detailed responses to complaints had resulted in delays for the complainants which the trust was working to improve.

Is the service well-led?

Requires improvement 

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

- The service had some nursing and medical paper records for patients that were not stored securely.

However:

- The service had managers at nearly all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision and strategy for what it wanted to achieve. The supporting objectives and plans were stretching, challenging and innovative. There were workable plans to turn the vision and the strategy into an action plan developed with involvement from staff and patients.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used proactive approaches to review and reflect best practice. They continually improved the quality of the services and safeguarded high standards of care by creating an environment in which excellence in clinical care flourished.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used most information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service fully embedded a systematic approach to improvement and made patient experience pivotal for staff to learn and enhance the performance of the organisation. Staff created new sustainable models of care and shared their work nationally.

Medical care (including older people's care)

Outstanding practice

- The trust introduced registered 18 pets as therapy dogs for both child and adult services. These pets visited the stroke and dementia wards regularly.
- The trust had introduced 'Eat, Drink, Move" initiative which had improved patient outcomes.
- The trust achieved best practice tariff status in quarter 3 of 2017. A Best Practice Tariff (BPT) is a national price paid to providers that is designed to incentivise high quality and cost-effective care. The aim was to reduce unexplained variation in clinical quality and to encourage best practice. Only 42% of the NHS trust in England achieved this.
- The trust met all the four key national standards to enable it to provide a seven-day medical service.
- The proportion of patients reviewed by a consultant within 14 hours of admission at hospital improved from 76% in 2016 to 92% in 2018.
- All cardiology patients received a 365-day echo cardiogram service and seven-day consultant. This meant that all new patients and those with complex conditions received a consultant review seven day a week including weekends.
- Reduced admissions were achieved through the consultant-led ambulatory care unit (ACU) where patients were admitted via several different routes, including GPs helped identify patients in the community who required medical intervention without the need to be admitted to the hospital.
- There was a specialist emergency assessment unit for older patients with a new frailty unit, where patients received rapid assessment by a team led by consultant geriatricians.
- The care of the elderly consultants' locality based model improved the continuity of inpatient care, and with communication with patients and families, and with other healthcare services in the community.
- The "Red to Green" meetings held on every ward ensured patients had all tests and referrals completed. This initiative improved access and flow of patients.

Areas for improvement

We found areas for improvement in this service.

The provider MUST:

- Ensure records are stored securely

Regulation 17 Good Governance

Regulation 17 (2)(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

How the regulation not being met:

- Nursing and medical records were not always stored securely.

The provider SHOULD:

- Make sure there is accurate recording of the completion of the relevant mandatory courses by all doctors.
- Make the frequency of change of curtains around the patient bed area is followed and staff made aware of this.
- Make sure the arrangements in the neurological unit meet patient's needs of privacy.

Medical care (including older people's care)

- Continue to ensure improvement with the recording of venous thromboembolism (VTE) risk assessments as per the trust policy.
- Ensure there is a specific check list for the equipment on the major bleed trolley in endoscopy.
- Ensure incident and learning from medicine administration is shared across the medical teams.
- Ensure all clinical staff receive regular appraisal.
- Ensure patient safety thermometer data is shared with patients and visitors.
- Continue to improve meeting timeframe for complaints as per the trust policy.

Outpatients

Requires improvement

Key facts and figures

The University Hospital Southampton NHS Foundation Trust provides outpatient appointments for adults for a wide range of medical, surgical and ophthalmology specialities. They provide services at the Southampton General Hospital (SGH), Royal South Hants Hospital (RSH), the Princess Anne Hospital and peripheral clinics at Queen Alexandra Hospital, Lymington New Forest Hospital and at the Countess Mountbatten House. However, the majority of adult outpatient clinics are located at the Southampton General Hospital and the Royal South Hants Hospital. Each year this trust facilitates over 900,000 outpatient appointments.

Children's outpatient services and maternity outpatient services are not reported in this report. They would be reported under the children and young people core service and the maternity core service reports. However, some children were seen in regular outpatient clinics dependent on speciality including Ear, Nose and Throat (ENT) and ophthalmology. Maternity outpatient clinics are located at the Princess Anne maternity Hospital.

The trust is a regional centre for many specialities including cancer care, cystic fibrosis and allergy and immunology.

The trust provides consultant, nurse and allied healthcare professional-led outpatient clinics. Outpatient clinics are mainly coordinated by the Patient Service Centre.

The trust has four Divisions; Division A, Division B, Division C and Division D. The Divisions are further split up into medical speciality Care Groups. Outpatient departments were managed in the Care Group to which the medical speciality belonged. The Patient Service Centre sits in Division C under the Support Services Care Group and was located at the Southampton General Hospital.

Medical specialities were run out of Southampton General Hospital but some specialities held their outpatient clinics at the Royal South Hants Hospital.

During this inspection we visited the Southampton General Hospital and the Royal South Hants Hospital. The Royal South Hants Hospital inspection is reported separately.

We inspected the following outpatient departments at the Southampton General Hospital:

Ophthalmology

Chemotherapy

Oral and Maxillofacial

Pathology and Phlebotomy

Dietetics

Neurology

Cystic Fibrosis
Respiratory

Allergy and Immunology

Medical care

Cardiovascular thoracic

Outpatients

Oncology

Physiotherapy

Occupational therapy

Victoria House

Patient Service Centre

During the inspection we spoke with 22 patients and relatives, 88 members of staff including administration staff, managers, doctors, nurses, allied healthcare professionals and healthcare assistants across the two sites. We observed care being provided, looked at patient waiting areas and clinical environments, policies and procedures and information provided by the trust both before and after the inspection.

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- The service did not effectively control all infection risks.
- The service had capacity issues in certain departments and could not cope with the volume of patients attending clinics.
- Systems and procedures to monitor and manage risks to patients had failed which had led to patient harm.
- It was unclear if there was a robust system for providing feedback and lessons learnt from complaints or incidents to staff working in outpatient services.
- It was unclear if the outpatient services had robust, well-established and effective leadership and governance processes.

However:

- Staff were supported through service related policies and procedures in addition to evidence based professional guidance.
- Feedback from people using outpatient services, and those close to them, was continually positive about the way staff treated them.
- Services provided by the outpatient departments mostly reflected the needs of the local population.
- Most patients were able to access the service in a timely way, with many specialties in line with or close to the national averages in waiting times.

Is the service safe?

Requires improvement

Outpatients

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- The service provided mandatory training in safety systems, processes and practices but did not always ensure everyone had completed it.
- The service did not effectively control all infection risks. Premises were not always clean which could increase the spread of infection. There was no consistent approach to infection control and prevention in the outpatient departments.
- Not all outpatient services had suitable premises. Some departments had capacity issues and could not cope with the volume of patients attending clinics.
- The service did not always maintain patient's confidentially as patient details were left visible in some clinics.
- Systems and procedures to monitor and manage risks to patients had failed which had led to patient harm.

However:

- Staff understood their safeguarding responsibilities and how to protect patients from avoidable harm. There was a good understanding amongst staff of what to report as an incident. Staff understood their responsibility to raise concerns and felt confident to report them.
- The service had suitable equipment and looked after it well.
- Staff knew how to recognise and respond to signs of deteriorating health or medical emergencies.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to staff providing care.
- In general, the prescribing, giving, recording and storing of medicines was managed well.
- 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.

Is the service effective?

Currently we do not rate effective for Outpatients, however we found:

- The service provided care and treatment based on national guidance to ensure treatment and care was effective.
- Staff ensured patients had enough food and drink during their visit to outpatients.
- 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 their responsibilities to ensure patients gave valid consent.
- Staff were proactive in supporting people to live healthier lives.
- 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.

However:

Outpatients

- Systems to monitor the effectiveness of care and treatment were not embedded in the service.
- There were gaps in management and support arrangements for staff, such as appraisal, supervision and professional development. Appraisal rates for staff working in the outpatient services were below the trust target.

Is the service caring?

Good

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

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

Is the service responsive?

Requires improvement

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- Waiting times from referral to treatment were not in line with good practice for some specialties.
- Follow up appointments were not managed effectively in some outpatient departments.
- Some departments were cramped for the number of patients visiting the clinics.
- Patients experienced delays in some clinics.
- Patient waiting times were not monitored or communicated to the patients.

However:

- The trust planned and provided services in a way that mostly met the needs of local people.
- The service took account of patients' individual needs. In the majority of outpatient services staff were aware of how to provide additional support for patients with a learning disability or living with dementia.
- The service treated concerns and complaints seriously, investigated them giving detailed but delayed responses to complainants, learnt lessons from the results and shared these with all staff. The trust was working to improve the time taken to response to complainants.

Outpatients

Is the service well-led?

Requires improvement

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- Managers in the trust had the right skills and abilities to run a service providing high-quality sustainable care. However, it was unsure if senior staff had full oversight of the outpatient departments.
- Whilst there was management of outpatients in clinical speciality care groups, there was not a complete oversight of outpatient services for the trust for governance, risk and consistency of services.
- A strategy for improving outpatients was still in the planning stages.
- The quality of data collected and it effectiveness to keep patients safe was limited.

However,

- Managers across the trust promoted a positive culture that supported and valued staff.
- The service had systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- There was a strong empathise on clinical research in the trust.

Areas for improvement

We found areas for improvement in this service.

The provider MUST:

- Ensure all areas of the outpatient service environment are kept clean and fit for purpose. Infection control procedures are in place and adhered to.
- Ensure systems and procedures are in place to monitor and manage patient's care and outcomes. Thus, avoiding delays in patient appointments which has resulted in patient harm.
- Ensure complete oversight of outpatient services across the trust sites for the management and leadership, governance, risk and consistency of services.
- Ensure there is a finalised strategy for outpatient services.
- Ensure staff personal property is stored appropriately and securely when on duty.
- Ensure patients are kept safe from harm such as by having working emergency call bells and observation of patients left in waiting areas.
- Ensure the physical capacity of the outpatient environments meet the needs of the number of patients waiting and being treated.

The provider SHOULD:

- Make sure patient information is kept secure by not leaving patient notes unattended and computers unlocked when not in use.
- Make sure mandatory training is completed by all staff. Make sure there is oversight of mandatory training compliance rate of the medical staff working in the outpatient services.
- Make sure there is dedicated time for staff to complete training and receive yearly appraisals.
- Make sure standard operating procedures are reviewed and updated as soon as possible.

