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NOTICE OF MEETING

Meeting	Health and Adult Social Care Select Committee
Date and Time	Tuesday, 29th November, 2022 at 10.00 am
Place	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
Enquiries to	members.services@hants.gov.uk

Carolyn Williamson FCPFA
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 and available for repeat viewing, it may also be recorded and filmed by the press and public. Filming or recording is only permitted in the meeting room whilst the meeting is taking place so must stop when the meeting is either adjourned or closed. Filming is not permitted elsewhere in the building at any time. Please see the Filming Protocol available on the County Council's website.

AGENDA

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

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

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

To confirm the minutes of the previous meeting held on 5 July 2022.

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. SERVICE RESILIENCE, RECRUITMENT AND RESOURCING (Pages 13 - 66)

A multi-agency update, to incorporate updates from the County Council's social care service and from health bodies, regarding recruitment and resourcing.

7. PROPOSALS TO VARY SERVICES (Pages 67 - 96)

To consider the report on proposals from the NHS or providers of health services to vary or develop health services in the area of the Committee.

- a) Recommendation to create a new community and mental health trust (Southern Health Foundation Trust and Solent NHS Trust)
- b) Building Better Emergency Care (Portsmouth Hospitals NHS Trust)

8. ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES (Pages 97 - 158)

To consider a report 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) Independent Review of Southern Health NHS Foundation Trust
- b) Care Quality Commission Inspection – Maternity Services (Hampshire Hospitals NHS Foundation Trust)
- c) Care Quality Commission Inspection – Safeguarding (South Central Ambulance Service)
- d) Dental Services Update – (NHS England/Hampshire and Isle of Wight Integrated Care Board)

9. ANNUAL SAFEGUARDING REPORT - ADULTS' HEALTH AND CARE 2021/22 (Pages 159 - 172)

To receive an annual update in respect of the local authority statutory duty to safeguard vulnerable adults.

10. WORK PROGRAMME (Pages 173 - 188)

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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Agenda Item 3

AT A MEETING of the Health and Adult Social Care Select Committee of
HAMPSHIRE COUNTY COUNCIL held at The Castle, Winchester on Tuesday,
5th July, 2022

Chairman:

* Councillor Bill Withers Lt Col (Retd)

- | | |
|-------------------------------|-------------------------------|
| * Councillor Ann Briggs | * Councillor Lesley Meenaghan |
| Councillor Jackie Branson | * Councillor Sarah Pankhurst |
| Councillor Pamela Bryant | * Councillor Kim Taylor |
| * Councillor Graham Burgess | * Councillor Andy Tree |
| * Councillor Rod Cooper | Councillor Michael Ford |
| Councillor Tonia Craig | * Councillor Lance Quantrill |
| Councillor Debbie Curnow-Ford | Councillor Tim Groves |
| Councillor Alan Dowden | * Councillor Dominic Hiscock |
| * Councillor David Harrison | |
| Councillor Adam Jackman | |
| Councillor Andrew Joy | |

Co-opted members

- * Councillor Cynthia Garton
- * Councillor Diane Andrews
- Councillor Julie Butler
- Councillor Karen Hamilton

*Present

73. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Branson, Bryant, Butler, Curnow-Ford, Dowden and Hamilton.

Councillors Quantrill and Hiscock were in attendance as the substitute members for the Conservative group and Liberal Democrat group respectively.

74. DECLARATIONS OF INTEREST

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Personal interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 5 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

Councillor Pankhurst declared an interest as an employee of NHS 111 and noted that she would leave the meeting whilst the NHS 111 item was discussed.

75. MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on 24 May 2022 were agreed as a correct record and signed by the Chairman.

76. DEPUTATIONS

The Committee did not receive any deputations.

77. CHAIRMAN'S ANNOUNCEMENTS

The Chairman welcomed observers from the Care Quality Commission who were attending as part of their Assurance Test and Learn exercise within the Adults' Health and Care department.

The Chairman invited the Director of Public Health to update on the current Covid position. Members heard that there had been a rise in hospital cases although there was no local data to be reviewed due to testing no longer being conducted. The Council were encouraging vaccinations and boosters and promoting this in schools to younger age groups. Those with Covid symptoms were being encouraged to continue to self-isolate.

The Chairman noted that the System Resilience Report which had been on the June Cabinet agenda had been shared with HASC Members via email.

The Chairman also drew Members' attention to the King's Fund video link which had been sent via email. The video clip outlined the key organisations which make up the NHS and how these organisations collaborate with health and care partners to deliver joined-up care.

78. PROPOSALS TO VARY SERVICES

a) Hampshire Together update (Hampshire Hospitals Foundation Trust)

Alex Whitfield, Dr Lara Alloway, Ruth Colburn Jackson and Shirlene Oh from Hampshire Hospitals Foundation Trust attended to present the update.

The Committee received a presentation outlining the current position for the new hospital programme and ongoing activity. Members heard that patient and public engagement activities were continuing to inform the development of the business case. Members noted the timeline of upcoming dates including the Strategic Outline Case submission to the NHS in 2022, full business case submission targeted for March 2025, the start of construction in 2025 and 'doors opening' in 2030.

In response to Members' questions it was noted that:

- Decisions were being made regularly regarding necessary building upgrades to the aging existing estate and that the new facilities at the hospital would be much welcomed.
- Travel links to the new hospital in Basingstoke were an important factor being taken into consideration for both patients and visitors.
- It was anticipated that the most acute services would be centralised at the new hospital with planned procedures and longer term care being provided at other sites more local to the individual patient. This was similar to the current arrangement.
- The Trust recognised that there was a minimal risk of the funding not being awarded but the presenters assured the Committee that the new hospital was a flagship project, part of a key programme and that they had received strong assurances from Government that the project would go ahead fully funded.
- The Trust currently had very low nursing vacancy numbers and that this had been as a result of an international recruitment drive. The new hospital would incorporate facilities and restrooms for staff to use during break times which would promote staff wellbeing and was hoped to help with staff retention.

RESOLVED:

- i) That the Committee note the update on the Hampshire Together programme.
- b) Enhanced Access to GP Services

Dr Zaid Hirmiz, Kirsten Lawrence and Tom Sheppard from the Hampshire and Isle of Wight Integrated Care System (ICS) attended to present the item.

Members noted that the objectives of the initiative when it was first established had been to provide additional primary care capacity outside of core hours (namely 6.30-8pm Monday to Friday and 9-5pm on Saturdays) from a range of health services including GP's.

The Committee heard that a combined approach, incorporating two initiatives that had been operating in parallel, was being planned and would be implemented in October 2022. It was noted that the Primary Care Networks were working with the ICS's to create a draft plan for the combined service ahead of the changes coming into place in October.

In response to Members' questions it was confirmed that:

- The ICS was cognisant of workforce pressures and the shortage of GP's and that this made it difficult to access primary care services. It was also noted that retention of existing staff, making the role attractive, was important as much as recruiting new GP's.

- GP and feedback on working extended hours had been mixed and that some preferred to work evenings and Saturdays due to personal commitments.
- A comprehensive public engagement approach would be adopted to seek feedback on the PCN combined approach proposals.

RESOLVED:

- i) That the Committee request a written summary of the presentation given at the meeting to be emailed to Members.
- ii) That the Committee request an update for the November 2022 meeting confirming how all Hampshire Primary Care Networks are delivering the requirements for Extended Access to GP services.

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

- a) Care Quality Commission (CQC) Inspection Report regarding Safeguarding – South Central Ambulance Service (SCAS)

Professor Helen Young, Executive Director of Patient Care at SCAS, attended to present the item. Members noted the three external reviews of the service and safeguarding arrangements (including the CQC review) and that an integrated improvement action plan incorporating all of the feedback had been produced by SCAS.

The Committee heard that, in response to the CQC findings and the rating of 'requires improvement' being attributed to SCAS's safeguarding arrangements, the Trust had already recruited a largely new safeguarding team, been rigorous in their training and governance, reviewed and introduced new reporting apps and dashboards as part of an IT system refresh. SCAS had developed an action plan comprising 21 targets for completion to improve the service.

In response to Members' questions it was noted that:

- The severity of the feedback from the CQC was concerning and that SCAS recognised that significant improvements needed to be made. The Committee noted the CQC's observations on frontline ambulance services and that these had been rated as safe. The issues requiring improvement related not to frontline services but to overarching governance processes.
- The Adults' Health and Care department would welcome a longer term interface with SCAS – recent conversations regarding safeguarding and linking with the Multi Agency Safeguarding Hub and Hampshire Safeguarding Adults Board had proven very useful. It was noted that maintaining this close working going forward would be of wider benefit.

RESOLVED:

- i) That the Committee request an update from SCAS at the November meeting detailing how the 21 actions are being progressed. The Committee requested that this be set out in table format to enable a straightforward review of the information.

80. **NHS 111 UPDATE**

Councillor Pankhurst noted that she was an employee of NHS 111 and left the meeting whilst this item was discussed.

Sam Chapman, Urgent and Emergency Care Associate Programme Director at Hampshire and Isle of Wight (HIOW) ICS, attended to present the item regarding NHS 111 performance.

Members heard how HIOW ICS had invested in Integrated Urgent Care services including 111 and that this had resulted in one of the highest performing systems nationally. It was also noted, however, that the whole system continued to be under significant pressure. The Committee reviewed recent data regarding call volumes, response times and transfers of 111 calls through to 999. The number of 111 callers referred to primary care services or to Emergency Departments was also reviewed.

In response to Members' questions, it was confirmed that:

- A number of workforce pilots were ongoing regarding flexible working/working patterns and working from home but that call handlers generally preferred to be in a team environment with clinicians available nearby and this was not possible when working from home.
- Frequent callers making an unusually high volume of calls were monitored by the service.

RESOLVED:

- i) That the Committee note the update and welcome the investment into Integrated Urgent Care Services.
- ii) That the Committee request a further update in six months' time to continue to monitor the evolution of the service.

81. **DEVELOPMENT OF INTEGRATED CARE SYSTEMS UPDATE**

Ros Hartley, Director of Partnerships at HIOW ICS, and Sam Burrows, Programme Director at Frimley ICS, attended to present the item.

The Committee noted that, as of 1 July 2022, the ICSs were formally launched and had replaced the previous Clinical Commissioning Groups (CCGs). HIOW

ICS and Frimley ICS covered the Hampshire population and would be responsible for health care commissioning in their respective areas.

The structure of the ICSs was set out, including the role of the Integrated Care Partnership (ICP) and Integrated Care Board (ICB). Members noted that ICP/ICB appointments had been made, including Local Authority (LA) representative from across Hampshire. Some members were concerned that only one or two LA appointments would not be sufficient to represent the views of the whole Hampshire population. The Committee were reassured that there was membership from across all upper tier LA's (Hampshire County Council (HCC), Southampton City Council (SCC), Portsmouth City Council (PCC)); members had also been appointed based upon relevant skills and background and from across the geography of the county. It was noted that District and Borough Authorities had also put forward a nomination.

In response to Members' questions, it was confirmed that:

- The HIOW IBC Local Authority appointments were Graham Allen (HCC), Debbie Chase (Director of Public Health at SCC), David Williams (Chief Executive at PCC) and Sarah Daly (Children's Services at PCC).
- The ICSs were sighted on Hampshire County Deal discussions.
- Dentistry commissioning was transferring from NHS England to individual ICSs. The ICSs were confident that local ownership could help improve existing challenges in accessing dentistry services – retention of workforce could be managed locally, planning services could be achieved alongside ICS partners. It was noted that the transfer was not yet complete and that a transition year was in place.
- Full membership lists would be provided for the Committee setting out representatives on the HIOW and Frimley ICBs. This would also include key contacts for optometry and dentistry.

RESOLVED:

- i) That the Committee note the update.
- ii) That the Committee request that the Commissioners provide a further update in late 2022 or early 2023 for the HASC to comment on the ICP Interim Integrated Care Strategy and the ICBs first 5 Year Forward Plan for health and wellbeing for the Hampshire population.

82. **HEALTH AND WELLBEING BOARD ANNUAL REPORT**

The Committee received the annual report of the Hampshire Health and Wellbeing Board.

RESOLVED:

That the Committee:

- i) Note the update, progress, and upcoming priorities of the Health and Wellbeing Board's work.
- ii) Note the annual report that has been signed off by the Chairman and agreed by partners of the Health and Wellbeing Board.
- iii) Submit any queries or comments in writing for responses.

83. **WORK PROGRAMME**

The Director of Transformation and Governance presented the Committee's work programme.

Members noted that an item would be added regarding mental health to incorporate updates from a number of partner organisations for a future meeting.

Councillor Taylor requested that a further update on the Hampshire Together programme be added. It was noted that a Joint Committee had been established to monitor the programme and that any updates would also be made available to HASC members.

RESOLVED:

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

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Committee:	Health and Adult Social Care Select Committee
Date:	29 November 2022
Title:	Service Resilience, Recruitment and Resourcing
Report From:	Director of Adults' Health and Care – Hampshire County Council Hampshire and Isle of Wight Integrated Care Board

Contact name: Democratic and Member Services

Tel: 0370 779 5788

Email: Members.services@hants.gov.uk

Purpose of this report

1. The purpose of this report is to provide an update on service resilience, recruitment and resourcing across the health and social care sector.

Recommendation

2. It is recommended that the Health and Adult Social Care Select Committee notes the information presented and the pressures being faced across the sector.

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:	Yes

Section 100 D - Local Government Act 1972 - background documents

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

Document

Location

None

EQUALITIES IMPACT ASSESSMENT:

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 disproportionately low.