Regulations

Regulation 12 Health and Social Care Act 2008 (Regulated activities) Regulations 2014 Safe care and treatment

Regulation 12 (2)(h) assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;

How the regulation not being met:

- Unclean facilities in the outpatient departments.
- There was no consistent approach to infection control and prevention in the outpatient departments.

Regulation 15: Premises and equipment.

Regulation 15 (1)(a)(c)(d)(e) All premises and equipment used by the service provider must be, (a) clean, (c) suitable for the purpose for which they are being used, (d) properly used (e) properly maintained,

How the regulation not being met:

- Staff personal property not being held appropriately or securely.
- Broken emergency call bells and patients left unattended in waiting areas.
- Outpatient departments that could not cope with the volume of patients attending clinics.

Regulation 17 Good Governance

Regulation 17 (2)(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity

How the regulation not being met:

- Systems and procedures not in place to monitor and manage patient's care and outcomes. This had led to lengthy delays and patient harm.
- Limited oversight by the trust for governance, risk and consistency of services.

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)

This guidance (see 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
Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

Our inspection team

Amanda Williams, Head of Hospital Inspection, led the inspection. The team included inspection managers, inspectors, assistant inspectors and a range nursing and medical specialists and including an executive reviewer.

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.

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University Hospital Southampton NHS Foundation Trust

June 2019
Juliet Pearce DDoN

CQC's 5 key questions 4 core services

Safe?	Are people protected from abuse and avoidable harm?
Effective?	Does people's care and treatment achieve good outcomes and promote a good quality of life, and is it evidence-based where possible?
Caring?	Do staff involve and treat people with compassion, kindness, dignity and respect?
Responsive?	Are services organised so that they meet people's needs?
Well-led?	Does the leadership, management and governance of the organisation assure the delivery of high-quality patient-centred care, support learning and innovation and promote an open and fair culture
Core services:	Urgent and emergency care/Medical Care Maternity services/Outpatient services

Overall rating : Good

CareQuality Commission

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Southampton General Hospital	Good ↑ Apr 2019	Outstanding ↑ Apr 2019	Outstanding →← Apr 2019	Requires improvement →← Apr 2019	Requires improvement ↓ Apr 2019	Requires improvement →← Apr 2019
Princess Anne Hospital	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
New Forest Birthing Centre	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
South Hants Hospital	Requires improvement Apr 2019	N/A	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019
Overall trust	Requires improvement →← Apr 2019	Outstanding ↑ Apr 2018	Good ↓ Apr 2019	Requires improvement →← Apr 2018	Good ↓ Apr 2019	Good ↓ Apr 2019

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.

Southampton General Hospital

Ratings for Southampton General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good → ← Apr 2019	Outstanding ↑ Apr 2019	Outstanding ↑ Apr 2019	Good ↑ Apr 2019	Good → ← Apr 2019	Good → ← Apr 2019
Medical care (including older people's care)	Good ↑ Apr 2019	Good → ← Apr 2019	Outstanding ↑ Apr 2019	Outstanding ↑ Apr 2019	Requires improvement → ← Apr 2019	Good → ← Apr 2019
Surgery	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Critical care	Good Jun 2017	Good Jun 2017	Outstanding Jun 2017	Good Jun 2017	Outstanding Jun 2017	Outstanding Jun 2017
Services for children and young people	Good Apr 2015	Good Apr 2015	Outstanding Apr 2015	Requires improvement Apr 2015	Good Apr 2015	Good Apr 2015
End of life care	Good Jun 2017	Outstanding Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017	Good Jun 2017
Outpatients	Requires improvement Apr 2019	N/A	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019
Overall*	Good → ← Apr 2019	Outstanding ↑ Apr 2019	Outstanding → ← Apr 2019	Requires improvement → ← Apr 2019	Requires improvement ↓ Apr 2019	Requires improvement ↓ Apr 2019

Royal South Hants Hospital

Ratings for Royal South Hants Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Requires improvement Apr 2019	N/A	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019
Overall*	Requires improvement Apr 2019	N/A	Good Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019	Requires improvement Apr 2019

Princess Anne Hospital

Ratings for Princess Anne Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Overall*	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

New Forest Birthing Centre

Ratings for New Forest Birthing Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Overall*	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

Overall key findings

Safe ● **Requires improvement**

There were areas of good practice however

- Emergency equipment was not always maintained.
- Infection control risks as the standard of cleanliness was variable.
- Environment/facilities in places was in disrepair.
- There were weaknesses in the security of the maternity service.
- Systems and procedures to monitor and manage risks to patients had failed which had led to patient harm.
- Mandatory training in safety systems, processes and practices not always completed.
- Clinical oversight of Emergency and outpatient waiting areas was limited.

Overall key findings

Effective ● **Outstanding**

- Care and treatment based on national guidance in line with best practice and national guidance. E.g. Vulnerable support team, integrated medical examiner group to review all deaths.
- Clinical audits were completed and changes to practice made and then revisited to ensure positive clinical outcomes were achieved.
- There was a multi-disciplinary frailty service. Their role was focussed around improving the urgent care pathway for older people and those living with frailty.
- The development of seven-day services such as for medical care.
- Planning and consideration had been given to meeting the needs of the local population.
- The trust was actively engaged in research across a wide spectrum of clinical conditions.

Overall key findings

Caring ● **Good**

- All services involved patients and those close to them in decisions about their care and treatment.
- Staff cared for patients and service users with compassion.
- Staff provided emotional support to patients to minimise their distress.
- In Maternity services bereaved parents were supported by specialist teams and referred to counselling services as needed

Overall key findings

Responsive ● **Requires improvement**

There were areas of good practice however

- In the ED the recommended time patients should wait from time of arrival to receiving treatment of no more than one hour was not met for any of the 12-month period from September 2017 to August 2018.
- In the ED the standard that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department was not met October 2017 to September 2018 and performed worse than the England average for seven months during the 12-month period.
- Outpatient services waiting times from referral to treatment and follow up appointments were not in line with good practice. E.g. Ophthalmology
- Patients experienced delays in some outpatient clinics. Waiting times in some clinics were not monitored or communicated to the patients. Patients waited often on cramped conditions.

Well Led ● **Good**

- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation.
- The leadership team was cohesive, a visible presence, respected by peers and colleagues.
- The staff survey results showed trust staff engagement had remained consistently high compared to the NHS average.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.
- The priorities of different health professions were considered and discussions at governance meetings appeared well rounded.

What we have told the provider to do

We have set requirement notices as we identified 3 regulations with breaches that Must improve:

Regulation 12 Safe care and treatment

Regulation 15 Environment and equipment

Regulation 17 Good governance

These related to maternity services, medical care and outpatients.

Across the core services we have set recommendations for improvement as Shoulds.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	9 July 2019
Title:	Hampshire Suicide Prevention Strategy
Report From:	Interim Director of Public Health

Contact name: Simon Bryant, Interim Director of Public Health

Tel: 02380 383326 **Email:** Simon.bryant@hants.gov.uk

Purpose of this Report

1. The purpose of this report is to present HASC members with the Hampshire Suicide Prevention Strategy. The Strategy was signed off by the Health and Wellbeing Board on 15 March 2018.

Recommendation

2. To review the Hampshire Suicide Prevention Strategy for Hampshire.

Executive Summary

3. Hampshire's rate of suicides is 8 per 100,000 which is comparable to the England rate of 8.4 per 100,000. The suicide audit for Hampshire highlights key issues for preventing suicide locally.

   This suicide prevention plan outlines the key actions to reduce the risk on suicide in the residents of Hampshire. The report action plan covers the following areas:

   a. Reduce the risk of suicide in key high-risk groups
   b. Tailor approaches to improve mental health in specific groups
   c. Reduce access to the means of suicide d. Provide better information and support to those bereaved or affected by suicide
   e. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
   f. Support research, data collection and monitoring.

The Centre for Public Scrutiny, Local Government Association and Association of Directors of Public Health in October 2018 published a document to aid Scrutiny Panels. *Providing a Lifeline - Effective scrutiny of local strategies to prevent or reduce suicide*.

This paper outlines the plan and illustrates the Hampshire County Council and partner response to suicide prevention inline with the have met the key lines of enquiry recommended for scrutiny.

Consultation and Equalities

4. We have consulted with partner agencies and people with lived experience through networks and meetings.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	yes
People in Hampshire enjoy being part of strong, inclusive communities:	yes
OR	
This proposal does not link to the Strategic Plan but, nevertheless, requires a decision because:	

Other Significant Links

Links to previous Member decisions:	
Title http://democracy.hants.gov.uk/documents/s13601/2018-03-15%20HWB%20Report%20Suicide%20Prevention%20plan.pdf	Date 15 March 2018
Direct links to specific legislation or Government Directives	
Title	Date

Section 100 D - Local Government Act 1972 - background documents

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

Document	Location
None	

EQUALITIES IMPACT ASSESSMENT:

1. **Equality Duty**

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 by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) 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 protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are 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 in which participation by such persons is disproportionally low.

2. **Equalities Impact Assessment:**

Not applicable.

Suicide Prevention Strategy for Hampshire 2018 - 2021

Introduction

Suicide can have a profound effect on family, friends and the local community. Every day in England around 13 people take their own lives. The effects can reach into every community and have a devastating impact on families, friends, colleagues and others. Each one of these deaths is a tragedy.

This strategy outlines the Hampshire approach to suicide prevention which requires statutory agencies, the voluntary sector and others, including the media, to work together to reduce the number of suicides and the effect of someone taking their life.

We need to support individuals, groups and communities at risk of suicide, offering effective and acceptable responses which reduce their level of risk. We need to work together to influence those whose actions and policies have an impact on the risk of suicide.

This strategy is in line with national guidance and the All Party Parliamentary Group guidance on suicide prevention.

The following key areas of work have been identified nationally as key to reducing suicide. This strategy addresses each of these aspects;

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring.

This work changes and develops as new issues emerge and as research, practice and partnership plans progress. This plan will take account of the NICE guidance being published in 2018

Overall Aim

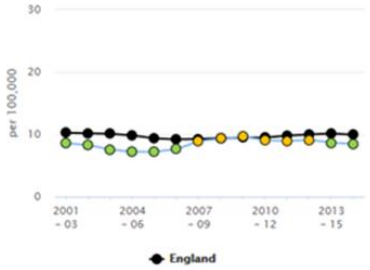
Achievement of the Five Year Forward View target for reduction of suicide (10% by 2020/21) from a 2015/16 baseline

The Hampshire Picture

The latest suicide and injury undetermined mortality rate (2014-16 data) for Hampshire is 8.4 per 100,000 population. This is statistically significantly lower than the England rate of 9.9. Between 2014 and 2016 there were 303 deaths by suicides of Hampshire residents.

The suicide rate is higher for males, with a male: female ratio of 3:1. However, trend data showing a decrease in Hampshire over the last few years, suggest that the male rate is now lower than the national rate. However there has been a flattening of the female rate in Hampshire which is comparable to the national rate.

4.10 - Suicide rate (Persons) Hampshire — Directly standardised rate - per 100,000

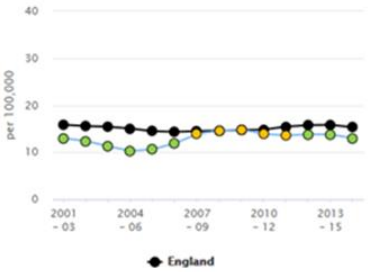


Recent trend: –

Period		Count	Value	Lower CI	Upper CI	South East	England
2001 - 03		280	8.6	7.6	9.7	10.0	10.3
2002 - 04		273	8.3	7.3	9.4	10.0	10.2
2003 - 05		252	7.6	6.7	8.6	9.8	10.1
2004 - 06		242	7.2	6.3	8.2	9.6	9.8
2005 - 07		243	7.2	6.3	8.2	9.1	9.4
2006 - 08		260	7.6	6.7	8.6	8.9	9.2
2007 - 09		306	8.9	8.0	10.0	9.1	9.3
2008 - 10		320	9.3	8.3	10.4	9.3	9.4
2009 - 11		332	9.6	8.6	10.7	9.5	9.5
2010 - 12		316	9.1	8.1	10.1	9.3	9.5
2011 - 13		315	8.9	8.0	10.0	9.9	9.8
2012 - 14		325	9.1	8.2	10.2	10.1	10.0
2013 - 15		313	8.7	7.7	9.7	10.2	10.1
2014 - 16		303	8.4	7.5	9.5	9.8	9.9

Source: Public Health England (based on ONS source data)

4.10 - Suicide rate (Male) Hampshire — Directly standardised rate - per 100,000

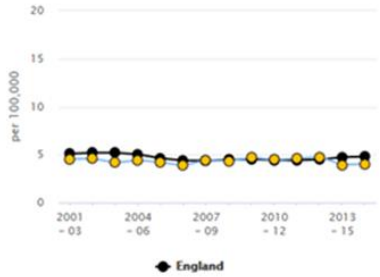


Recent trend: –

Period		Count	Value	Lower CI	Upper CI	South East	England
2001 - 03		204	13.0	11.2	14.9	15.4	15.9
2002 - 04		196	12.4	10.7	14.3	15.2	15.6
2003 - 05		182	11.3	9.7	13.1	14.9	15.4
2004 - 06		167	10.3	8.8	12.0	14.3	15.1
2005 - 07		171	10.6	9.1	12.4	13.7	14.5
2006 - 08		192	11.9	10.3	13.8	13.6	14.4
2007 - 09		228	13.9	12.1	15.8	13.9	14.5
2008 - 10		244	14.6	12.8	16.6	14.2	14.6
2009 - 11		248	14.8	13.0	16.8	14.3	14.7
2010 - 12		234	13.9	12.2	15.8	14.2	14.8
2011 - 13		229	13.6	11.9	15.5	15.2	15.5
2012 - 14		236	13.8	12.1	15.7	15.7	15.8
2013 - 15		239	13.8	12.1	15.7	15.9	15.8
2014 - 16		227	13.0	11.4	14.8	15.1	15.3

Source: Public Health England (based on ONS source data)

4.10 - Suicide rate (Female) Hampshire — Directly standardised rate - per 100,000



Recent trend: –

Period		Count	Value	Lower CI	Upper CI	South East	England
2001 - 03		76	4.5	3.6	5.7	5.1	5.1
2002 - 04		77	4.6	3.6	5.8	5.2	5.2
2003 - 05		70	4.2	3.2	5.3	5.1	5.2
2004 - 06		75	4.4	3.5	5.6	5.2	5.0
2005 - 07		72	4.2	3.3	5.3	4.9	4.6
2006 - 08		68	3.9	3.0	4.9	4.6	4.4
2007 - 09		78	4.4	3.5	5.6	4.5	4.4
2008 - 10		76	4.3	3.4	5.4	4.7	4.5
2009 - 11		84	4.7	3.8	5.9	4.9	4.5
2010 - 12		82	4.5	3.5	5.5	4.8	4.4
2011 - 13		86	4.6	3.7	5.7	4.8	4.4
2012 - 14		89	4.8	3.8	5.9	4.7	4.5
2013 - 15		74	3.9	3.1	4.9	4.8	4.7
2014 - 16		76	4.1	3.2	5.1	4.8	4.8

Source: Public Health England (based on ONS source data)

Source: Public Health Outcomes Framework

Suicide Audit

The annual audit of deaths by suicide continues to help us understand our local picture. Benefits of the local collection of these data, are that it enables us to review available

information on risk factors associated with each case such as mental health service use, GP consultations, long term conditions, criminal record, drug and alcohol use. It can also highlight information on patterns of risk and potential gaps in service provision.

The Hampshire 2017 audit of deaths by suicides has been conducted in partnership with HM Coroners for the suicide cases where the date of death was between 1st January 2016 and 31st December 2016 and the individual was a resident in the Hampshire County area.

Some key themes identified are;

- Potential differences in methods by age band.
    - Similar to all ages, just over half of the young people (aged under 20 years) died by hanging, however a larger proportion of young people (35%) died by either jumping from height or onto train tracks or train when compared with the older age bands.
    - A larger proportion of 40 to 59 years died from an overdose compared to the other age bands.
    - Emerging methods such as helium poisoning and CO poisoning were evident in the older 40 years and over ages.
    - Death by shooting is more common in the over 60 years-and-over age band.
- Primary Care's prevention opportunities
    - One third (n=66) had been to see their GP two weeks before their death. Almost half of these consultations were to discuss mental health issues – such as depression and anxiety, review of medication for depression and poor sleep.
- Location
    - For those deaths which occur elsewhere (not at home) the most common location is a woodland or wooded public area, followed by rail related locations.
- Criminal Justice Contacts
    - People in current or recent contact with the criminal justice service were at risk of suicide. In particular, a number were under investigation for sexual offences.
- Life events/themes
    - For all ages, mental illness was recorded the most, ranging from common mental health disorders such as depression and anxiety to acute conditions such as psychosis and schizophrenia.
    - Four cases of post traumatic stress disorder were recorded.
    - Over one third of people had had relationship problems. This was the most common recorded theme documented affecting over half of those aged under 25 years.
    - One in ten people had sleep problems noted, this ranged from disturbed or poor sleep, sleep apnoea and insomnia.

Reducing the risk of suicide in key high-risk groups

With suicide risk not evenly distributed throughout the population there are some groups at higher risk.

Reducing risk in men, especially those in middle age is particularly important. Men are at higher risk in this middle age group when there are co-existing issues such as debt, social isolation, drugs and alcohol use.

Ideas of socialisation play a particularly important factor in relation to men's mental health. These tendencies include a relative lack of emotional expressiveness, the propensity to "act out" emotional distress, and a reduced willingness to admit vulnerability and seek help. Key factors for men include depression, especially when it is untreated or undiagnosed, alcohol or drug misuse, unemployment, family and relationship problems including marital breakup and divorce, social isolation and low self-esteem.

We have undertaken insight work to understand Men's views on mental wellbeing that has been used to inform the development of a bid for EU funding.

People in contact with the criminal justice system
There are many possible factors as to why someone in the criminal justice setting may be more at risk from suicide. Jails and prisons are repositories for vulnerable groups that are traditionally among the highest risk for suicide, there may be a psychological impact of arrest and incarceration and, furthermore, prisoners are isolated from their family community and support. In partnership with the criminal justice system, multi-agency work has commenced to improve the health and wellbeing of those in the criminal justice system.

Specific occupational groups, such as doctors, nurses, veterinary workers
Depression is at least as common in the medical profession as in the general population, affecting an estimated 12% of males and 18% of females. However, because of the stigma often associated with depression, self reporting likely underestimates the prevalence of the disease in both of the above populations.

Perhaps in part because of their greater knowledge of and better access to lethal means, physicians have a far higher suicide completion rate than the general public; the most reliable estimates range from 1.4-2.3 times the rate in the general population. Although female physicians attempt suicide far less often than their counterparts in the general population, their completion rate equals that of male physicians and, thus, far exceeds that of the general population (2.5-4 times the rate by some estimates).

Farmers and agricultural workers
The key explanatory variables in this group are the presence of physical and mental illness, low rates of treatment, lack of a close confiding relationship, work and financial problems and the availability of firearms. The National Farmers Union (NFU) reports that the average age of farmers in Hampshire is 57 years, indicating an older average workforce than that seen in other occupations. Due to the mechanisation of farming methods they are also more likely, than other occupations, to be sole workers,.

Lesbian, Gay and Bisexual people are at significantly higher risk of mental disorder, suicidal ideation, substance misuse, and deliberate self harm than heterosexual people3. The results demonstrated a two fold excess in risk of suicide attempts in the preceding year in men and women, and a four fold excess in risk in gay and bisexual men over a lifetime. Suicide in these groups is related to isolation and not being able to come to terms with sexuality alongside a fear of discrimination.

Transgender people are of the highest risk of suicide in this group.4 A 2012 survey in Ireland5 reported that 78% of trans people had thought about ending their lives and 40% had attempted suicide. Transgender people may also experience relationship issues with close friends and families, alongside stigma, discrimination and hate crime from the wider community. Risk of suicide compounded by any co-existing mental and physical health. They may also experience long waiting times for NHS gender reassignment services, exacerbating existing difficulties.