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Hampshire
County Council

Health and Adult Social Care Select Committee

Resilience, Recruitment and Resourcing update

29th November 2022

Overview

- This presentation provides an update on the following:
 - Resilience within the social care sector
 - Recruitment and resourcing within HCC Adults' Health and Care
 - Older Adults including Reablement - Demand within our Older Adults teams and staffing capacity
 - Younger Adults - associated Client costs
 - Older Adults and Younger Adults commission – external market position
 - Financial Environment Adult Social Care is operating in for Hampshire

Resilience of the Sector

A Sector 'in gridlock'

- The Care Quality Commission's annual 'State of Care' report describes the Health and Care Sector as 'gridlocked', facing a 'tsunami of unmet need across all Sectors, with increasing numbers of people unable to access care'.

Historical underinvestment in adult social care, alongside **sustained growth in demand**, underpins many of the challenges faced.

- Local authorities have consistently called for a **long-term funding solution** for adult social care. The **need to address annual growth in social care costs** is paramount to ensuring financial sustainability in the medium term.

20
The repercussions of the Covid-19 pandemic continue to be felt on individuals, families and care staff.

- E.g., the **sustained increase in Safeguarding Adult Reviews** – 26 SAR referrals were received between Jan-Sept. 2022, up from 10 during the whole of 2021, with three new SAR commissions during this period.
- E.g., **Growth in the number of provider closures** and provider interruptions – 15 so far in 2022.

Key partnership arrangements with the NHS continue to evolve and take shape following the establishment of **Integrated Care Systems**.

- This presents both opportunities to support improved outcomes for people and risks – for example where AHC operations are dependent on and influenced by the performance of wider partners.

Resilience of the Sector (2)

Cost of living increases are impacting the resilience of individuals, as well as wider Sector.

- The County Council's Network indicated that **adult social care accounts for 47% of total inflationary costs** (659m) facing county and unitary authorities surveyed.
- People accessing social care services are often the **most vulnerable in society and face disproportionate impacts**.
- Cost of Living pressures are **increasing risky behaviours and safeguarding concerns** (e.g., exposure to fire risk due to changes to cooking and heating methods) and criminal activity (e.g., fraud and exploitation).
- **Impacts are also being felt across the AHC workforce** with indications of some staff taking on second jobs and expressing increased anxiety and stress.

National leadership changes and the Government's programme of policy and legislative reform continue to present risks to AHC operations, capacity, and County Council finances.

- The Government's **social care reform programme** presents a risk to the County Council's finances if national funding is not forthcoming and could further increase market rates as self-funders look to the County Council to arrange their care.
- The Sector is also responding to **Mental Health reforms**, including the introduction of Liberty Protection Safeguards which will replace the Deprivation of Liberty Safeguards scheme.
- Local authorities are also preparing for the introduction of **CQC assessment** of adult social care functions, alongside Integrated Care System assurance. During 2022, the County Council participated in a 'Test and Learn' exercise to pilot the CQC's Single Assessment Framework.

AHC continues to respond to priority agendas, including the **Afghan Resettlement Scheme** and support to **Ukrainian refugees**.

- AHC takes pride in its work to support those in crisis and displaced through conflict – however, the combination of volume, use of hotels, the pace of change and wider pressure on local communities and public services makes the operational environment challenging.

Hampshire market – provider failure

Care Home Closures

- There are a total **468 Care Homes registered** in the Hampshire county area.
- So far this year, **16 care homes across all sectors have advised of their intent to close.**
- **Nine of these services have closed and the remaining seven are in the process of closing.** This compares to four closures in both 2020 and 2021 respectively.
- **This equates to 310 care home beds lost** in the Hampshire market in 2022 - an 111% increase on 2021, when there were 147 beds lost.
- The main reasons for closure were financial viability, unsuitability of the building or closing for refurbishment.
- There remains a high supply of both residential and nursing beds, as **providers continue to report 90% occupancy**, but the sector continues to struggle with staff shortages and a high dependency on agency staffing.
- **Further closures are anticipated** as the sector continues to experience slow recovery while community services experience an increase in demand.

Page 22

Domiciliary Care Closures

- **Five Domiciliary care services have closed in 2022 affecting a total of 65 people** at the time the Local Authority was notified. This equates to a 67% increase on the number of closures in 2021 (three) and a 400% increase on the closures in 2020 (one).
- The main reasons for closure were **financial viability** (two) and **recruitment/retention** of staff (three).
- The **waiting list for people awaiting domiciliary care has continued to reduce** and at time of writing was 30 across the county.
- Whilst some providers have exited the market, the balance is in favour of new providers entering, with a pipeline of more providers who want to come onboard the Care and Support at Home Framework.
- Attracting staff to address workforce shortages continues to present a challenge – however, several providers are seeing some success in overseas recruitment, which is bringing new capacity into key areas.

AHC Recruitment and Resourcing



Find a rewarding career and the safety of job security

It's the people that make the difference.
For everything else there's training.

Hampshire County Council
hants.gov.uk/jobs/careers/adultcarecareers

AHC continue to face several workforce challenges – this is due to a range of issues which includes:

- Ongoing post covid recovery within the local market and nationally causing a shortage of supply.
- Competition from neighbouring authorities for qualified staff creating issues in border areas
- Competition from other employers paying more for unqualified roles including retail, hospitality and delivery.
- Cost of living pressures
- A national context of low unemployment

Hampshire is not alone in these challenges within our sector, there is a similar picture across the country.

In response, a newly formed **AHC Resourcing Team** has been established and achieving:

- Currently recruiting to 101 vacancies - qualified and unqualified - across Older Adults, Younger Adults & Headquarters
- Successfully recruited to 148 FTE posts since October 2021 across Older Adults, Younger Adults & Headquarters
- Commencing targeted support for HCC Care, starting with the settings with the highest vacancies, and then phasing this across the whole in-house provision

AHC Recruitment and Resourcing

Alongside on-going, targeted transactional recruitment activities, the newly formed AHC Resourcing Team along with Corporate Marketing colleagues have:

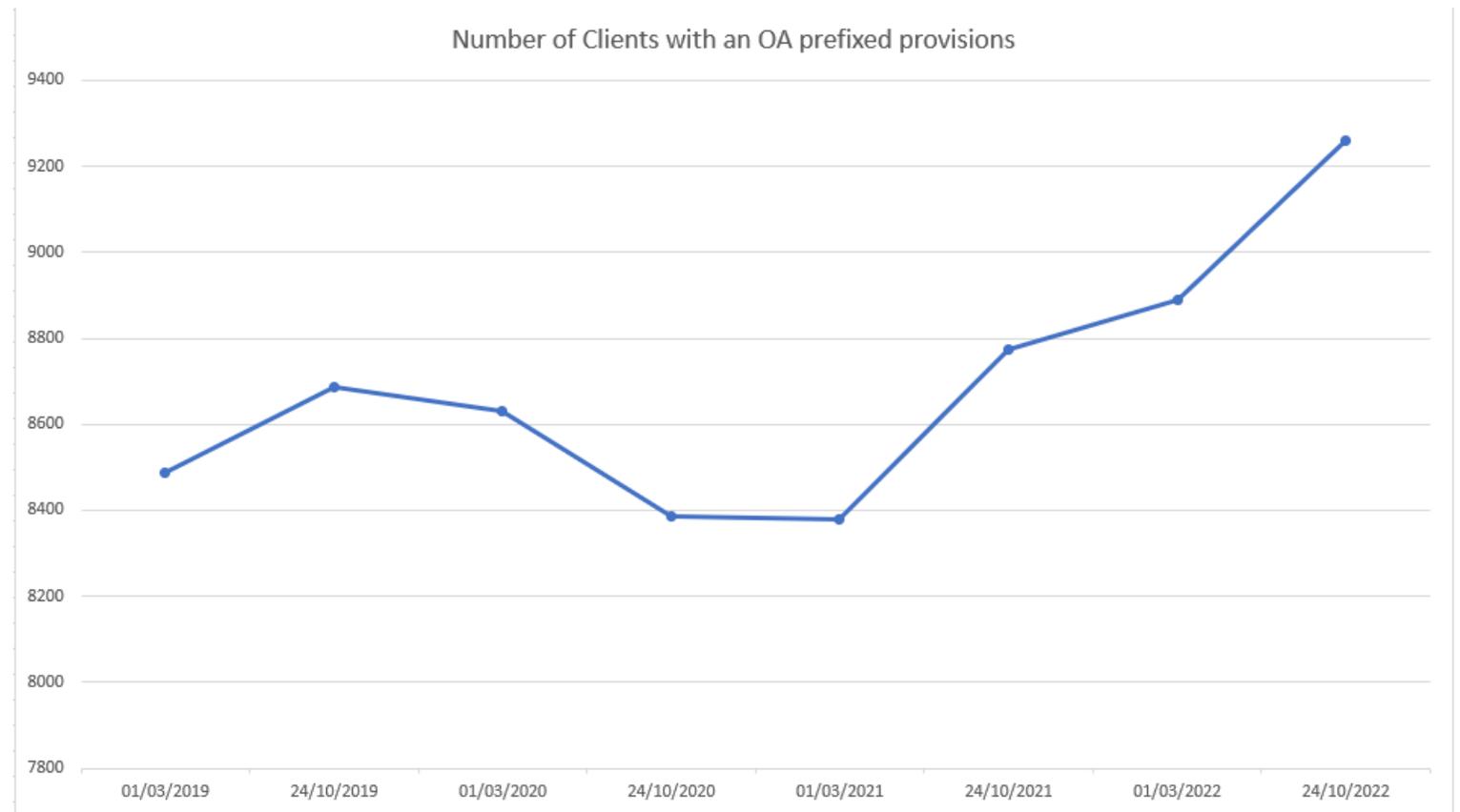
Page 24

- Attended at Community Care Live 22 (11-12 October)
- Identified priorities and planned their approach for 22/23 including
 - Jobsites and boards (Community Care, Guardian Jobs, Indeed, Monster, etc.)
 - Events calendar
 - Promoting the market supplement for HCC Care Assistants
 - Production of a standardised candidate pack
- Widened the candidate pool by
 - Developing links with Job Centres
 - Offering talks / presentations at Universities / Colleges
 - Attending virtual careers fairs as well as a range of in person local careers events
 - Ongoing exploration of overseas recruitment
- Commenced the development of a talent bank approach
 - To ensure there are no 'lost' candidates
- Ongoing evaluation of activities and interventions
 - Ensuring activities are data-led and future plans are informed by what interventions have the most impact



Older Adults – demand and staffing levels

Demand
Actuals – Steep
Incline
Number of OA
Clients
increasing

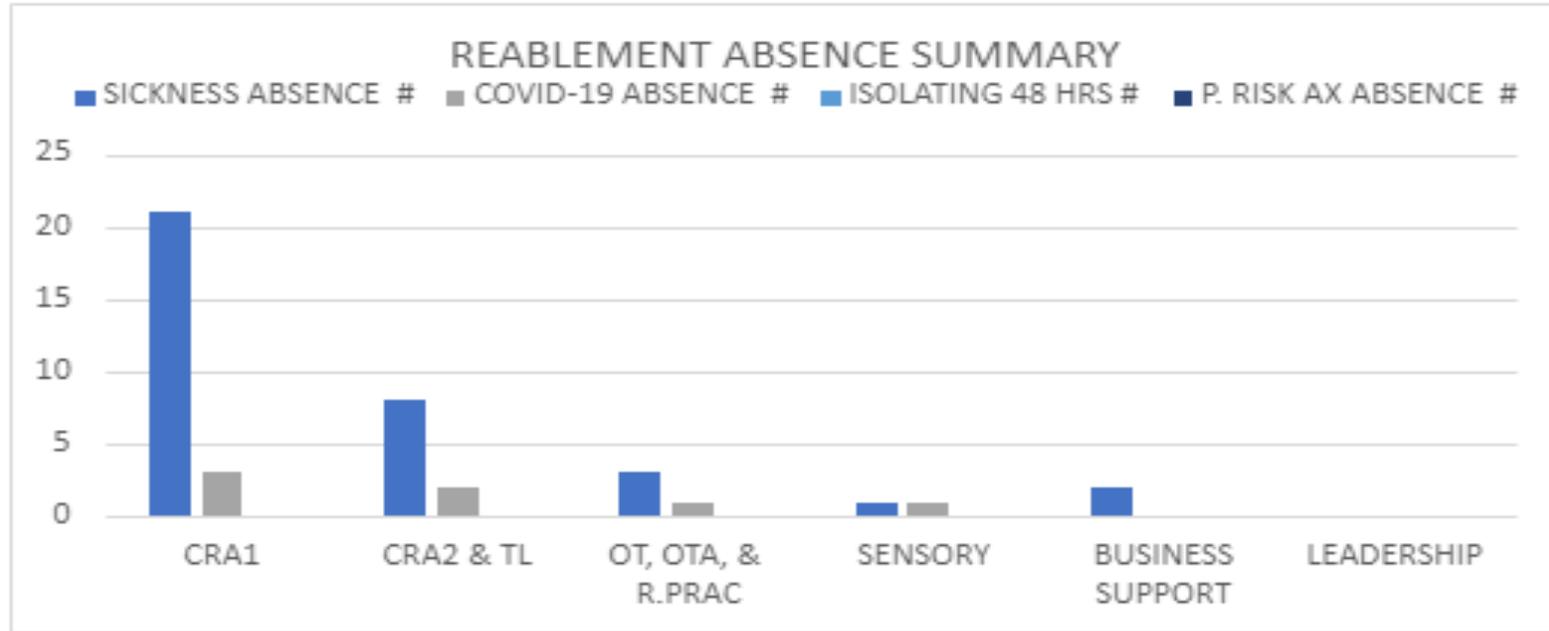


Growing Demand Overall

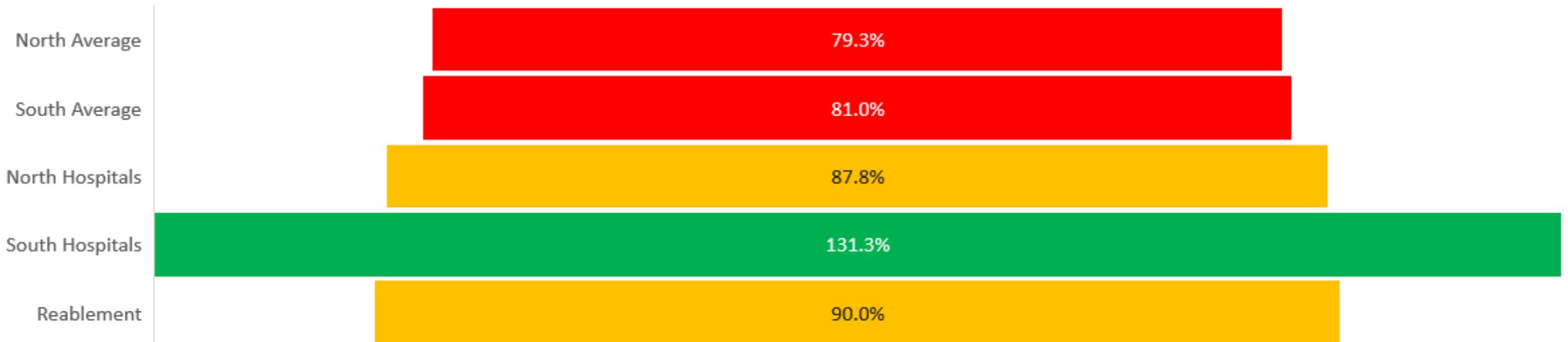


Referrals into Reablement Service have grown year on year from 18,980 in 2019 to a predicted 27,538 in 2022, demonstrating a **30% increase**.