Proposed Actions	**When**
Embed learning from work into all themes of mental wellbeing work	Ongoing
Use EU bid for innovative work with men	To be completed by 2021
In partnership with key stakeholders reduce drug related deaths in Gosport through the substance misuse service transformation	From July 2018
Digital support scoped and considered for those at increased risk of suicide, eg Stay Alive app	June 2018
Suicide prevention training for frontline workers	Available from April 2018
Work with the Criminal Justice System on embedding learning from the Rebalancing Act Plan through the Reducing Reoffending subgroup of the Local Criminal Justice Board	Ongoing Refreshed action plan June 2018
Improve equality monitoring in commissioned services and support public health, mental health and other support services to be more LGBT welcoming and inclusive	Sept 2019
Development and distribution of LGBT resource for primary and secondary schools to create more inclusive and supportive school communities	Sept 2018
Further explore work with NHS regarding suicide prevention in medical professions taking forward local research	April 2019
Review need for specific local work with farmers and vets in Hampshire	June 2019
Improve practice and multiagency collaboration in management of dual diagnosis of Severe Mental Illness and substance misuse through area pathway groups.	Ongoing

Tailor approaches to improve mental health in specific groups

Improving the mental health of a local community can impact strongly on reducing suicide rates.

A Joint Hampshire Strategy for Emotional Wellbeing and Mental Health (Children and Young People) set out a number of key actions which will impact on overall wellbeing and reduce risk of suicide. A further strategy is being developed the key themes of this are:

- Emotional wellbeing and mental health of children and young people is every body's business
- Supporting good mental health of parents, child and families from conception to early years (0-5 years old)
- Whole school/education establishment approach to mental health
- Vulnerable Communities
- Reduce rates of Self Harm
- Tier 2 and Tier 3 Child and Adolescent Mental Health Services
- Staff Training and Workforce

A mental wellbeing plan focusing on the adult population is being developed and will be implemented in 2018-21. The themes of the strategy, of which self-help and strengthening communities are a key part are:

- Universal interventions to build resilience and promote wellbeing at all ages with a focus on those at risk of poor mental wellbeing.
- Targeted prevention of mental ill health and early intervention for people at risk of mental health problems
- Early intervention and physical health improvement for people with mental health problems
- Eradicate the stigma and discrimination associated with mental health

The key actions will be outlined in the strategies.

Specific issues related to Suicide prevention are outlined below

Those visiting primary care. Primary care partners supported to ensure they are confident to identify and support those with suicidal ideation.

Depression can cause symptoms of low mood, tiredness, loss of interest, despair and hopelessness that interfere with a person's life. Treatment of depression and other mental illness conditions in primary care, and safe prescribing of painkillers & antidepressants should follow NICE guidance[1,2].

Sleep disturbances in general, as well as insomnia and nightmares individually, appear to represent a risk factor for suicidal thoughts and behaviour.

Relationships. Both divorced and separated males and females have been found to be at an elevated risk of suicide compared to their married counterparts One clear implication of the evidence that relationship breakdown is associated with heightened suicide risk is that, when working with men and women already identified as at risk of suicide, practitioners need to be alert to the possibility that relationship breakdown can be a trigger to suicidal acts.

[1] https://www.nice.org.uk/guidance/cg90/chapter/1-Guidance#care-of-all-people-with-depression
[2] https://www.nice.org.uk/guidance/cg91

For those under the care of mental health service especially in relation to past traumatic events will have safety plans and condition pathway allocated to ensure best practice interventions

A key challenge remains how to encourage those at risk to seek help as early as possible. The inability to express distressing emotion has been viewed as a risk factor for suicide.

Action	
Develop an approach to improving the support for people affected by issues of depression, relationship breakdown and poor sleep, through partnership work with primary care and local support agencies	March 2019
Develop a proposal for STP funding for working in primary care across the South East of England	March 2018
Zero Tolerance to suicide work to be scoped and considered by key mental health agencies	September 2018
Continue developing and disseminating evidence-based suicide assessment (>95% of patients to have a risk summary) and collaborative safety planning in people in contact with mental health services (MyCrisis & SafetyPlans) for all inpatients and those at medium/high risk)	Achieve targets (95%) for safety planning by end 2019
Implement evidence-based pathways for severe mental disorders to meet standards for psychosocial intervention especially for trauma.	Ongoing (95% of patients under mental health service allocated to pathway)

Reduce access to the means of suicide

Reducing access to the means of suicide can be a very effective form of suicide prevention. Whilst some of this work is takes place at a national level other more local work is needed at.

A strong partnership has developed partnerships with the railway industry. Recent guidance concerning suicides on the Highways and in waterways and seas has furthered our partnership with the Marine Coastguard Agency and the Highways leads to support their role in reducing suicide.

Where a possible area of high risk is identified, work is undertaken to understand what mitigating factors can be put in place.

Proposed Actions	**By when**
Further work with Marine Coastguard Agency to scope and understand the issues and develop an implementation plan	To start April 2018
To scope and develop a plan with the Highways team to develop further mitigations and response framework.	To start April 2018
Continue partnership with South Western Railways to identify and review where physical mitigations can be put in place across the rail network serving Hampshire.	Annual review
Continue work to improve safety of mental health inpatient units	Annual review

Provide better information and support to those bereaved or affected by suicide

Support for those affected by suicide is important at this time of sudden loss to enable families and friends to come to terms with the loss.

Nationally the 'Help is at Document' has been produced and this is distributed throughout by the Police in Hampshire to those who are recently bereaved by suspected suicide.

The police in partnership with public health have develop a real time surveillance and support referral process for those who may have been bereaved by suicide and this process will be evaluated and reviewed in the coming year. This started in December 2017 and has enabled rapid support to be deployed.

The strategy group has reviewed all support agencies in Hampshire to ensure that relevant support is available where required. Details of this support is made available by the police, as appropriate, as part of the real time surveillance process.

A postvention protocol has been developed to support educational establishments (Schools and Colleges) following a suspected suicide in their community.

Proposed Actions	**By when**
Evaluate the real time surveillance process	March 2109
Review the venues for Help is at Hand to be distributed	March 2019
Review the offer from support agencies to ensure a robust support offer for people in Hampshire	October 2019
Further disseminate and communicate the school and college postvention protocol, as per the Communications Plan	March 2018
Development of a postvention protocol for workplace settings	December 2019

Support the media to deliver, and the communication of, sensitive approaches to suicide and suicidal behaviour

Cases of suicide can be of interest to local and national media. The reporting of suicides needs careful consideration to minimise the impact it may have on others.

The Samaritans have produced guidelines for media outlets on reporting suicide accurately and with sensitivity. This has been shared with media establishments locally.

Proposed Actions	By when
Review the media response since the dissemination of the media guidelines and agree any further actions	April 2019
Ensure in all communication that words around suicide are appropriate to reduce the stigma created by language	On going

Support research, data collection and monitoring

Local suicide audits are an effective way for authorities to identify and respond to high risk groups in their areas, as well as reveal hot spots. It is best practice for local authorities to work with their CCGs, the coroner and NHS to develop and undertake a suicide audit.

Since 2013 Hampshire Public Health has conducted a suicide audit across all the three coroner offices which cover the Hampshire County area. All cases identified by each office as a suicide or suicides with a narrative verdict are included. The audit informs Suicide Prevention work providing context preceding each death and enables theme and hot spot analysis.

Further work is needed to develop a better understanding of the patterns of suicide, suicidal behaviour and attempted suicide. This is developing in conjunction with key partner agencies.

The real time surveillance programme that started in late 2017 enable public health to quickly be ale to identify trends or hotspots and reduce the potential impact of a suicide.

Proposed Actions	**By When**
Continue the suicide audit and review data from real time surveillance data	October 2018
Work with key agencies (Blue light services, transport agencies) to ensure completeness of information to understand patterns of suicidal behaviour	March 2019

Implementation

- This plan will be taken forward by a multi agency prevention group with sub-groups as appropriate.
- Public Health will lead the suicide audit and data developments in conjunction with partners.
- The group will provide updates to relevant boards including the Adults and Children's safeguarding boards, the Health and Wellbeing Board and the HIOW STP
- Governance and monitoring will be through Public Health SMT

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Hampshire Suicide Prevention Strategy

Simon Bryant
Interim Director of Public Health
Hampshire County Council

Aim

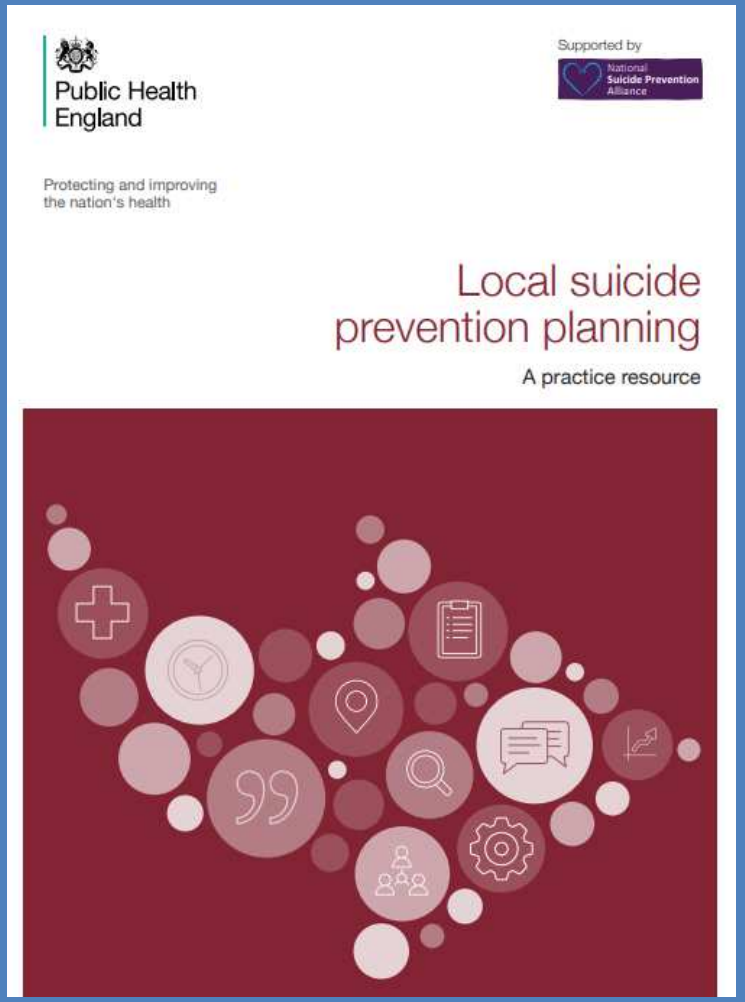
Achievement of the Five Year Forward View target for reduction of suicide (10% by 2020/21) from a 2015/16 baseline.