October Staffing Capacity

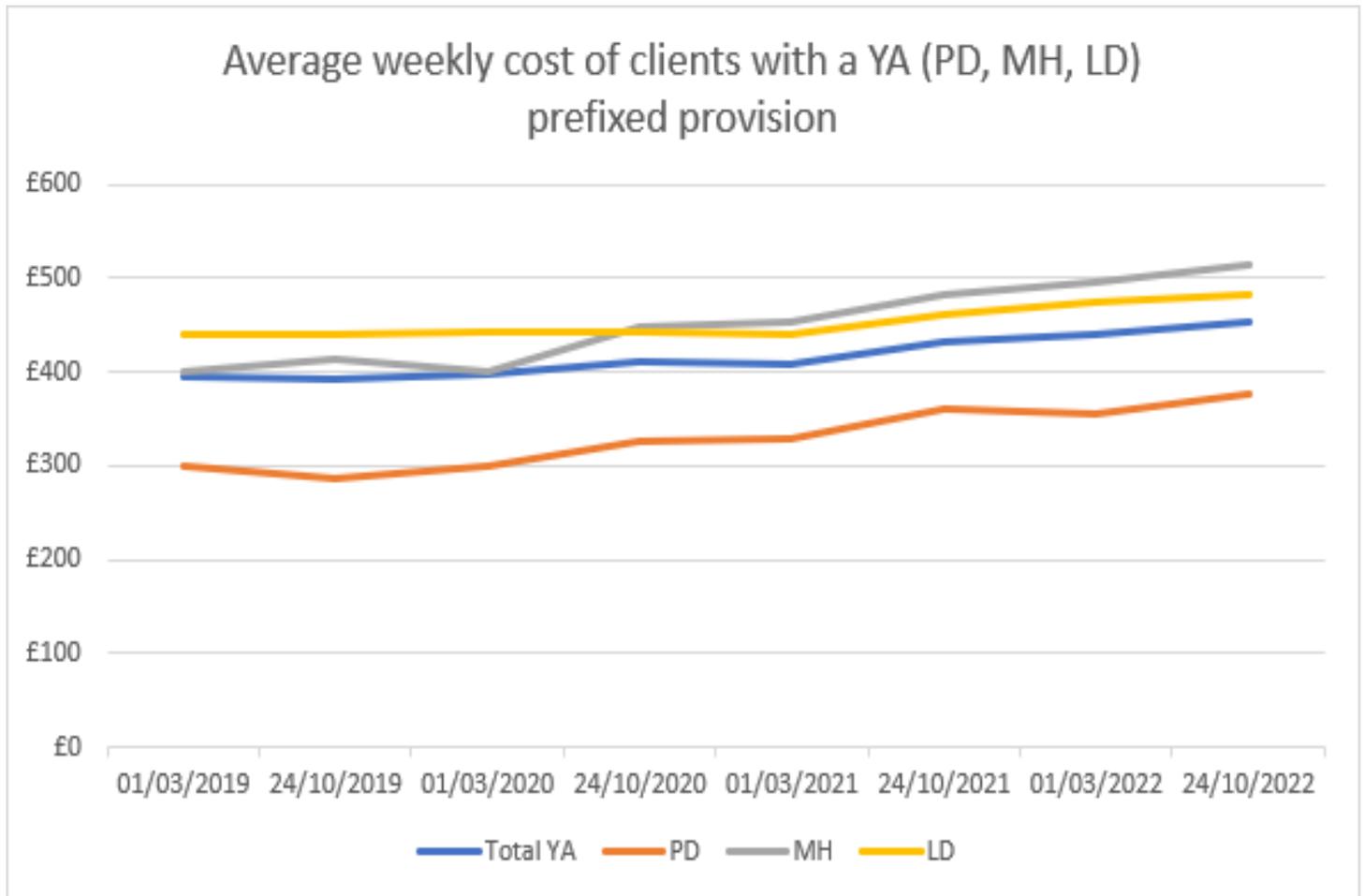


October Workforce Capacity Average

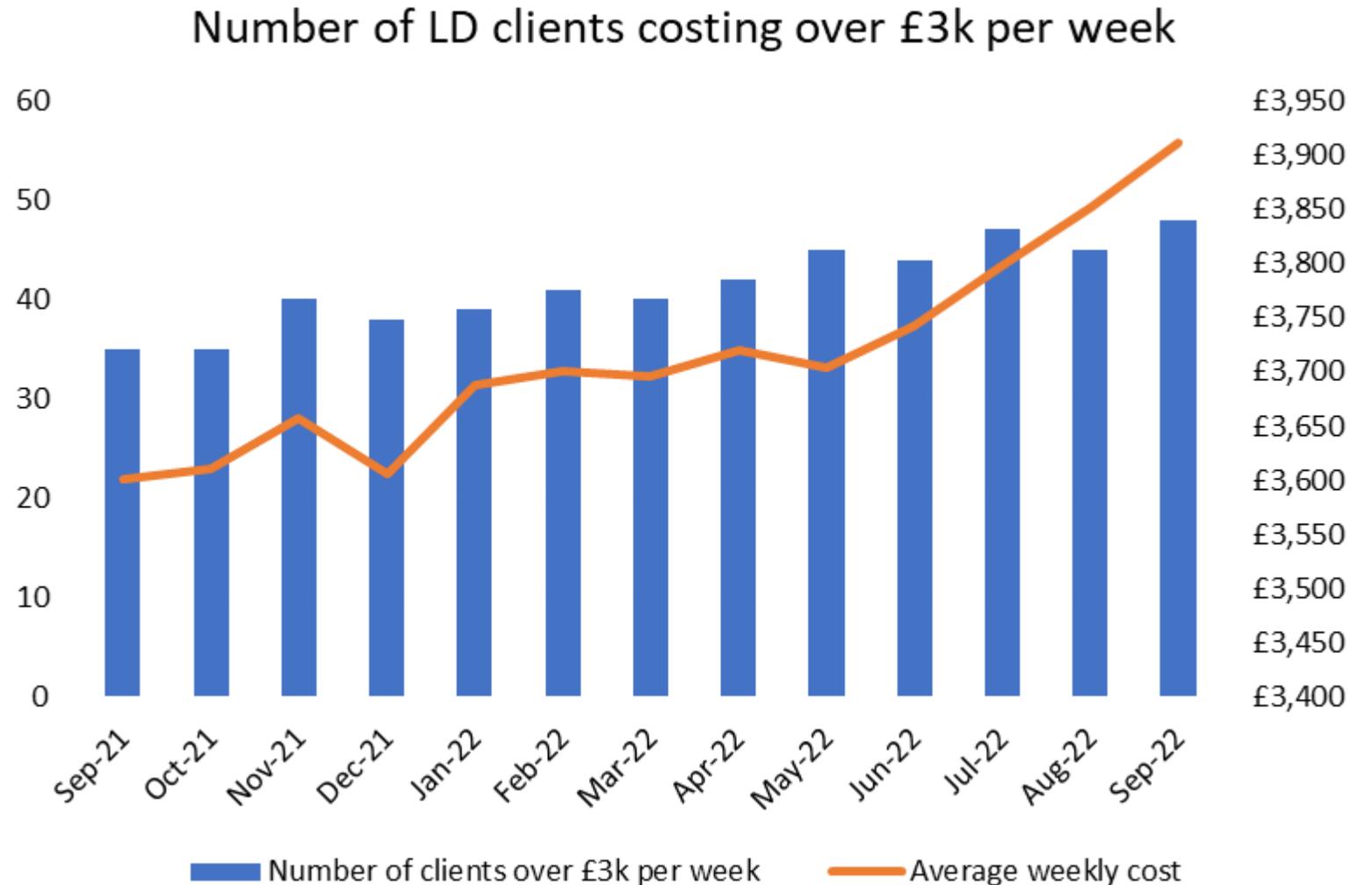


Younger Adults – Costs

Average weekly cost - Younger Adults (LD, PD, MH 18-65)



Number of LD clients costing over £3000 per week and average weekly cost of those clients



OA & YA Commissioning

Market overview – spotlight on
workforce



Older Adults provider market overview

Care Type	RAG	Narrative
OA Care at Home	Green	The wait list has continued to reduced and at the end of October stood at about 50 (mainly in the NF area). A number of providers have exited the market, but the balance is in favour of new providers entering, with a pipeline of more providers who want to join the CAH framework. Staff shortages continues to be the major issue and staffing levels have remained static over the past 6 months i.e. providers are recruiting to standstill. Concerns have been shared about the skills/capabilities of new joiners, who require significant upskilling. A number of providers are now seeing some success in overseas recruitment, which is bringing new capacity into key areas of the county.
OA Res and Nursing	Green	There remains a high supply of both residential and nursing beds, as providers continue to report 90% capacity, but the sector continues to struggle with staff shortages and a high dependency on agency staffing. As with care at home, staffing levels have remained static over the past 6 months. There have been homes exit the market with a total loss of 300 beds out of circa 11,000 beds and 2 further closures for refurbishment/change of service. Further closures are anticipated as the sector continues to experience slow recovery while community services experience an increase in demand.
OA Day Services	Orange	Services saw a significant reduction in client numbers (due to death or moves to long term placements) and these numbers are not picking up. There has been a reduction in referrals and a slow return of private sector clients. Providers are experiencing workforce pressures and high turnover of staff, particularly among the volunteers. Providers are looking to consolidate services.
OA Extra Care	Green	There have been workforce challenges in Extra Care schemes, leading to a high reliance on Agency staff, but there are now signs that this reliance is reducing. Occupancy in schemes is high, with the exception of Winchester and Eastleigh where there are higher voids and lower referrals. Concern remains regarding the sustainability of care contracts should referrals not pick up in these areas. Waiting lists are now building up in the north of the county and in Gosport, with expressions of interest are coming in for Spinnaker View, our newest scheme due to open in May 2023.

Younger Adults provider market overview

(Adults under 65 with Learning Disability, Autism, Mental Health and Physical Disability)

Care Type	RAG	Narrative
YA Care at Home	Amber	The Council commissions geographically based zonal contracts which provide care at home and community based support work. These providers are experiencing significant delivery issues due to recruitment and retention issues and lack of availability of back fill agency workers (due to general high demand on agencies). The Council continues to work closely with providers to identify priority cases and ensure care is delivered to those most in need.
YA Res and Nursing	Amber	The YA Res/Nursing market remains fairly resilient in regard to current provision, with minimal closures or hand backs. However, new referrals are proving to be very difficult to source as even where empty beds are available, providers are unable to provide the staffing required. This is particularly acute for those with more complex needs leading to a significant increase in very high cost packages which may have previously been provided at a lower level.
YA Day Services	Green	YA Day Services have recovered strongly post COVID, with most providers at or above pre-COVID client numbers. Significant issues are being experienced in providing transport in terms of cost and availability. This is leading to an increasing number of issues and in some cases, transport to a service costing more than the service itself.
YA Supported Living and Extra Care	Amber	Staffing continues to be the most serious issue impacting providers. Providers are reporting significant retention issues as lower paid staff source other options in a competitive employment market. There have been some signs of increased recruitment but the general turn over of staff is at a very high level. Agency backfill is also proving more difficult to source. The use of agency workers is not a sustainable option where staffing shortages are significant in volume or duration due to cost. One significant contract has been handed back and several providers have raised the possibility of hand backs. Providers are in general looking anxiously toward the Council's inflationary offer for 2023/24 which is yet to be confirmed.