This strategy outlines the Hampshire approach to suicide prevention which requires statutory agencies, the voluntary sector and others, including the media, to work together to reduce the number of suicides and the effect of someone taking their life.

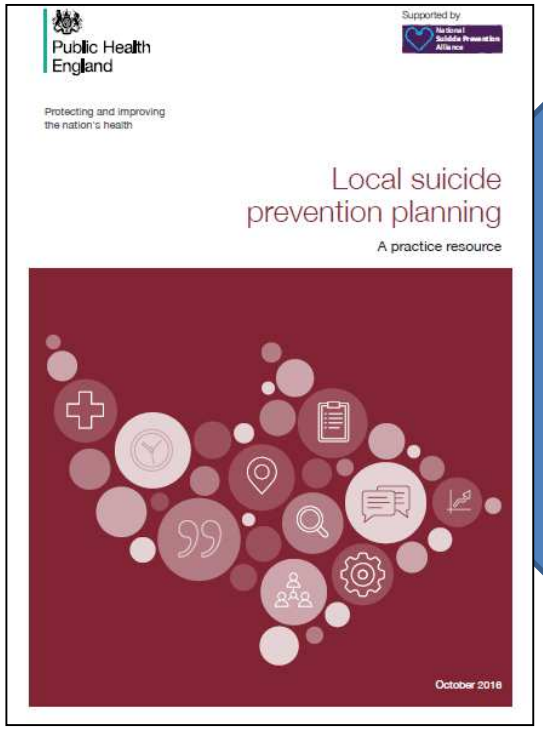
Every day in England around 13 people take their own lives.

The effects can reach into every community and have a devastating impact on families, friends, colleagues and others. Each one of these deaths is a tragedy.

Every local area, whether its own suicide rate is high or low, should make suicide prevention a priority.



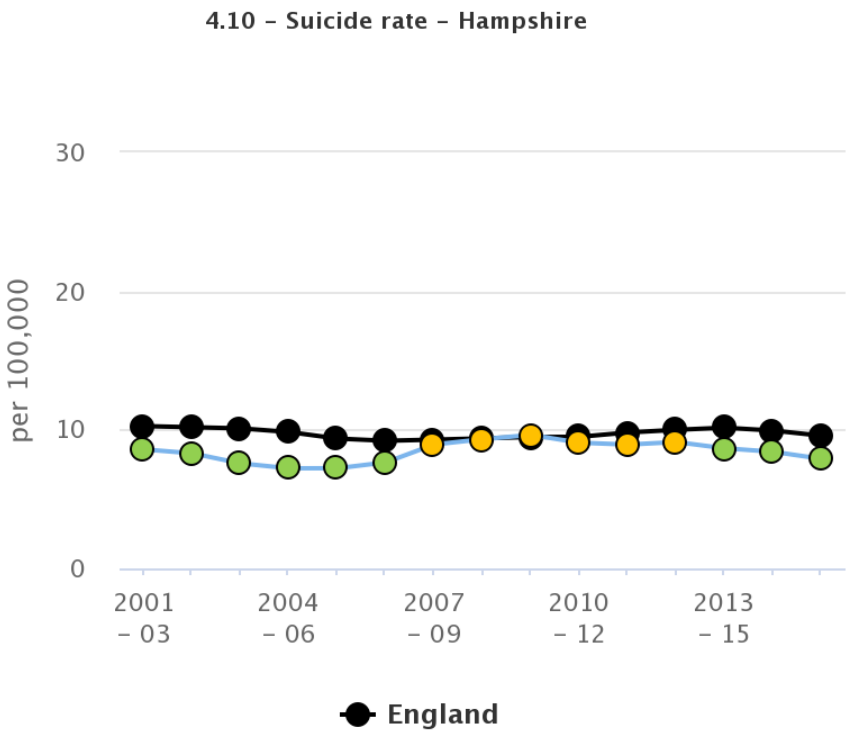
Themes



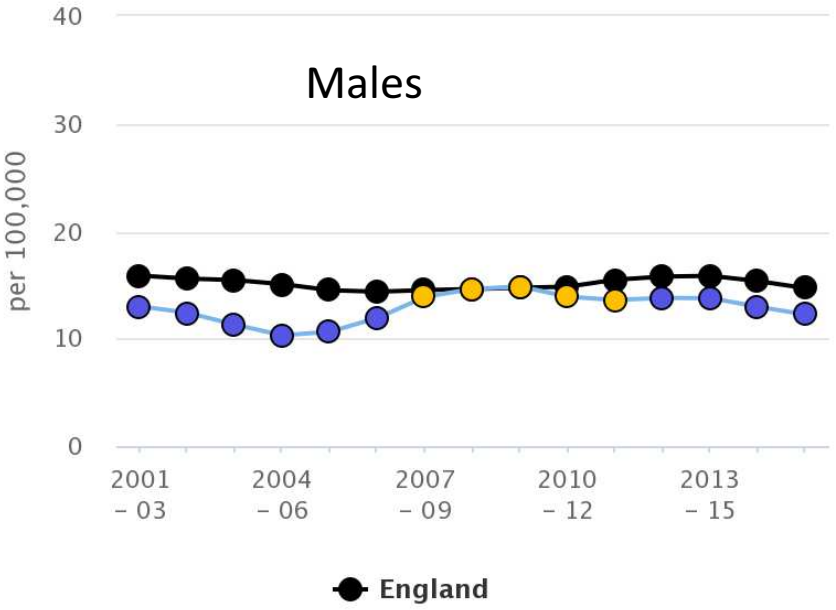
- Reduce the risk of suicide in key high-risk groups
- Tailor approaches to improve mental health in specific groups
- Reduce access to the means of suicide
- Provide better information and support to those bereaved or affected by suicide
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- Support research, data collection and monitoring

Rates of suicide

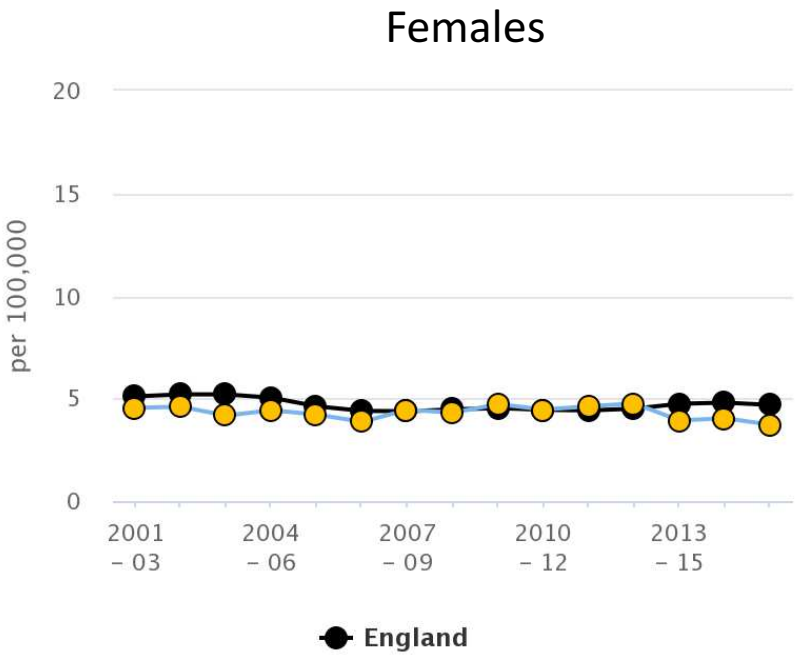
The latest suicide and injury undetermined mortality rate (2014-16 data) for Hampshire is 8.4 per 100,000 population (n=303) this is statistically significantly lower than the England rate of 9.9.



For every person who dies by suicide 135 people who knew the person will be exposed. Each suicide affects a large circle of people, who may be in need of clinician services or support following exposure.



The suicide rate is higher for males, with a male: female ratio of 3:1, however trend data suggest a decrease over the last few years for male rate which is now lower than the national rate but a flattening of the female rate which is comparable to the national rate



At district level rates fluctuate between 5.6 per 100,000 in Eastleigh to 11.2 per 100,000 in Test Valley; Data for 2014 to 2016 show rates are significantly lower than the national rate in Eastleigh Fareham and the New Forest.

The other districts rates are not significantly different to the national rate.

Why conduct a local audit?

- PH have access to nationally produced data
- Public Health Mortality Files

However…

- Lack contextual information
- Audit isn’t about counting numbers it is about the person, circumstances, themes identifying risk factors.
- Enables an evidence based suicide prevention strategy and action plan

Audit: Summary data 2014 to 2017.

A total of **344 deaths** which occurred between 2014 and 2017 have been audited.