Context of the Financial Environment Adult Social Care is operating in for Hampshire

- Continued increases in complexity and demand of clients across all client groups is placing unprecedented financial pressure on the department alongside workforce shortages both at the professional Social Work level and staff that deliver care services.
- The above, combined with the impact on the current cost of living crisis, has meant these cost pressures have continued to rise even sharper throughout the year. The County Council has built into the Medium Term Financial Plan an additional £35m of growth funding for 2022/23. As a minimum all of this funding will be required in year and it is recognised that even further real terms investment will be required in 2023/24.
- Against the backdrop of these pressures the department are also required to deliver against three active savings programmes. As at start of 2022/23 there were over £70m of savings remaining to deliver up to 2025/26.
- The workforce challenges, whilst not of the same financial magnitude as purchased care budgets does have an equally disruptive impact on the department operationally. The financial impact though is stark - agency costs to cover vacant posts can exceed double, and sometimes more, the cost of the HCC workforce rates. Furthermore, to retain and attract staff, in particular for lower paid staff within our own care services, the County Council have agreed to pay enhancements that could cost as much as £1m.
- Pay rates for care staff is not an HCC only issue, it is also affecting providers, which in part is the reason for the continued increase in prices of paid for care that underpins the pressures highlighted above.
- At the time of writing we await the Autumn statement, due 17th November. It is hoped that this will provide certainty and clarity whilst unlikely that sufficient funding to mitigate the current pressures will be announced.

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**Workforce Resilience in
Hampshire & Isle of Wight
Integrated Care System
Health & Social Care Scrutiny Meeting (HASC)**

29/11/2022



Contents

- Workforce profile in Hampshire & Isle of Wight
- Our People Plan
- Workforce in focus:
 - Primary Care workforce
 - Allied Health Professionals workforce
 - Mental Health workforce
- Workforce Supply
 - Focus on Nursing & Midwifery
 - Education to Employment
 - Health & Wellbeing, Inclusion & Retention

Page 38



Workforce profile in Hampshire & Isle of Wight

We are incredibly proud of our workforce in the Hampshire & Isle of Wight (HIOW) Integrated Care System (ICS) with over 55,000 people working across a range of professions for the benefit of communities and service users.

Staff Groups	Headcount	WTE
Administrative and Clerical	11,992	10,566
Allied Health Professionals	4,338	3,838
Healthcare Scientists	985	910
Medical and Dental	5,062	4,707
Nursing and Midwifery	13,453	11,896
Other Scientific, Therapeutic & Technical Staff	1,374	1,179
Support to Clinical	11,754	10,410
Primary Care	6,405	4,513
HIOW ICB	56,405	48,941



Our People Plan sets out how we will continue to develop our workforce across HIOW

The challenge

Our workforce has faced unprecedented challenges and record pressures through the pandemic. We now face **significant workforce supply challenges**, the ongoing effects of the **pandemic**, and **industrial action**, exacerbated by the rising **cost of living**.

The opportunity

We have an opportunity to **collaborate** across HIOW more than ever before and bring together teams from across the system to focus on delivery of key strategic outcomes. As an ICS, we can:

Flex our resources as the system demands.

Align our performance measures and accountabilities to our strategic goals

Share knowledge across the system and develop mechanisms for us to apply learning.

Our approach

Our People Plan is enacted through our People Programmes which have been developed to support HIOW to address workforce challenges and harness opportunities to work differently.

We have confidence in this way of working as over the last two years we have been able to evidence our ongoing improvement, performing well in comparison to other systems across the majority of workforce indicators.

What we are going to do



Support the health & wellbeing of all our people – Support staff to live healthier lives in line with NHS Health & Wellbeing Framework, extending Occupational Health Services, and increasing flexible and remote working.



Grow the workforce for the future – Grow the workforce for the future by extending recruitment, building our ability to share system resources to meet peaks in demand, and developing a workforce 'pool' to bridge the transition between acute and residential care.



Educate, train & develop our people, and manage our talent – Coordinate education at scale across system and adopt HIOW-wide approach to talent management.



Support inclusion and belonging for all – Adapt our recruitment approach, engage with communities, and diversify our leadership to support inclusivity across our workforce.



Value and support leadership at all levels – Assist aspiring leaders with development and growth, increasing collaboration between leaders across system, ensuring protected time for leadership development.



Lead workforce transformation and new ways of working – Introduce framework for Digital Competency, increase flexibility to move between roles across HIOW, and accelerate ICS transformation programme.



Drive and support broader social and economic development – Increase the scope of our interaction with school pupils through the Learner Journey Project and support employing organisations to lead their own engagement with pupils to build careers.



Transform people services and support our people profession – Work with our Trade Unions (Locally and Social Partnership Forum) to develop cutting-edge people policies & processes, review & optimise people systems across HIOW.



Lead coordinated workforce planning – Adopt a system-led approach to workforce planning, producing high-quality reporting of people data and insights, and ensure access to joined up information across HIOW



Support system design and development – Coordinate consistent and coherent, best-practice approach to system development, and standardise Values and Behaviour across the system.

How we will do it

We have invested in a People Programme management structure to enable us to effectively establish, monitor and realise the intended benefits of our programmes to deliver the workforce components of our Delivery Plan, People Plan and future strategic development.

We will work through the **People Collaborative, Social Partnership Forum, providers, places and local delivery systems** to ensure integrated delivery of the plan. Depending upon the activity, we will work at scale across the system, working through our networks, pooling our collective resources, or using a lead employer model to deliver our aims.

How we will know we have made a difference

Our plan is supported by key **performance** indicators for every initiative.

For example, we are aiming to recruit an additional **1500** Nurses each year, increase our Health & Wellbeing index to **70%**, and increase diversity at all levels to **19%**.

We have agreed a full range of metrics which align to the NHS Strategic Oversight Framework to monitor progress and ensure we are achieving our objectives. These metrics include **satisfaction and engagement, resourcing, retention, vacancies and absence**.

The full people plan is available on our website.

Focus on Primary Care Workforce

847 GPs and 162 Registrars

2311 Administrators

568 Nurses

456 Allied Health Professionals

- We are supporting our primary care workforce with a range of new health and wellbeing initiatives
 - We continue to focus on how we recruit and retain staff in Primary Care. The new Additional Roles Retention Scheme (ARRS) introduced in April 2020, has deployed new roles such as first contact practitioners, mental health practitioners and physiotherapists into GP surgeries
 - Close working with the Health Education England Primary Care School and Deanery ensures that we are focused on medical education and the supply of our future GP workforce
- 'New to Practice' Fellowship programmes have been established for both GPs and Nurses across Hampshire and Isle of Wight and 84 people are enrolled on the scheme. We also offer a Mentoring Scheme for mid-careers professionals to support changes in working practice and career ambitions
- There are opportunities for rotational posts: practitioners from Primary Care can rotate through other providers gaining skills and insight into care pathways and patient management
- A digital facility for the request and drawdown of locum GPs has been implemented. The platform, Locum Deck, enables practices to log shifts they require to be filled, and enable available locum GPs to respond. Usage of the system has increased during the past 12 months and 1121 clinical hours were fulfilled last month
 - The technology can also be extended to provide remote GPs and a trial will commence in December with IOW practices to establish whether this is an effective model of support for patients during the Winter months
 - To further promote integrated working across professions we are creating faculties to share experiences, best practice and skills
 - We continue to communicate the benefits of multi-professional teams in General Practice to members of the public

Focus on Allied Health Professionals Workforce

- Allied Health Professions (AHPs) are the third largest workforce in the NHS. In the main they are degree level professions and provide system-wide care to assess, treat, diagnose and discharge patients across social care, housing, education, and independent and voluntary sectors.
- They provide system-wide care to assess, treat, diagnose and discharge patients across social care, housing, education, and independent and voluntary sectors
- Hampshire and Isle of Wight ICS AHP Faculty has commissioned a project with Hampshire County Council to develop the Allied Health Professionals support workforce, aligned to the national competency framework

The Hampshire County Council Lead Occupational Therapist is an active member of the AHP Council and Faculty and engaged in key workstreams, such as our clinical placement expansions and apprenticeship

AHP Support Worker Development

Over 150 ideas generated for the strategy across 3 themes **attract, develop and support.**

Over 150 ideas

159 support workers

First event for AHP Support workers 'Together Towards Tomorrow' attended by 58 people from across the system

Our first strategy due for publication in October 2022

Further engagement with 159 support workers to set priorities.

AHP Clinical Placement Development

Quarterly Practice Educator Network established, attended by 30+ people

30+ people

628 additional AHP

100% Placement expansion in local authority and primary care

Initial clinical placement expansion project generated 628 additional AHP placements within our NHS Trusts.

Radiography deep dive

We surveyed radiographers (diagnostic and therapeutic combined) across NHS Trusts, HEIs and Independent sector, and engaged with wider stakeholders including HEE. Here are the key findings:

Radiographers represent the 2nd largest AHP workforce in the HIOW system.

50% of our radiographer workforce is from the international market.

27% of diagnostic radiography support workers would like to go on and achieve registration via a degree level programme.

27%

2 out of 3 Return To Practice radiographers stay within their supporting organisation in a substantive post.

1 2

HIOW AHP Faculty Interventions:

- A system-wide professional network
- Development of a career pathway
- Placement capacity modelling
- An additional 38 international recruits by March 2023

Focus on Mental Health Workforce

- We have completed a cross-sector analysis of staff training needs when supporting others with mental illness; the aim is to develop a pan Hampshire and Isle of Wight training and development portfolio for mental health skills and development
- A new fifteen-month course has been developed, which allows general nurses to dual register in mental health. This builds resilience in mental health skills across Hampshire and Isle of Wight and expands the opportunity to provide care at the point of need

Page 43

We are developing a Children and Young People Mental Health Workforce Academy, led by Solent NHS Trust. This will support the development of existing staff working in the sector and implement programmes to grow our own workforce

- The Hampshire and Isle of Wight Mental Health Workforce Collaborative are working in partnership with Higher Education Institutes to develop professional development for Clinical Support Workers, with an initial focus on Therapeutic Engagement
- It is also working in partnership with Higher Education Institutes to develop an education programme for Youth Intensive Psychological Practitioner, building sustainable career pathways for Psychological Therapies workforce for children and young people



Workforce supply is a key priority

- We are working in partnership across the system to ensure resilience, minimal disruption to patient care, and that emergency services continue to operate as normal during any industrial action. We want to reassure the public that patients should continue to come forward for emergency services as normal, as the NHS is committed to keeping disruption in these services to a minimum
- Opportunities to retain pandemic staff (vaccinators, administrators and registrants) have been developed through upskilling programmes and flexible job roles. We have developed bespoke new roles to support system discharge, which are 'trained to task', e.g. Ward Runners

Page 44

A new pool of Hampshire and Isle of Wight reservists have been recruited into flexible roles with NHS Professionals bank provider to support surges in workload (336 working across vaccine, ward runner and admin roles)

Training requirements have been reviewed ahead of winter pressures to ensure, where possible, flexible staff are upskilled and 'ready now' to work

- Safe and effective staff movement has been enabled through the HIOW workforce sharing agreement, which is designed to be available to partners across the whole health and social care economy
- We 'keep in touch' with volunteers who responded to a call to action during the winter surge in 2021
- We are working with Portsmouth City Council to trial a new Health and Care Apprentice level 2 programme with rotational posts. The aim is to attract students from diverse and disadvantaged backgrounds to secure employment in the health and care sector



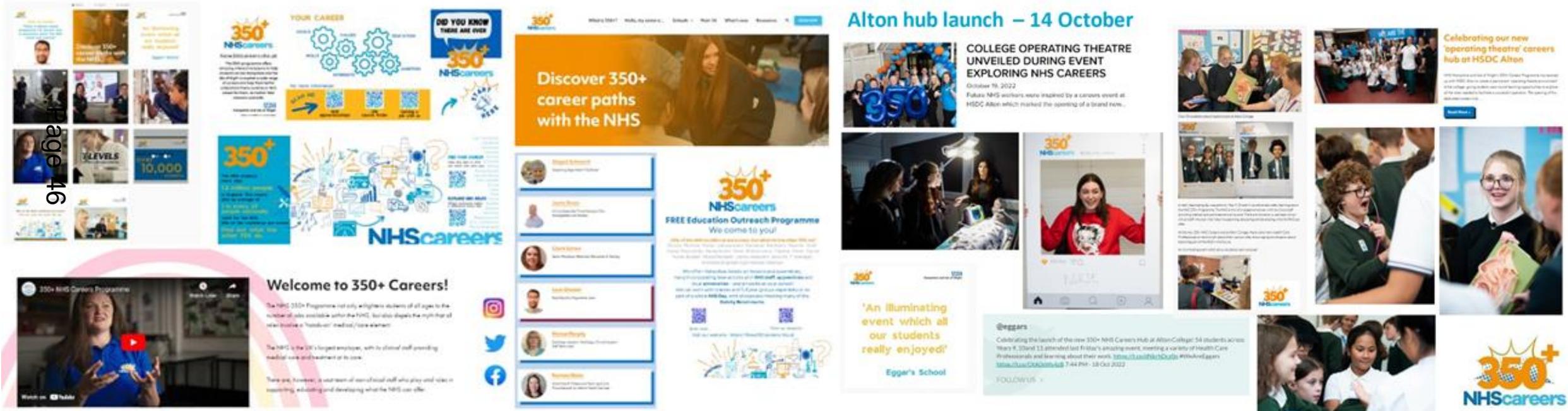
Focus on Nursing and midwifery workforce supply

- Well-established collaboration has delivered system-wide programmes to increase the supply of nursing and midwifery workforce
- Our aims is to recruit 1500 nurses and midwives per year. There is large-scale international recruitment of nurses and midwives, including mental health and midwifery international recruitment collaboratives
- Extensive work is in place to improve the retention and development of internationally educated nurses and midwives, including funded fellowships, accelerated development programmes and a cultural allyship simulation workshop
- There is a clinical placement expansion programme, which delivers increased capacity for higher education institutions to increase student numbers on courses
- We are implementing an ICS web-based placement management system for all health care students and higher education institutions
- We are working closely with Health Education England to improve student nurse and midwife attrition
- There are growing collaborative recruitment initiatives with Department of Work & Pensions and Job Centres to increase the number of Healthcare Support Workers in our services



Education to Employment (E2E) is vital to our workforce supply strategy

We have interacted with over 10,000 students in Hampshire & Isle of Wight to introduce them to the 350+ careers in the NHS. They are our workforce of the future.



Focusing on inclusion and health and wellbeing helps us to retain our workforce

- The Enhanced Health and Wellbeing Programme for staff is available across the system: [HIOW People Portal](#)
- We are launching a new Employee Disability and Neurodivergent Advisory Service on 5th December
- A health and wellbeing advisory service is available for staff together with the staff mental health hub, menopause support and a range of other dedicated services
- In October, we held a summit focusing on how to help employers respond to cost of living. Over 80 people attended from employers, voluntary sector, trade unions, local government, government agencies and the private sector
- Our system retention programme is focused on improving the drivers of retention



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Workforce information NHS trusts

Contents

Page 3 – 4: Portsmouth Hospitals University NHS Trust

Page 5 – 7: University Hospital Southampton NHS Foundation Trust

Page 8 – 12: Hampshire Hospitals NHS Foundation Trust

Page 13 – 15: Solent NHS Trust

Page 16 – 17: Southern Health NHS Foundation Trust

Current workforce picture

- Our vacancy rate is currently at 8.8%
- Around 3% of posts are filled with agency staff
- Around 7% of posted are filled with bank staff – many of the bank staff are PHU employees that choose to do extra work when it suits them.
- A proportion of the vacancies are due to increased service provision put in place in H2 21/22 which has required more staff.

Current Challenges

- Sickness absence rates are slightly above target, although remain in line when looked at across the region, matching a trend of higher absence post covid.
- Our staff turnover rate is around 14% as a Trust, with variation by staff group, specific work nursing & midwifery staff groups
- Increasing use of agency staff due to higher vacancies, actions under way to review and ensure agency usage is targeted to areas with highest clinical needs.

Mitigations and work to support the workforce

- Flexible working Trust priority with a programme of work to support flexibility, 30 staff recruited and trained as experts to provide advice and signposting to frontline staff.
- 67 internationally educated nurses recruited year to date, with a further 129 nurses in the pipeline.
- 11 internationally trained midwives are due to commence employment by the end of the financial year, these midwives have been recruited as part of a collaborative with HHFT, IOW and Ashford and St Peters.
- Covid and flu vaccinations continue to be offered onsite to staff
- Wellbeing events on subjects such as menopause and suicide prevention.
- Refreshing our People and OD strategy with alignment to the NHS People Promise
- Launched ImproveWell, which is a real time sentiment tracker designed to boost morale and wellbeing with real-time insights and pulse surveys to understand what matters, see where improvements are needed and helps leaders stay engaged with the frontline.
- Divisional retention campaigns where staff can speak directly to senior leaders on changes that could be made or other opportunities available to prevent staff from leaving.

Recruitment and resourcing

- Broader socioeconomic circumstances along with the cost of living crisis in the UK have proved challenging in terms of recruitment to healthcare roles. This is a trend seen at UHS and across wider health and social care partners
- Despite these challenges, recruitment continues to be strong and consistent across the trust, albeit with seasonal variations, with approximately 200-250 new starters each month
- UHS has been extremely successful hiring internationally in recent years. This year alone we will have welcomed over 300 Registered Nurses to our hospital, as well as many doctors, Radiographers, Occupational Therapists amongst others. Our Overseas colleagues are a key talent pipeline and will continue to be going forwards.
- Attraction into UHS roles is a considerable part of the social media campaign started in the spring of 2022 which has continued in earnest and covering a range of roles across the trust
- Heavy presence via social media platforms, especially LinkedIn and Twitter targeting all staff groups and focusing on the importance of all our staff in supporting good patient experience.
- UHS has continued to be challenged by high levels of staffing absence due to Covid and other reasons including mental health, MSK and other respiratory conditions; and has put in place a raft of wellbeing and support options to help staff with these challenges. We have been running a dedicated Covid and flu vaccination hub to give staff opportunity to be better protected over the winter.

Retention

- Trust-wide retention work is ongoing and an update will be shared at the UHS People Board in December
- Nursing retention toolkit and corresponding action plan have been supplied to ICB which was a regional/national request via ICBs, and is being worked through/ progressed via the recruitment & retention group
- Estates teams are working through the actions for recruitment and retention in the NHSEI Estates & Ancillary retention plan guidance
- The workforce team are supporting the Divisional Clinical Directors around junior doctor retention and wellbeing
- Agile working policy and procedures have been ratified at Trust Executive Committee and socialised amongst all staff. Workforce resilience (also linked with retention):
- ‘talk to David’ sessions continuing for all staff to raise concerns directly with CEO David French
- Focused sessions on agile working and cost of living have been held at various executive committees
- Planning for winter preparedness and resilience

Cost of living

UHS is supporting its staff with various cost of living support packages, ratified by its Trust Executive Committee, including:

- Food at work – staff will enjoy a 60% discount in our in-house Feast restaurant until March 2023
- The Trust has secured additional discounts on public transport with both BlueStar and City Bus.
- Childcare at UHS: We know that childcare is a significant cost for families working at UHS. The Trust Taplins Nursery (run by UHS) has always worked to maintain competitive prices compared to local providers whilst delivering a quality service to our people. In order to provide further support for those who use and need their services we have rolled-back the price at our Taplins Trust Nurseries.
- Supporting those most in need: For anyone particularly struggling we will provide targeted support. Working in partnership with Southampton Hospitals Charity.
- A chance to earn more: we are introducing an opportunity for staff to sell back any unused annual leave during two periods over the coming year. These will be for the months of: November 2022, and March 2023

Page 6

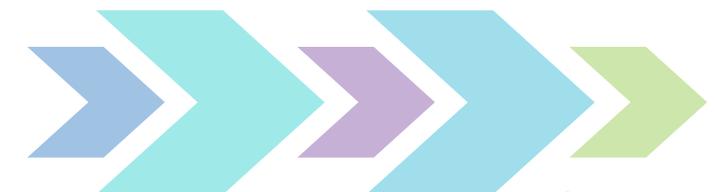
Health care assistants

- Health Care Assistants is our most challenging staffing group area in terms of turnover (over 20%) and vacancies (23%)
- UHS continue to be involved in the national NHS England & Improvement HCA recruitment and retention programme. There are a number of initiatives already in place, including extended two-week inductions, a HCA hub, Welcome Wards, and a HCA Project Lead. Initiatives have shown signs of improved retention. This is an ongoing challenge linked to high levels of employment within Southampton and competition from other sectors.
- Vacancies have decreased significantly from the peak in April 2021 (420 WTE; 27%) to September 2022 (297 WTE; 20.4%)
- There is an additional 112 WTE reduction due to HCAs with contract changes (reducing contract hours, moving to non-HCA posts or taking nursing degree or Training Nursing Associate courses). These staff were retained in the UHS workforce

Hampshire hospitals Workforce

Page 56

November 2022



At a glance

Page 57

6,806

WHOLE TIME EQUIVALENT STAFF WORKING AT HHFT

1

VANACY RATE ACROSS HHFT

This includes being fully recruited to our nursing workforce since June 2022.

% 4%

STAFF SICKNESS ABSENCE

Following sickness absence peaks in line with community prevalence of Covid-19, this has now reduced to historic levels of sickness

APPROX 50%

REDUCTION IN AGENCY SPEND

Working hard to maintain safe staffing levels, whilst reducing our agency workforce

62%

STAFF VACCINATED

In recent Covid-19 booster and flu vaccination campaign, with more clinics planned

The bigger picture



RECRUITMENT AND RETENTION

Recruitment is in a strong position at HHFT, with the nursing workforce fully recruited to. We have enjoyed particular success in welcoming internationally trained nurses to Team HHFT.

There remain some gaps we are working to fill. Including in vital support roles such as healthcare support workers and facilities.

Our focus is on retaining our staff and enabling them to develop in their careers. In addition to career and wellbeing support, this is being done through a coordinated approach with the ICS.

The bigger picture



STAFF WELLBEING

Looking after the people who care for our patients is our priority.

Page 59

The biggest challenges are around staff wellbeing, and helping staff on short and long-term sick, as well as supporting the physical, emotional, and financial wellbeing of our staff.

The cost of living is a particular concern for some staff. In addition to setting up a HHFT Hardship Fund, we are linking with the ICS and community groups/organisations to provide support and information to colleagues.

The bigger picture



PLANNING AHEAD

Winter pressures – looking at how we can plan for, and help our teams through winter pressures so that we can continue to deliver the care our community needs.

Page 60

Industrial action - reviewing Business Continuity Plans to ensure we can continue to provide safe patient care. We are committed to supporting all our staff – both those delivering care during this time, and those choosing to take part in industrial action.

Challenge for 2023 - ensuring we can deliver critical services and support our teams within our financial envelope.



Key Performance Challenges

September and October 2022 continued to be a very busy period with absence, as well as a rise in Covid sickness on the wards and staff across all of our services. The main reasons for staff sickness absence have consistently been the same: anxiety/stress/depression; infectious diseases and gastro problems. As we enter the winter season, cold/cough/flu is now gaining prevalence.

Page 61

Whilst staff turnover still remains an ongoing trend, the sharp increase we saw in September has been reversed in October bringing the rising annual trend to a halt. It is possible that a phasing issue in processing caused this imbalance between the two months but remains a metric that should be monitored closely over the coming months. Services placement requests are continuing to grow with high number of requests for Childrens' services/School immunisations and SALT, as well as longer term specialist clinical and admin placement requests supporting services and projects which we are responding to.

Spotlight: Targeted Interventions

Bank / Temp staffing - Due to both high levels of sickness absence and turnover rates being at an all-time high, we had 4267 shifts requested with an overall fill rate of 93.5% which is excellent. Bank filled 71.15% and Agency fill 22.38% and unfilled rate of 6.47%. Due to the increasing demands across the Trust for temporary staff, a business case has been approved to recruit additional staffing to meet these demands longer-term and should reduce the agency fill rate and cost.

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Infection Prevention & control:

Monkey pox: IPC vaccination is progressing with the Sexual Health Service now agreed to provide this service for Solent staff.

Covid infection: We continue to offer a Covid support email and telephone response service with specific clinical expertise with rates increasing and some staff still concerned and anxious and seeking guidance and referrals. Covid boosters continue to be offered via National booking system and sites.

Annual flu Campaign. Communications will continue through the flu season to advise staff of progress and access, but the campaign is well under way with generic clinics offered across our patch for all staff via the online booking system. We continue to be challenged this year by loss of admin staff resource and failure to recruit despite best efforts sourcing from previous hub staff, bank and agency. This leaves our full delivery, performance, compliance and other data requirements at risk or delayed but we are managing these gaps as proactively as possible but with no major impact on Solent staff access and compliance.

Spotlight: Targeted Interventions

Occupational Health and Wellbeing teams continue to work alongside the People Partner teams and attend service line meetings working holistically around the challenges the service lines face to support timely interventions, these require further commitment to improve engagement and outcomes. We are progressing well with the Health and Wellbeing plan based on the Health & Wellbeing framework, enabling Solent to further review our Trust-wide collaborative offer against the needs of our people.

Recruitment - We continue to work on the Mental Health Nurse recruitment and are close to delivery of the final nurses to meet the 2022 target, by 31 December. We will welcome 10 Community Nurses into Solent this week who will arrive at Hampshire Hospitals to start OSCE training for three weeks. We have a pastoral support plan in place to support nurses with their relocation whilst in Basingstoke. We are working on a landing date of 29 December for a further 14 nurses for the Community Nursing teams, to meet our target. Further recruitment activity is continuing for Occupational Therapists within Solent and HLOW across mental health, paediatrics and community nursing and acute teams.

Across the wider resourcing and attraction hard work and successful activities, the level of new starters has been consistently high, the result of this can be seen with the further rise in staff in post again in October, with just over 100 new starts for the second month in succession.

Current challenges

Demand for Services

Almost without exception services are seeing a growth in demand due to backlogs generated during the COVID pandemic, changes in behavior and through an ever-ageing population with greater levels of chronic care needs. The pandemic has inevitably created additional mental health issues in both adults and CYP, CAMHS and Safeguarding – without as yet matching changes in workforce availability and funding. This growth is without consideration for extra demand created by planned housing developments & population growth which also will add to the net demand position

Skills shortages and Retention

There is also more competition for mental health professionals in the Trust's service area, as primary care recruit for the Additional Roles Recruitment Scheme roles, which include mental health practitioners and roles within the clinical support workforce. Current supply shortages in registered mental health nursing, the Allied Health Professions and Psychology are creating a range of skills shortages. The 12-month rolling turnover metric has been steadily increasing since June 2020. From 14.5% up to the current 20.8%.

Staff Health and Well Being

There is an increase in the risk for staff burnout following covid 19 , and the follow-on demand of services. The increase in vacancies has inevitably led to increase in sickness absence, putting pressure on existing staff mental health. Challenge on Trust budgets to sufficiently deliver wellbeing support for staff

Industrial Action– high cost of living

RCN strike action - Southern Health RCN members have also voted in favour of strike action.



Mitigations/work to support workforce at the trust

Partnership Working

Working with partners to address changes as a result of the Health & Care Act that now place significant weight on the delivery of service to deliver efficiencies and to improve productivity and performance.

Sustainable workforce

To support effective service delivery, we are working towards reviewing the skill mix of short, medium and long-term interventions, succession planning for a number of clinical and nonclinical roles which the Trust is working towards, ensuring they are aligned to a strategy that qualifies the impact of different solutions over time. This includes a number of retention initiatives being rolled out across the Trust

Health and Well being

We monitor the impact of current health and wellbeing interventions, describes the educational offer, and demonstrates how we continue to work in association with colleagues from the HIOW Staff Support Services to provide an extended wellbeing offer to our staff.