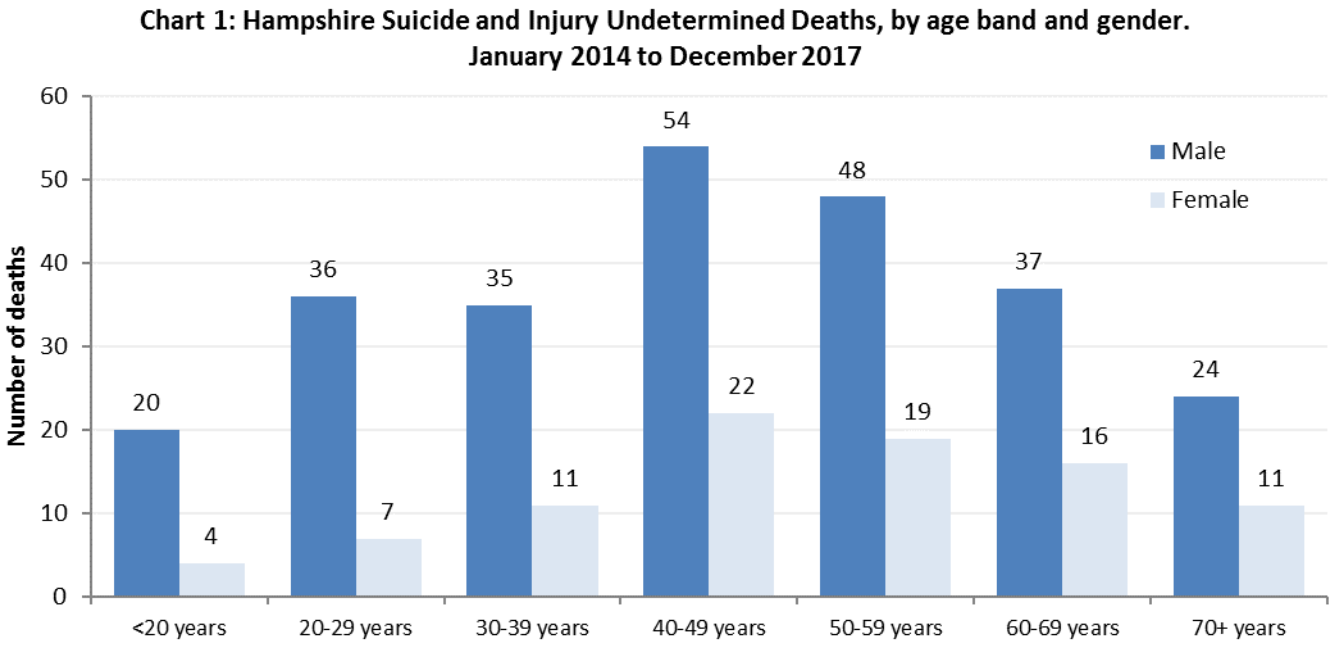
245 recorded had the person's ethnicity recorded, **89% were White or White British**, **eight people (3%) were Asian/Asian British**

18 people were in current or recent contact with the criminal justice service. Twelve people were on bail, seven of these were under investigation for sexual offences.

Overall, the majority of cases (60%) audited died by suicide at home, however location of death data for people aged under 24 years shows the majority (65%) died elsewhere.

Hanging was the most common method with over half of the cases (55%, n = 190) using this method, 17% (n= 57) died due to a drug overdose and 5% (n=18) jumped onto train tracks/into a train.

Audit: Demographic data



One quarter (n=85) were either divorced or separated.

Almost two thirds (65%) lived alone

130 (38%) people were single.

Almost one third (n=39) lived alone.

A total of 254 cases (74%) were male.

The majority of both male and female cases are aged between 40 and 54 years, however there was a peak in the males aged 20-24 age band.

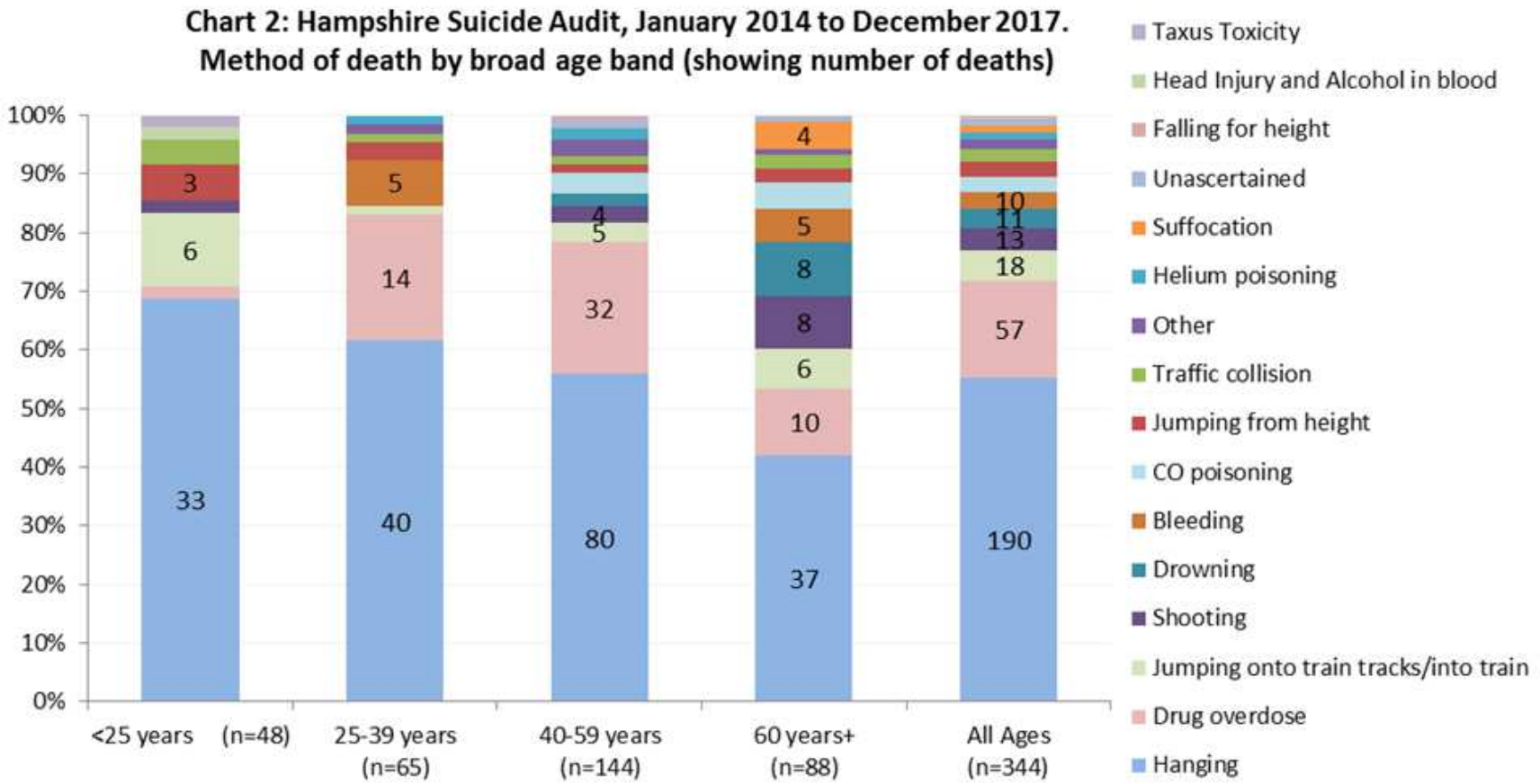
Ages ranged from 13 years to 90 years.

The average age over the three year period was 47 years.

7% (n=25) were widowed.

Three quarters (76%) lived alone.

Audit: Method analysis



- Analysis by method and age suggest differences in method, with a higher proportion of younger people dying elsewhere.

- Hanging was the main method for all ages however a larger proportion of younger people died by either jumping from height or onto train tracks or train when compared with the older age bands.

Audit: Services involved

92 (27%) were in contact with mental health services at the time of their death

28 (8%) had been in contact with mental health services in the last 12 months

18 (5%) had been in contact with mental health services in the last 2 years

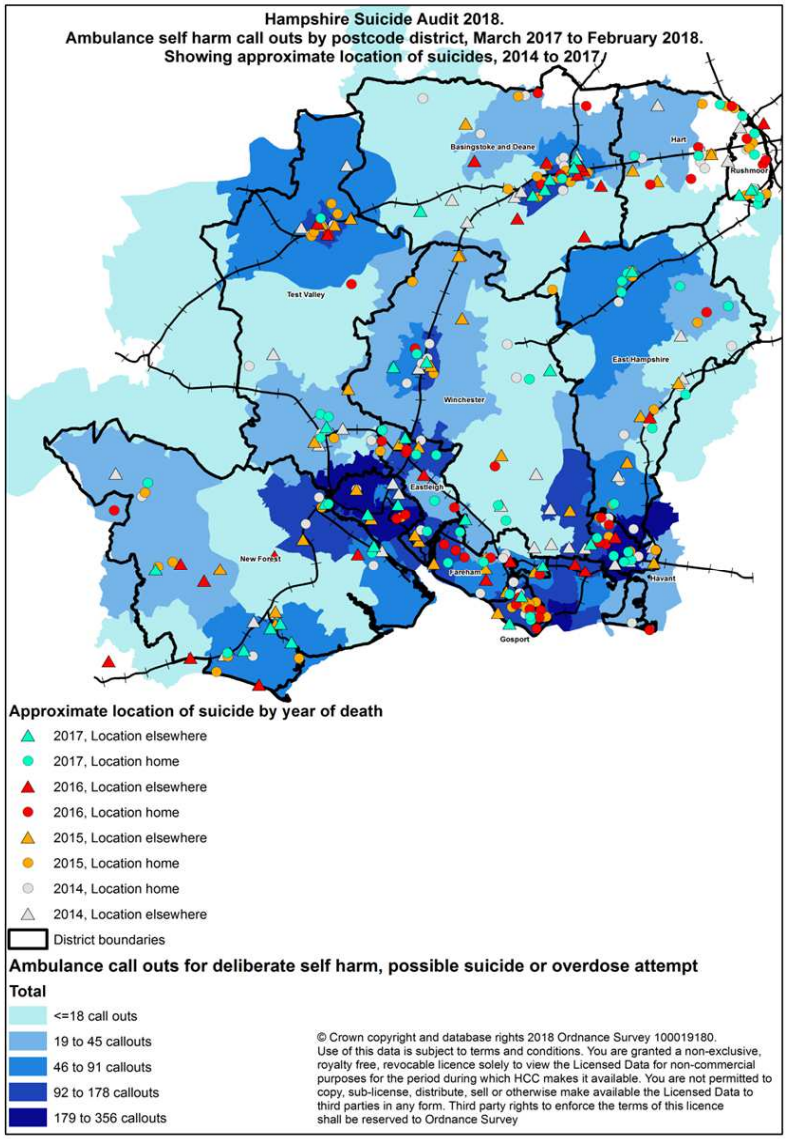
58 (17%) had been to see their GP two weeks before their death.