Industrial action – Cost of living

The Trust is working closely with our union colleagues to fully understand and manage any disruption to our services, to ensure certain critical services continue to provide care during any industrial action. Challenges around mileage costs have been addressed through an increase in mileage allowance



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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	29 November 2022
Title:	Proposals to Develop or Vary Services
Report From:	Chief Executive

Contact name: Members Services

Tel: 0370 779 0507

Email: members.services@hants.gov.uk

Purpose of this Report

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 an update on the following topics:
 - a) Recommendation to create a new community and mental health trust (Southern Health Foundation Trust and Solent NHS Trust)
 - b) Building Better Emergency Care (Portsmouth Hospitals NHS Trust)

Recommendations

2. That the Committee agrees the recommendations as set out below for each item.
 - a) Recommendation to create a new community and mental health trust (Southern Health Foundation Trust and Solent NHS Trust)
 - i. That the Committee note the progress made in developing the joint organisation.
 - ii. That the Committee consider whether the proposals constitute a substantial change to health services.
 - iii. That a further update be requested for the Committee in Spring 2023.
 - b) Building Better Emergency Care (Portsmouth Hospitals NHS Trust)

That the Committee welcome the progress in the Building Better Emergency Care Programme and request a further update in Spring/Summer 2023 once construction has begun.

Executive Summary

3. 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.
4. 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 [Framework for Assessing Substantial Change and Variation in Health Services](#)). This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the NHS 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.
5. This Report is presented to the Committee in three parts:
 - a. *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
 - b. *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.
 - c. *Items for monitoring*: these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.
6. 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 Information

- a) **Recommendation to create a new community and mental health trust (Southern Health Foundation Trust and Solent NHS Trust)**

Context

7. The Committee received notification in October 2022 that, in January 2022, Hampshire and Isle of Wight Integrated Care System had commissioned an independent review of community and mental health services. The review had put forward five key recommendations which were being taken forward in a joint programme of work including the recommendation that a new organisation be

formed, bringing together all NHS community and mental health services provided in Hampshire and the Isle of Wight. A business case is being developed which will describe the rationale and benefits of the recommendation to create a single NHS organisation for these services.

Recommendations

- i. That the Committee note the progress made in developing the joint organisation.
- ii. That the Committee consider whether the proposals constitute a substantial change to health services.
- iii. That a further update be requested for the Committee in Spring 2023.

b) Building Better Emergency Care (Portsmouth Hospitals NHS Trust)

Context

8. The Committee has heard from Portsmouth Hospitals NHS Trust for a number of years regarding difficulties at the Accident and Emergency Department at the Queen Alexandra Hospital in Portsmouth. While this hospital is in the Portsmouth City Council area, a number of Hampshire residents from surrounding areas use these services. In late 2018 the Trust was awarded capital funding to develop new emergency care facilities. Since then, the Trust have been developing a new model of care and working on a business case for the necessary capital works. The Committee was last updated on progress in May 2022 and at that meeting Members requested a further update for the following Autumn.

Recommendation

9. That the Committee welcome the progress in the Building Better Emergency Care Programme and request a further update in Spring/Summer 2023 once construction has begun.

Finance

10. Financial implications of any proposals will be covered within the briefings provided by the NHS appended to this report.

Performance

11. Performance information will be covered within the briefings provided by the NHS appended to this report where relevant.

Consultation and Equalities

12. Details of any consultation and equalities considerations of any proposals will be covered within the briefings provided by the NHS appended to this report.

Climate Change Impact Assessment

13. Consideration should be given to any climate change impacts of proposals where relevant.

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:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents	
<p>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.)</p>	
<u>Document</u>	<u>Location</u>
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 disproportionately 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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Hampshire County Council Health and Adult Social Care Select Committee: Arrangements for Assessing Substantial Change in NHS provision

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 Hampshire area, and for those that may impact on the Hampshire population.
- 2) It describes the actions and approach expected of relevant NHS bodies or relevant health service providers and the Hampshire Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC) 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 fifth 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 substantially amended in 2013 following the publication of 'The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013'². This latest refresh relates to the 'hospital bed closure' test which was introduced in April 2017 by NHS England³.
- 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 HASC to establish if a proposal is substantial in nature. In this document, the term 'NHS' and 'NHS bodies' refer to:
 - NHS England
 - Integrated Care Boards
 - NHS Trusts and NHS Foundation Trusts
- 6) It is intended that these arrangements will support:
 - Improved communications across all parties.

¹ <http://www.irpanel.org.uk/view.asp?id=0>

² <http://www.legislation.gov.uk/ukxi/2013/218/contents/made>

³ <https://www.england.nhs.uk/2017/03/new-patient-care-test/>

- 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 Hampshire
- 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 and data protection 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. *(This has been somewhat superseded as the expectation from NHS England is that commissioners should lead all service changes.)*
 - 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.
 - Whether one of the three considerations in relation to bed closures have been met (NHS England must approve this before a Health Scrutiny Committee can take a decision on this element):
 - Alternative sufficient provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the workforce will be there to deliver it.
 - Specific new treatments or therapies will reduce specific categories of admissions.
 - Where bed use has been less efficient than the national average, that NHS bodies have a credible plan to improve performance without affecting patient care.
- 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 hold good relationships with patient and public representatives and 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. It aims to inform any report or briefing you may be asked to

present to HASC, in order to answer the likely questions from the Committee on the nature and impact of any proposed change.

- 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 Hampshire 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.
- 16) 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 are essential if this flexibility is to be used to benefit local people.
- 17) Any request to reduce the length of formal consultation with the HASC 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. The 2017 statutory guidance⁴ on 'Patient and public participation in commissioning health and care' states that '*Involvement should not typically be a standalone exercise such as a formal consultation. It will generally be part of an ongoing dialogue or take place in stages.*' Such engagement requires 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.
- 18) 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.
- 19) The HASC will come to its 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

⁴ <https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>

local authority boundaries the health scrutiny committees affected are required to make arrangements to work together to consider the matter.

- 20) Although each issue will need to be considered on its merits the following information will help shape the views of the HASC 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 clinical 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 assessments 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. This includes any impact that may be caused by bed closures.
- 21) This information will help the HASC 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.
- 22) 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.
- 23) 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 HASC should be advised immediately and the reasons for this action provided. Any temporary variation to services agreed with the HASC, whether urgent or otherwise, should state when the service(s) affected will reopen.
- 24) If the HASC 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.

Guiding Principles

- 27) The HASC 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 the HASC 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 five 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 HASC 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 the HASC 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 demand on services currently being experienced in the NHS and social care coupled with significant financial challenges across the public sector is unprecedented. Consultation with local people and the HASC 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 HASC 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:

Name of provider:

Brief description of the proposal:

Why is this change being proposed?

Description of Population affected:

Date by which final decision is expected to be taken:

Name of key stakeholders supporting the Proposal:

Date:

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>Case for Change</p> <p>1) Is there clarity about the need for change? (e.g. key drivers, changing policy, workforce considerations, gaps in service, service improvement)</p> <p>2) Has the impact of the change on service users, their carers and the public been assessed?</p> <p>3) Have local health needs, and/or impact assessments been undertaken (including equality and privacy impact assessments)?</p> <p>4) Do these take account of :</p> <p style="padding-left: 20px;">a) Demographic considerations?</p> <p style="padding-left: 20px;">b) Changes in morbidity or incidence of a particular condition? Or a potential reductions in care needs (e.g due to screening</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>programmes)?</p> <p>c) Impact on vulnerable people and health equality considerations?</p> <p>d) National outcomes and service specifications?</p> <p>e) National health or social care policies and documents (e.g. five year forward view)</p> <p>f) Local health or social care strategies (e.g. health and wellbeing strategies, joint strategic needs assessments, etc)</p> <p>5) Has the evidence base supporting the change proposed been defined? Is it clear what the benefits will be to service quality or the patient experience?</p> <p>6) Do the clinicians affected support the proposal?</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>7) Is any aspect of the proposal contested by the clinicians affected?</p> <p>8) Is the proposal supported by the lead clinical commissioning group?</p> <p>9) Will the proposal extend choice to the population affected?</p> <p>10) Is bed closure involved in this change? If so, has one of the three conditions been met and assessed by NHS England?</p> <p>11) Have arrangements been made to begin the assurance processes required by the NHS for substantial changes in service?</p> <p>Impact on Service Users</p> <p>12) How many people are likely to be affected by this change? Which areas are the affecting people from?</p> <p>13) Will there be changes in access to</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>services as a result of the changes proposed?</p> <p>14) Can these be defined in terms of</p> <ul style="list-style-type: none"> a) waiting times? b) transport (public and private)? c) travel time? d) other? (please define) <p>15) Is any aspect of the proposal contested by people using the service?</p> <p>Engagement and Involvement</p> <p>16) How have key stakeholders been involved in the development of the proposal?</p> <p>17) Is there demonstrable evidence regarding the involvement of</p> <ul style="list-style-type: none"> a) Service users, their carers or families? 		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>b) Other service providers in the area affected?</p> <p>c) The relevant Local Healthwatch?</p> <p>d) Staff affected?</p> <p>e) Other interested parties? (please define)</p> <p>18) Is the proposal supported by key stakeholders?</p> <p>19) Is there any aspect of the proposal that is contested by the key stakeholders? If so what action has been taken to resolve this?</p> <p>Options for change</p> <p>20) How have service users and key stakeholders informed the options identified to deliver the intended change?</p> <p>21) Were the risks and benefits of the</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
<p>options assessed when developing the proposal?</p> <p>22) Have changes in technology or best practice been taken into account?</p> <p>23) Has the impact of the proposal on other service providers, including the NHS, local authorities and the voluntary sector, been evaluated?</p> <p>24) If applicable, has the impact on community services been assessed?</p> <p>25) Has the impact on the wider community affected been evaluated (e.g. transport, housing, environment)?</p> <p>26) Have the workforce implications associated with the proposal been assessed?</p> <p>27) Have the financial implications of the change been assessed in terms of:</p>		

Criteria for Assessment	Yes/No/NA	Comments/supporting evidence
a) Capital & Revenue? b) Sustainability? c) Risks?? 28)How will the change improve the health and well being of the population affected?		

Hampshire and Isle of Wight Community and Mental Health services review

November 2022

Summary

1. Across Hampshire and Isle of Wight community and mental health services are provided by several organisations working closely together: Solent NHS Trust, Southern Health NHS Foundation Trust, Isle of Wight NHS Trust, Dorset Healthcare NHS Foundation Trust and Sussex Partnership NHS Foundation Trust as well as a range of other NHS, local authority and voluntary and independent sector organisations.
2. A key priority for the NHS in Hampshire and the Isle of Wight is ensuring that communities have equity of access to services and experience the same outcomes. We know that over the coming years the demand for community and mental health services will increase. Our physical and mental health services are already responding to increasing need, both in terms of the number being referred and the complexity of issues they present with. Against this backdrop, continuing to improve and transform service provision as well as having an even greater focus on integration between mental and physical health is vitally important.
3. In January 2022 the Hampshire and Isle of Wight Integrated Care System (ICS) commissioned a review of community and mental health services. The purpose of the review was to understand how to best meet the current and future demands of our local populations and how organisations might work better together to meet those demands. It was the first step in helping us to understand the strengths and weaknesses of existing services, and to identify any gaps and areas for further improvement.
4. The review enabled us to assess the merit of exploring opportunities to redesign services for the benefit of our communities, looking carefully at the evidence and involving a number of partners. A range of different options were put forward and the review made recommendations for us to consider as a system.
5. The work, which took place during March and April 2022, was led by an independent company and involved a range of partners and stakeholders. It considered a wide range of data and information as well as feedback from one-to-one interviews and roundtable discussions. The findings of the review were shared with key partners and stakeholders in June.

6. This paper provides further detail of the review's aims, the case for change, strategic priorities, recommendations and next steps.

Aims of the review

7. The aim of the review was to understand how to better meet the demands of the future to best serve those in our communities and how organisations might work better together to ensure that all of our residents receive high quality healthcare every time. As such the terms of reference for its scope were as follows:
 - Set out a high-level overview of current and future population needs for community and mental health services
 - Map community and mental health services currently delivered in Hampshire and Isle of Wight.
 - Understand strengths and weaknesses of the existing arrangements and their ability to meet future needs
 - Produce options for future delivery of services to meet needs and improve outcomes
 - Carry out an options appraisal exercise using evaluation criteria to explore relative pros and cons of each option
 - Set out the preferred option in a report and consider the impact on future leadership arrangements
8. Over eleven weeks, the review developed a case for change, identified future strategic priorities for the system, developed options for future arrangements and outlined next steps.

Patient insight

9. The Community and Mental Health Review carried out had a number of workstreams including one looking at the clinical case for change. The programme was framed through patient stories around local and complex care. The membership of this workstream included a range of clinicians and a patient representative with lived experience. They met a number of times over a few weeks and reviewed a number of patient pathways, including the primary care and voluntary sector elements of these. The workstream considered what is working well and does it work for different patient groups by drawing on patient outcome data, population health data and a broad range of patient stories which reflected their experience.
10. To develop this work further we will develop an extensive engagement plan to seek the views of local communities, patients, service users and their families

and carers. We will be co-designing this with our patients including the Healthwatches.

The case for change

11. The review found a compelling case for change in the way community and mental health services are resourced and delivered across Hampshire and Isle of Wight so that they can be of the highest standard.
12. Demand for these services is high and will continue to grow in light of changing health needs and demographics of our population across all areas.
13. Historical inequities in the distribution of resource across Hampshire and Isle of Wight means some areas have received less investment than others. With the formation of Integrated Care Systems, this provides an opportunity for the system to lead and address these inequities. The review found areas with the highest needs do not always have the most resource. The areas which have benefitted from higher investment in community health services appear to spend proportionately less on acute care. We need to redress these imbalances.
14. Our mental health workforce is seeing significant shortages which is a key issue to address for the future sustainability of these services. Demand for these services is predicted to rise by 10% within the next three years and positive action is needed, through agile ways of working, to address this.
15. We know patients find navigating the health and care system challenging. The delivery of services is fragmented. Previous commissioning arrangements mean some services are provided by different NHS providers and there is a need for greater consistency. For example, the transition from child to adult mental health services is complex, with different providers for Child and Adolescent Mental Health services (CAMHS) and adult mental health services. The complexity of multiple providers can make it unclear who is accountable for individual patients and creates an imbalance of clinical risk where patients are escalated to high acuity settings rather than treated in the most appropriate care setting for their needs. It also creates wider confusion around leadership and ownership for improving systemwide provision of community and mental health services. This acts as a barrier to integrating across health and care services and we are committed to collectively breaking through this barrier.
16. The review concludes that, in order to best deliver the high quality service to our patients and respond to service users' needs effectively, we need a better use of collective resources, greater consistency and continuity of patient care,

and a more holistic and preventative approach by joining up services in a streamlined way within communities and beyond.

Future strategic priorities

17. Clinical and system leaders from across organisations were asked to agree a set of strategic priorities. Following the review, these are as follows:

- Optimisation of patient safety, quality and experience by reducing variation; consistent standards and treating patients in the most appropriate care setting.
- Alignment of care models and pathways to optimise patient access and ensure clear ownership of care, by addressing the overlap in services, using consistent criteria, reducing the complexity of the provider landscape and aligning community physical health and mental health.
- Integration of local services across the life course and a more holistic approach to care by reducing fragmentation of services, focusing on prevention and integrating across multiple community teams locally to meet all of a person's needs at once.
- Building a flexible, sustainable, and engaged workforce and optimising systemwide use of staff and available skillsets.
- Improving resourcing of services according to local needs and the required scale of delivery so generalist services are delivered locally and specialist services at scale.

18. The review found that there is widespread agreement across Hampshire and Isle of Wight that the current arrangements for delivering community and mental health services are not able to adequately respond to the case for change or meet the strategic priorities outlined for services. All partners working across the Hampshire and Isle of Wight Integrated Care System are dedicated to transforming this delivery for generations to come.

Recommendations

19. To overcome the fragmentation of care delivery and ensure more alignment and consistency, new organisational arrangements are required so that the ICS can collectively meet its priorities.

20. The recommendations are as follows:

A new Trust should be created for all community and mental health services across the Hampshire and Isle of Wight Integrated Care System, with local divisions to focus on our communities. All existing providers are being engaged

and are coordinating this work with the ICB, and identifying a roadmap on developing this work further, the risks and mitigations required.

A review of community physical health beds should be undertaken, in a partnership between community, acute and primary care providers and local authorities. This is required to ensure the highest possible levels of patient safety, quality and experience are in place and that patients are receiving care in the most appropriate setting for their needs.

Develop a systemwide clinical strategy for community and mental health services that focuses on prevention, early intervention and patient centred care. This will be led by our community and mental health providers with input from service users and key system partners, such as primary care and local authorities.

A clear, systemwide strategy for place and local leadership is needed. This will help to identify local integration across health and care and wider determinants such as education.

Establishing a more strategic approach to the funding for community and mental health services to address the current inequities. The approach should acknowledge financial complexities to date and reflect on the overall system performance in communities that have historically had higher levels of investment in community and mental health services, considering how the overall health spend available can be better utilised.

Next steps

21. All partners are committed to ensuring patients are front and centre of our approach, which will be clinically-led, transparent, and inclusive. The engagement we undertake with local communities, staff and stakeholders will be two-way, to ensure that everyone's voices are heard and the changes put in place are widely endorsed.
22. The review incorporated existing insight and feedback from people who use local community and mental health services. However, it was the beginning of a detailed programme of work that will involve extensive engagement with our communities, colleagues working in local community and mental health services and partners. A key part of this is about bringing in the voices of people with lived experience including patients, service users, relatives and carers. Our approach will align with the ICB community involvement and engagement approach which sets out four valuable principles relating to how we will work. These include ensuring that the involvement of our communities is based on trust and relationships, building on existing best practice, ensuring

that we are inclusive of diverse communities and that we share a collective responsibility. We will continue to work closely and in an agile way with colleagues and partners across Hampshire and Isle of Wight, including Healthwatch organisations, to design a detailed engagement and involvement plan.

23. Local services will continue to be delivered. The recommendations set out above are improving the way these services work together. In the event of any service change which evolves from these recommendations, engagement with patients would be required on any specific proposals. We will be keeping all local scrutiny panels informed.

Recent progress

24. In October the Integrated Care Board considered the findings of the Community and Mental Health Services Review and agreed to take forward the recommendations in partnership with the relevant provider organisations. As part of this the ICB has set up an Oversight Committee, to provide support and gain assurance around the implementation of these recommendations and other strategic transformation programmes.
25. NHS organisations involved have begun the process of developing a detailed engagement plan. The ambition is to develop this plan collaboratively with partners, including each local Healthwatch, with whom an initial meeting has been arranged for later in November.
26. Early conversations with patient, carer and community groups have begun to take place at existing forums and meetings within the provider organisations, specifically related to the recommendation to create a new organisation. Feedback from these discussions is being captured to inform the development of the engagement and communications approaches. Early feedback has been positive about the rationale for change with a desire for ongoing engagement and involvement as plans develop.
27. An initial stakeholder event is planned to take place on 22 November. Around 50 partner organisations and stakeholders from across Hampshire and the Isle of Wight have been invited to join the virtual event to gain further information about this work and to have a conversation to inform ongoing engagement approaches.

Hampshire Health and Adult Social Care Select Committee

Briefing paper

Title: Building Better Emergency Care Programme		
Author and role: Melissa Way, Head of Urgent Care Improvement Kate Hardy, Consultant	Contact details: communications@porthosp.nhs.uk	Date: November 2022
Purpose of the paper : To provide an update on the Building Better Emergency Care Programme at Portsmouth Hospitals University NHS Trust (PHU).		
<p>Brief summary: PHU has received capital investment to build a new Emergency Department which will help us deliver a new model of care to our patients to provide safer, timely and effective care.</p> <p>The Full Business Case was approved by NHS England and work on the demolition of the East Staff Car Park is now underway.</p>		
<p>Background: Transforming our emergency care pathways in partnership with local health and care organisations remains a key priority for PHU and the HIOW health and social care system.</p> <p>We are working together with our partners to design a sustainable clinical model to deliver patient-centred, safe, effective, efficient and timely emergency care and the associated clinical, workforce and estates changes that are required.</p> <p>The programme is working across the organisation and with health and care partners to tackle some of the longstanding challenges that can cause delays for patients at our Emergency Department (ED).</p> <p>Our ED is more than 40 years old and the constrained size and layout of the department has limited our ability to make improvements to the way care is delivered and implement best practice. The physical condition does not provide a good enough experience for patients, visitors, or staff.</p> <p>In recognition of these challenges, the Trust was awarded a £58.3m capital investment for new emergency care facilities at Queen Alexandra Hospital in December 2018.</p>		
<p>Update: The Full Business Case was approved at PHU’s Trust Board in May and then submitted to NHS England. At the end of September 2022 we received the news that the Business Case had been approved and the monies released for the works to begin.</p> <p>In preparation for the building works to begin several enabling projects took place in the first weeks of September:</p>		

Discharge lounge temporary relocation

We have relocated the Discharge Lounge previously based in a modular building near the East Entrance of the QA Hospital site. The Discharge Lounge is a non-ward environment which accommodates patients prior to leaving hospital, where care needs can be completed.

The Discharge Lounge is now based in Blue ward on C level of the main building. The Lounge has space to accommodate eight patients awaiting their next place of care.

Patient transport collecting patients will be able to park in the spaces outside the rehabilitation building at the north of the site and families/carers will be able to park in the North car park or main multistorey.

CT scanner relocation

The CT scanner currently based at the East Entrance of the QA Hospital site, has been relocated to the North Entrance of the site. The CT scanner has been placed across a number of disabled car parking spaces which have been relocated to the new North Car Park.

East Car Park Closure

In mid-September the East Staff Car Park closed. A full staff parking review has taken place on the QA Hospital site. A new criteria has been agreed, based on staff feedback, to ensure staff who need access can park on site. Many staff have decided to move to the Park and Ride service based at Fort Southwick. This is free for all staff to use.

Demolition of the car park

Demolition of the car park is now well underway. Hoardings will be erected to minimise noise and dust. It is hoped this will be completed by the end of the year, ready for building work to start in January 2023.

Engagement update May – November 2022:

- Patient letters have been updated to reflect the changes in location for the discharge lounge and CT Scanner.
- Staff and patients at the ophthalmology clinics have been engaged with on a regular basis to ensure any vibrations from the building work does not effect the clinical work of the team.
- Our website has been updated to reflect the changes.
- Our social media channels contain regular updates on the work.
- Stakeholder updates and news releases have been issued on the changes and progress described in this update.
- Staff have been consulted and engaged with on the new parking criteria and options. This has helped shape the proposal and look at improvements to our current service.
- Staff are currently voting on names for our fundraising campaign which will launch later this year.

Timeline:

- October 2022 – enabling works, final design and demolition
- January 2023 – Construction begins.
- October 2024 – Construction completes

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	29 November 2022
Title:	Issues Relating to the Planning, Provision and/or Operation of Health Services
Report From:	Chief Executive

Contact name: Members Services

Tel: 0370 779 0507

Email: members.services@hants.gov.uk

Purpose of this Report

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) Independent Review of Southern Health NHS Foundation Trust
 - b) Care Quality Commission Inspection – Maternity Services (Hampshire Hospitals NHS Foundation Trust)
 - c) Care Quality Commission Inspection – Safeguarding (South Central Ambulance Service)
 - d) Dental Services Update – (NHS England/Hampshire and Isle of Wight Integrated Care Board)

Recommendations

5. Independent Review of Southern Health NHS Foundation Trust
 - i) That the Committee welcomes the actions the Trust has taken to date in response to the recommendations made in the Independent Investigation Report.

- ii) That the Committee request that the Trust attend the HASC meeting in 2023 to provide a further update on evidence that the changes made have improved the experience of patients and their families.
6. Care Quality Commission Inspection – Maternity Services (Hampshire Hospitals NHS Foundation Trust)
- i) That the Committee note the work undertaken to respond to the action plan and request to be notified once all actions are complete.
7. Care Quality Commission Inspection – Safeguarding (South Central Ambulance Service)
- i) That the Committee note the work undertaken to respond to the action plan and request to be notified once all actions are complete.
8. Dental Services Update – (NHS England/Hampshire and Isle of Wight Integrated Care Board)
- i) That the Committee recognise that access to dental services is an ongoing national issue and continue to monitor this from a Hampshire perspective via regular updates.
 - ii) That the Committee request a further update in 2023.

Executive Summary

Table 1

Topic	Relevant Bodies	Action Taken	Comment
a) Stage 2 Independent Investigation Report: Action Plan update (concerning the tragic deaths of five people who were in the care of Southern Health in the period 2011-2015, and the Trust’s response to the families of those who died)	Southern Health NHS Foundation Trust	The Trust presented their Action Plan setting out their response to the Independent Report recommendations at the January 2022 meeting (Appendix 2 Southern Health Stage 2 Pascoe Report Action Plan.pdf (hants.gov.uk)).	The Trust last presented to the Committee in March 2022 outlining the actions taken against the action plan.

Topic	Relevant Bodies	Action Taken	Comment
b) Care Quality Commission Inspection - Hampshire Hospitals NHS Foundation Trust (HHFT) Maternity Services	CQC and HHFT	HHFT Maternity Services were inspected by CQC in November 2021 and in late January 2022 announced that the rating for the service had dropped from good to requires improvement.	The Trust last presented to the Committee in May 2022 outlining the actions taken against the action plan.
c) CQC inspection/ action plan re. safeguarding issues	SCAS	CQC carried out a focused inspection in November 2021 to check on the safety and quality of safeguarding governance processes. Update on actions taken to be provided.	The most recent update was received by HASC in July 2022.
d) Dental Services Update	NHS England/ H&IOW ICB	The Committee has been receiving regular updates on the access to dental services.	The most recent update was received in May 2022. Commissioning of dental services is due to transfer from NHS England to the ICS in future.

Scrutiny Powers

9. The Health and Adult Social Care Select Committee has the remit within the Hampshire County Council Constitution for 'Scrutiny of the provision and operation of health services in Hampshire'. Health scrutiny is a fundamental way by which democratically elected local councillors are able to voice the views of their constituents, and hold relevant NHS bodies and relevant health service providers to account. The primary aim of health scrutiny is to act as a lever to improve the health of local people, ensuring their needs are considered as an integral part of the commissioning, delivery and development of health services.
10. The Committee has a role to 'review and scrutinise any matter relating to the planning, provision and operation of the health service in Hampshire'. Health scrutiny functions are not there to deal with individual complaints, but they can

use information to get an impression of services overall and to question commissioners and providers about patterns and trends. Health scrutiny can request information from relevant NHS bodies and relevant health service providers, and may seek information from additional sources for example local Healthwatch.

11. The Committee has the power 'to make reports and recommendations to relevant NHS bodies and to relevant health service providers on any matter that it has reviewed or scrutinised'. To be most effective, recommendations should be evidence based, constructive, and have a clear link to improving the delivery and development of health services. The Committee should avoid duplicating activity undertaken elsewhere in the health system e.g. the work of regulators.