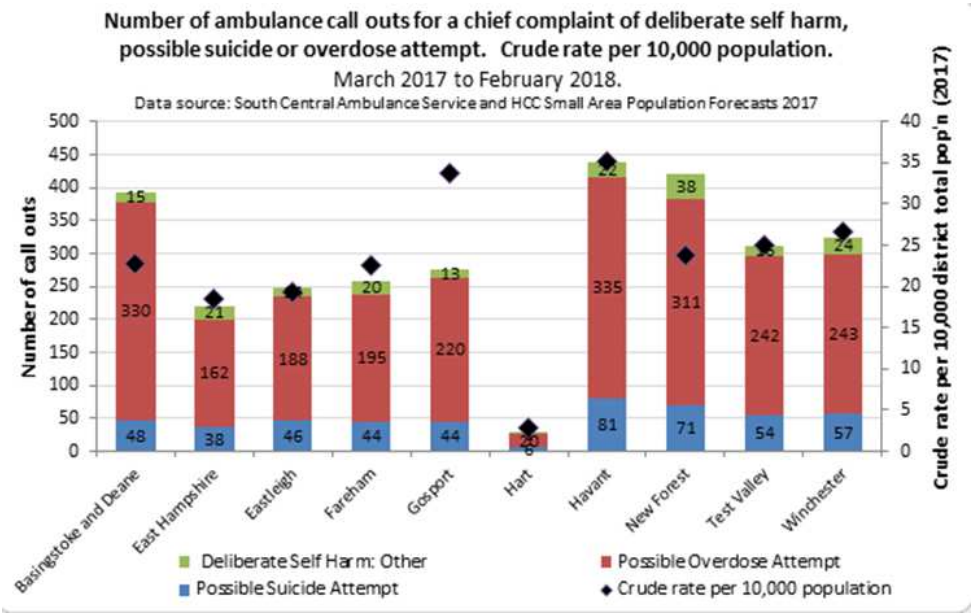
Almost one third (29% n= 101) had documented reports of substance misuse within the last year. 19 people (6%) reported having used drugs in the last 24 months.

33% misused both drugs and alcohol

Eight were in contact with substance misuse services at the time of the death and four had been in contact with them up to 12 months prior to death.

Self harm incidents and audit data





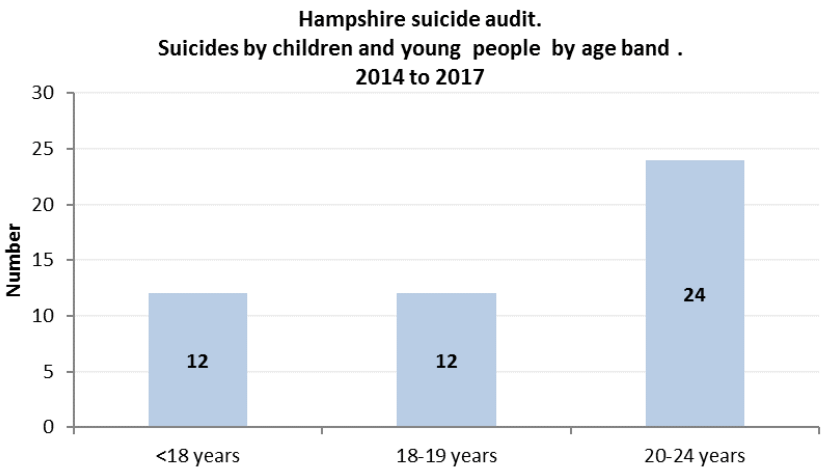
Between March 17 and February 18 SCAS attended 2,935 callouts where the chief complaint was recorded as deliberate self harm, overdose or substance abuse.

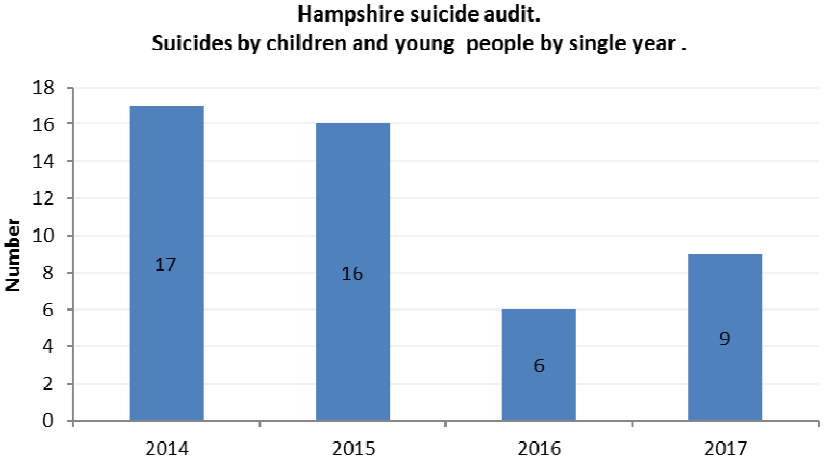
There were a higher proportion of female deliberate self harm ambulance incidents. 59% of all incidents were female. The age profile was much younger than the suicide data; self harm incidents were highest in the 18-24 year old male and females.

Havant followed by Gosport had the highest incident rates across the districts.

Audit: Children and young people (under 25 yrs old).

Over the four year period 2014 to 2017 there were 48 suicides by children and young people (under 25 years) in Hampshire which were audited.





39 (81%) were males, 9 (19%) were females

60% (n=29) of young people lived with parents.

13% (n=6) lived alone

The majority of the young people were either students (23%, n=11) or employed (48%, n=23).

Suicide prevention in Hampshire

Key achievements

Postvention protocol for schools/colleges

Real time surveillance with Police and *Help is at Hand* distributed to key locations

EU Step by Step project to improve men's mental health

Leaving prison work – improving support available for ex prisoners.

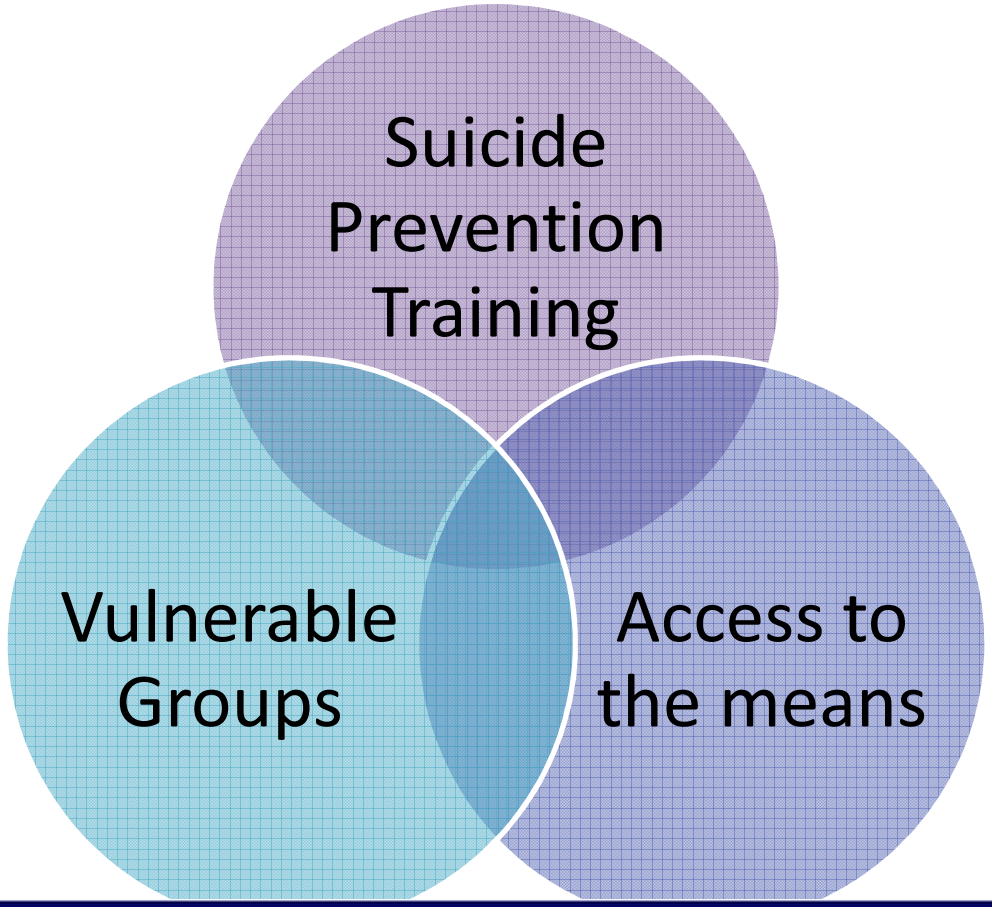
Suicide prevention training for frontline workers

Developing work to support LGBT communities through schools and local events

Partnership work with South Western Railways including visits to high risk locations

Connect 5 training – Community Resilience

How has this research informed the Hampshire suicide prevention work?



Suicide Prevention & Mental Health Training

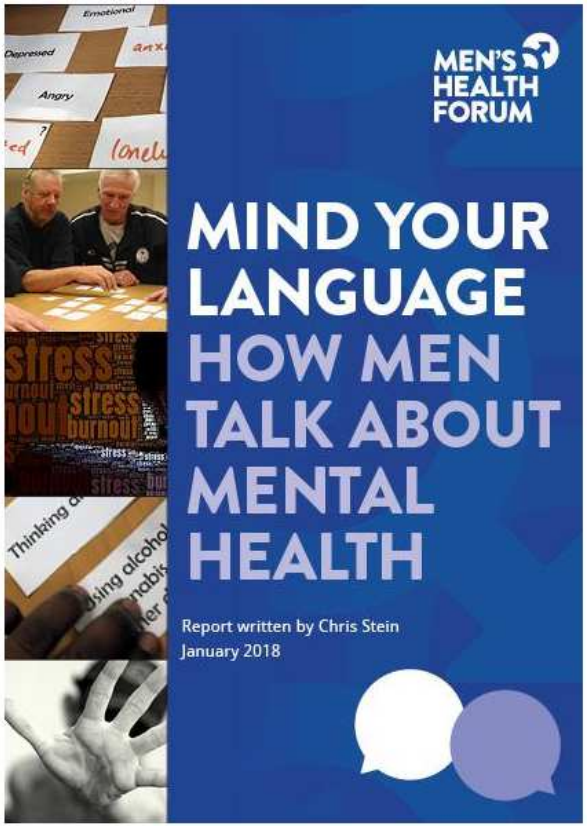
- Training for Primary Care
- Samaritans Training for Frontline Practitioners
- Online/free training such as Zero Suicide Alliance

CONNECTING WITH PEOPLE
start the conversation

Men and Health Inequalities

Further research into why men are at higher risk of suicide showed that

- Men are less likely to access health services and/or delay seeking help
- Men engage in health topics differently to women
- Stigma around mental health as ‘weakness’ prevented men from talking about their mental health
- Men are happier to engage in a physical or social activity than an ‘health service’



SBS Overview

- European Regional Development Fund (ERDF) funded project with 10 project partners
- Development of a new model of health and wellbeing improvement, based on the way men naturally engage with each other, in places where men naturally meet – inspired by Men's Sheds
- Coproduced with men in each partner organisation
- Combines mental health and physical health to reduce stigma and increase engagement
- Addresses key contributors to poor mental wellbeing among men – improving social connectivity, being able to contribute, improving confidence
- Includes employment as a key factor in men's health and wellbeing – addressing suicide risk factors of debt / redundancy

Model overview: https://www.youtube.com/watch?v=zZhTi1y2Z0s

Working with Prisoners/ex-Offenders

- Listening service provided by Samaritans
- Discharge pack
- Work in progress with Prison staff – substance misuse/mental health/social care

People with Mental Illness

Vulnerable Groups

- Working with secondary mental health providers/trusts to develop the zero suicide ambition.
- Population approaches such as commissioning services from MIND

Those who are bereaved by suicide

- People bereaved by suicide can be many times more likely to attempt suicide themselves and are particularly vulnerable.
- Postvention/prevention Protocol for Schools & Colleges, offering support and key steps http://documents.hants.gov.uk/public-health/2018-02-20SuicidePreventionandPostventionProtocolforSchoolsandColleges.pdf
- People with Lived Experience (PLE) workshop work to develop greater understanding of the needs and to develop system to incorporate PLE in planning

Vulnerable Groups

Access to the means

Reducing Access to the Means

Public Health England

Protecting and improving the nation's health

Preventing suicides in public places
A practice resource

Hampshire County Council

Real Time Surveillance

In November 2017 a police led suicide surveillance programme commenced in Hampshire.

There are two main reasons for PH to be involved in the real time surveillance programme;

- postvention bereavement support.
- Identify any trends in location, method and cohort early to prevent subsequent deaths or copy cats.

These data must be treated with caution as they cannot be recorded as a suicide until after the coroners inquest and subsequent verdict, therefore can only be referred to as suspected suicides.

Governance

- Multi Agency plan and group chaired by Public Health
- Strong links to the Safeguarding Boards
- Feedback to the Crisis Care Concordat
- Sign off by the Health and Wellbeing Board

Thank you for listening!
Any Questions?

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
Date of meeting:	9 July 2019
Report Title:	Work Programme
Report From:	Director of Transformation and Governance

Contact name: Members Services

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

Purpose of Report

1. To consider the Committee's forthcoming work programme.

Recommendation

2. That Members consider and approve the work programme.

WORK PROGRAMME – HEALTH AND ADULT SOCIAL CARE SELECT OVERVIEW & SCRUTINY COMMITTEE

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	9 July 2019	16 Sept 2019	8 Oct 2019	11 Nov 2019
Proposals to Vary Health Services in Hampshire - *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.* **(SC) =** Agreed to be a substantial change by the HASC.								
Andover Hospital Minor Injuries Unit	Temporary variation of opening hours due to staff absence and vacancies	Living Well Healthier Communities	Hampshire Hospitals NHS FT and West CCG	Update last heard April 2019 Next update to be considered Nov 2019, inc UTC developments (invite West CCG to joint present with HHFT).				**x**
Dorset Clinical Services review **(SC)**	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	Last Joint HOSC meeting August 2017 to consider consultation outcomes. Decision made by CCG in line with Option B 20 September, which HASC supports. If needed contact Ann Harris for update.	If any changes, or any meeting held in future, HASC to receive a verbal update.			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	9 July 2019	16 Sept 2019	8 Oct 2019	11 Nov 2019
North and Mid Hampshire clinical services review **(SC)**	Management of change and emerging pattern of services across sites	Starting Well Living Well Ageing Well Healthier Communities	HHFT / West Hants CCG / North Hants CCG / NHS England	Monitoring proposals for future of hospital services in north and mid Hampshire since Jan 14. Status: last update Jan 2019. Retain on work prog for update if any changes proposed in future. Timing to be kept under review.	If any changes proposed, HASC to receive an update.			
Move of patients to Eastleigh & Romsey Community Mental Health Team	Patients in Eastleigh southern parishes historically under Southampton East Team moving to Eastleigh and Romsey team	Living Well Ageing Well	Southern Health	Briefing note presented at Sept 18 meeting. Supported as not SC. Update received April 2019. Further update requested when transfer complete (timing tbc)				
Spinal Surgery Service	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 May 2019.				**x**

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	9 July 2019	16 Sept 2019	8 Oct 2019	11 Nov 2019
				Update from UH Southampton requested Nov. 2019				
Chase Community Hospital	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. Sept 2018 decision is substantial change, further update Nov 2018 meeting. Latest update Feb 2019 (health hub developments update due later in year, when CCG has reviewed options. Pencil in for July meeting)	**x** (written)			
Solent NHS and Southern Health for PSEH	Proposed changes to the Mental Health Crisis Teams	Living Well Ageing Well	PSEH	Presenting July	**x**			
GP Extended Access Service	Providing extended access to GP services via GP offices and hubs		Southern Hampshire Primary Care Alliance	Presenting July	**x**			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	9 July 2019	16 Sept 2019	8 Oct 2019	11 Nov 2019
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.*								
Temporary Closure OPMH Ward	Southern Health NHS FT – reported in Oct temporary closure to admissions to Poppy and Beaulieu wards.	Living Well Ageing Well	Southern Health NHS FT	Last Update received at Jan 2019 meeting. Beaulieu temp closed for up to 6 months. Update on reopening provided May 2019. Requested further written update Nov. 2019.				**x**
Care Quality Commission inspections of NHS Trusts serving the population of Hampshire	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, update heard April 2019. Requested paper update July 2019 and attendance Nov 2019. Focused Inspection of ED update provided May 2019. SHFT – latest full report received Nov	**x** **x**			**x**

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	9 July 2019	16 Sept 2019	8 Oct 2019	11 Nov 2019
				18. Update received April 2019, requested further update with paper for July 2019.				
				HHFT update heard in May 2019. Requested further update for November.				**x**
				Solent – latest full report received April 2019, requested update on minor improvement areas for Nov 2019 (could be paper only)				**x**
				Frimley Health NHS FT inspection report published 13 March 2019, scheduled for July 2019	**x**			
				UHS FT being inspected Spring 2019. Timing for report to HASC tbc, possibly July 2019	**x**			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	9 July 2019	16 Sept 2019	8 Oct 2019	11 Nov 2019
CQC Local System Review of Hampshire	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	Latest update received in April 2019 on 6 month milestones. Next update due July 2019 on 12 month milestones (including CCG rep to jointly present) Adults requested to move update from July to October 2019.			**x**	
Sustainability and Transformation Plans: one for Hampshire & IOW, other for Frimley	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. System reform proposals Nov 2018. STP working group to undertake detailed scrutiny – updates to be considered through this. Last meeting in Dec 2019 and last report to HASC April 2019.				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	9 July 2019	16 Sept 2019	8 Oct 2019	11 Nov 2019
Pre-Decision Scrutiny – *to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme*								
Budget	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 (next due Jan 2020) Transformation savings pre-scrutiny alternate years at Sept meeting. T21 due Sept 2019.		**x**		
Orchard Close	To consider proposals to close Orchard Close Respite Service, Hayling Island	Living Well Ageing Well	HCC Adults' Health and Care	Workshop held 4 Dec 2018. Pre scrutinised at additional Feb 2019 HASC prior to Feb EM decision. Call In meeting 14 March 2019 recommended EM re-consider. EM re-considered 29 March and confirmed to undertake further work prior to decision in Nov. April 2019 Working Group agreed, to				**x**

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	9 July 2019	16 Sept 2019	8 Oct 2019	11 Nov 2019
				meet to consider options and feed back to Nov 2019 meeting.				
Integrated Intermediate Care	To consider the proposals relating to IIC prior to decision by the Executive Member	Living Well Ageing Well	HCC AHC	To receive initial briefing on IIC May 2019, with pre-scrutiny of EM Decision due later in the year (tbc)			**x**	
Working groups								
Orchard Close Working Group	To form a working group reviewing the STPs for Hampshire	Starting Well Living Well Ageing Well Healthier Communities	STP leads All NHS organisations	April 2019 Working Group ToR agreed, first meeting in June 2019 and feed back to Nov 2019 meeting.	**Ongoing**			
Update/overview items and performance monitoring								
Adult Safeguarding	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. Last update Nov 2018, next due Oct			**x**	

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	9 July 2019	16 Sept 2019	8 Oct 2019	11 Nov 2019
				2019				
Public Health updates	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 Nursing Procurement pre scrutiny Jan 2019 Hampshire Suicide audit and prevention strategy due May 2019 (moved to July)	**x**			
Health and Wellbeing Board	To scrutinise the work of the Board	Starting Well Living Well Ageing Well Healthier Communities	HCC AHC	Joint Health and Wellbeing Strategy refresh agreed by Board March 2019. Update on Strategy received in May 2019. Business plan update also expected in 2019.				

Other requests not yet scheduled:

Sept 2018: CAMHS assessments of children in schools and change in provider
Gosport Independent Review - overview of response of system partners tbc
NHS 10 Year Plan – overview of what this sets out and how this is being taken forward locally tbc

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	no
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	no
People in Hampshire enjoy being part of strong, inclusive communities:	no

Section 100 D - Local Government Act 1972 - background documents

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

Document	Location
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

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 by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) 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 protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are 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 in which participation by such persons is disproportionally low.

2. Equalities Impact Assessment:

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.