Finance

12. Financial implications will be covered within the briefings provided by the NHS appended to this report, where relevant.

Performance

13. Performance information will be covered within the briefings provided by the NHS appended to this report where relevant.

Consultation and Equalities

14. Details of any consultation and equalities considerations will be covered within the briefings provided by the NHS appended to this report where relevant.

Climate Change Impact Assessment

15. Consideration should be given to any climate change impacts where relevant.

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:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents

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

<u>Document</u>	<u>Location</u>
None	

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 disproportionately 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.

Update report for Hampshire HASC
November 2022

Stage 2 Independent Investigation Report: ‘Right First Time’

Status report November 2022

1. Trust update

- Page 103
- 1.1 The table below summarises the work done by the Trust to implement the recommendations of the Stage 2 report. The table describes the actions taken since the report was considered at the HASC meeting in January 2022.
 - 1.2 Progress towards the completion of the actions set out below are being monitored by the Trust Board and its sub-committees.
 - 1.3 These assurance processes commenced during March and evidence against each recommendation is currently being considered by the Quality Governance leads in both the ICS and Regional NHSE Office. This report therefore should be considered as an update rather than confirmation of completion and we will continue to work with the ICS and NHSE as we continue to embed these actions.
 - 1.4 It is worth noting that a recent ICB report dated 31 August 2022 (which reviews the evidence provided by Southern Health on the Pascoe review recommendations) showed that, out of the 37 recommendations relating to SHFT: 12 have been fully completed (32%) and the other 25 are on track (68%) – bear in mind not all recommendations can be fully achieved and will remain ‘on track’ due to the nature of the recommendation. In the report’s executive summary, it is also noted that: “the main narrative...highlights the progress that Southern Health have made in relation to the Pascoe recommendations and some noteworthy areas include: Southern Health’s SHFTs achievement of Stage 1 Triangle of Care Accreditation in December 2021; the launch of the co-produced Carers and Patient Support Hub in January 2022; and the development of the Complaints Review Panel which includes service user, Healthwatch and Integrated Care Board representation.”

Recommendations		
R1	<p>SHFT's Complaints, Concerns and Compliments Policy and Procedure documents should be urgently reviewed and reformed. They should be combined into a single document. The policy should prioritise service users, family members and carers. SHFT should work with these groups to co-produce it. It must be clear, straightforward and in an easily understood format. All members of staff must undertake mandatory training on the new Policy and Procedure.</p>	<p>The Trust's procedure and practice for dealing with complaints has already been revised. The practice now is that frontline service managers and clinicians respond the same day by contacting the complainant, clarifying what it is that they are unhappy about, agreeing timescales and what needs to be done to achieve resolution. We are clear that complaints are locally managed with central support, and this is reflected in the revised policy.</p> <p>The Trust is a pilot site for the new complaints standards issued by the Parliamentary and Health Service Ombudsman (PHSO). At the time of writing the final report for the pilot had been submitted and evaluation is commencing.</p> <p>The Trust's Policy has now been revised to reflect current practice.</p>
R2	<p>SHFT should clarify what complaints management system is actually in place in the organisation, whether this is centralised or locally managed, and further go on to ensure the system is publicised and shared in clear language with staff, service users, family members and carers.</p>	<p>The policy was developed through extensive consultation and engagement stakeholders. This included the Parliamentary Ombudsman Assessment focus groups, the Working in Partnership Committee, staff and the Patient Experience and Caring group.</p> <p>The updated policy was shared with the Working in Partnership Committee on 17.2.22, was approved by the Quality and Safety Committee on the 15 February 2022 and was published on the Trust website in late March.</p> <p>A programme of training via the PHSO pilot is being implemented between now and the Autumn when the new national complaint standards will be rolled out.</p>
R3	<p>SHFT should clarify and define the role of PALS and if proceeding with it, co-design and co-produce a strategy and implementation plan for its development throughout the organisation. The service must be accessible, supportive and responsive to service user and carer needs.</p>	<p>The Trust has worked with carers and service users and launched a Carers and Patients Support Hub in January 2022. This service is currently accessed using email, text or telephone but we are also currently identifying pilot sites for a physical presence.</p>

		<p>The team also attend Trust and local community events to promote the service – for example they attended the East Hampshire Dementia Festival in April 2022; the Trust ‘Connecting with Local Health Services’ event in Romsey March 2022; they have attended the New Forest Show this year.</p> <p>This approach has been agreed with the Patient Experience Group who will continue to develop the Hub based on feedback from our staff, patients and carers.</p>
R4	<p>SHFT should urgently implement a process to monitor the quality of the investigation of complaints, complaint reports and responses and the impact of recommendations from complaints. That system should test the extent to which outcomes and judgments are evidence-based, objective and fair.</p>	<p>Complaints reports and responses are quality assured by Executive Directors/Chief Executive. A comprehensive report on complaints is scrutinised by the Quality and Safety Committee. Since January 2021 we put in place a follow up contact with people who have complained to gain feedback; these surveys and the qualitative information are fed into the Patient Experience and Caring Group on a quarterly basis.</p> <p>We have also established a quarterly Complaints Review Panel with membership from Healthwatch, the ICS, service users, carers and staff - first meeting took place in May 2022. The panel has now met twice and the next one will take place in November 2022. The panel aims to evidence that we are learning from people’s experiences, and complaints, and to monitor the quality of the responses people are receiving when they raise concerns and complaints.</p>
R5	<p>SHFT should re-develop its Complaints Handling leaflet that reflects the complaints process, outlines expectations and timelines for service users, family members and carers. It must be co-designed and co-produced with these groups. The documents should be widely available to all in paper and digital format.</p>	<p>Leaflets have been co-designed and co-produced with the Working in Partnership committee, service users and staff. They are available in paper format as well as online and it is made clear that we can provide these forms in additional languages. An easy read leaflet has also been drafted via our easy read group of service users and is currently being reviewed by service users prior to publication.</p>
R6	<p>During the investigation of complaints, SHFT should offer the opportunity for face-to-face meetings as a matter of course. These meetings should provide the time to discuss with</p>	<p>As part of our changed practices around working with complainants, we offer the opportunity for person- to-person meetings. Our routine practice now includes earlier intervention by our clinical teams, dialogue directly with people to understand their preferences for resolution and putting these in</p>

	complainants about how they wish their complaint to be handled and a timeframe for a response, should be agreed. SHFT should maintain communication with the complainant throughout, with a full explanation for any delays.	place, regular keeping in touch during the response and improving the way we communicate our findings.
R7	SHFT should ensure that all complainants that go through its complaints handling process, have access to advocacy services where required. SHFT should be alert to the importance of perceived independence of representation. Therefore, it should look to Third sector organisations that it can facilitate access or signpost their availability for complainants. This should be co-ordinated so as to be part of the complaints handling process.	We have identified local advocacy services and actively promote them through our website and via the Carers and Patient Support Hub. A document for staff has been produced listing all available support services and we are actively working with Connect to Support Hampshire to promote their directory of services.
R8	There is a vital and continuing need for SHFT to re-build trust and confidence with the population it serves. To achieve this end SHFT should continue its move away from a past unresponsive culture and defensive language. Today, SHFT acknowledge the need to balance accountability and responsibility by ensuring that it meets the Duty of Candour and admits its mistakes. To achieve this, SHFT needs to ensure all staff are trained and understand the Duty of Candour and take a positive proactive approach in all future engagement with families, carers, and service users, to ensure that their needs are met.	<p>The Duty of Candour is promoted in staff training and in practice. Compliance is reviewed at the Patient Experience Group via a quarterly report.</p> <p>Our Investigating Officers and Family Liaison Officers openly engage with families when they are part of an investigation and also check that the service lead has shared information openly and honestly. It is also something that is considered by the corporate Serious Incident panel. Patients or family members are always offered a copy of the investigation.</p>
R9	SHFT should co-produce with service users, carers and family members, a Communications Strategy to identify a 'road map' for improving communications. This should include, but is not limited to, mandatory training on	Work has been done and will continue to co-produce more effective communication channels with service users, carers and family members.

	<p>communication across the whole of SHFT, including improving internal communications and the development of a protocol setting out how SHFT will provide support to its service users, carers and family members. It should create specific roles to provide this support. SHFT recruitment processes should include good and effective communication skills criteria for all roles at every level of the organisation.</p>	<p>The Trust has specific roles to support engagement and communication with service users, carers and families which includes carer peer support roles and family liaison officers.</p> <p>The current communications and patient engagement strategies have been reviewed to ensure alignment and this is regularly monitored.</p> <p>Communication skills training modules are already available. All existing training has been reviewed. There are existing training and development modules which incorporate effective communications and interpersonal skills. In addition, new training for line managers was developed and introduced in March 2022, a key aspect of which is communications skills.</p> <p>All recruitment processes have been reviewed to ensure that communications skills are clearly specified for all roles in person specifications and job descriptions, and that this is assessed at shortlisting and interview.</p> <p>Ensuring effective, compassionate communication in all contexts and between all audiences will always be an area for continuous improvement and development. As part of this the Communications Strategy for the Trust is due to be updated during 2022 and patients, carers, families and staff will be involved in this process.</p>
R10	<p>SHFT should develop a Carer's Strategy, in which the aims and actions are understood and are to be articulated by carers, working together with staff. As a minimum, these actions should be reviewed annually at a large-scale event with carers at the centre. In future, carers must have the opportunity to articulate their needs and the actions needed to address them. Part of this process should be the enhancement and wider use of the Carer's Communication Plan, which must be underpinned by relevant training.</p>	<p>Our carers action plan is aligned to the Hampshire Joint strategy for carers and the Southampton strategy for carers. Our plan was co-produced with a variety of stakeholders, particularly the Families Carers and Friends group who have oversight and monitor the plan. The action plan is a 'live' document and actions are added based on feedback and any issues highlighted to us by our carers.</p> <p>The use of Carers Communication Plans will be continuously monitored by the Carers, Family and Friends group as well as the Patient Experience and Caring Group on a quarterly basis.</p>

		<p>A project has been undertaken to engage with lesser heard carers, e.g. military families, carers from rural areas, gypsy and traveller community, black and minority ethnic communities and young carers. A project has also been undertaken to better understand patient discharge and this effects on carers. We are working with voluntary sector organisations to deliver the outcomes from these projects with carers themselves leading on some aspects.</p>
R11	<p>SHFT should ensure all staff are all rapidly trained to understand the Triangle of Care and that these principles are clearly communicated across SHFT to all staff to ensure greater awareness. The Quality Improvement methodology should be used to measure the impact of the Triangle of Care.</p>	<p>The Triangle of Care is one of the approaches the Trust has for supporting carers.</p> <p>An increased number of Triangle of Care workshops have been offered and options for attending sessions out of hours and via webinar. 10 carers leads have been trained to deliver the training. An introduction module to give all staff an understanding of the principles and process is available online. The principles are included in local induction. The Trust achieved Stage 1 Triangle of Care Accreditation in December 2021.</p> <p>The introduction of Esther coaching will further enhance and reinforce the Triangle of Care principles.</p> <p>Esther Improvement Coaches are specially trained dedicated members of staff who support the development of other staff to create a culture of continuous improvement to ensure person-centred care. User involvement is integral to the model, building a network around the patient including family, friends and key staff.</p>
R12	<p>SHFT should set up regular localised drop-in sessions and groups for carers and remote carers, which provides support and advice to meet local needs, to include ongoing peer support.</p>	<p>There are several groups already in existence, in addition to being able to access the Carers and Patients Support Hub. The service can provide a single point of contact for issues and concerns, with a hub and spoke model for outreach and drop-in sessions. The hub will include peer/ carer volunteer support and voluntary sector partners will be invited to run support sessions.</p>

R13	<p>The Panel recommends that SHFT strengthens its links with the local Hampshire Healthwatch, to ensure that the voices of service users, family members and carers are heard locally. This relationship should be formalised and monitored through a quarterly feedback session between SHFT and Hampshire Healthwatch, with a written report that is publicly available.</p>	<p>The Trust has a good relationship with each of the Healthwatch groups. The Trust Chair and Chief Executive meet with Healthwatch groups. Formal feedback from Healthwatch will always be made available on the Trust's website.</p>
R14	<p>SHFT should pay due regard to the 7th principle and 8th principle of the UK Caldicott Guardian Council in recognising the importance of the duty to share information being as important as the duty to protect patient confidentiality. Through training, supervision and support, staff need to be empowered to apply these principles in everyday practice and SHFT should be transparent about how it does so.</p>	<p>The Trust already promotes the importance of both principles. There are mechanisms in place to hear directly from carers and family members about how the principles are applied in practice.</p> <p>We will continue expansion of the Triangle of Care training and the incorporation of this ethos into our services.</p> <p>The information governance training has been updated and therefore all staff will access this when they undertake their annual training. Identifying good practice or training opportunities will continue to be a key part of Learning from Events and feedback forums.</p> <p>In learning from events and the subsequent learning across the Trust we will look for evidence of the principle being upheld, highlight good practice and encourage a closer understanding where practices could be improved.</p> <p>We will continue to ensure carers forums are attended by senior clinical leaders and share learning from these events widely. This will form part of ongoing monitoring. This is a continuous area of development and improvement.</p>
R15	<p>SHFT should seek to improve both the quality of the handover and the sharing of information between clinicians involved in patient care, to include nursing, medical, therapy and pharmacy staff. This should extend, where</p>	<p>This is an important aspect of the daily routines of all clinicians. We need excellent communications throughout the patient journey from community, through a crisis into hospital and then back home into the community again. This includes GPs, social services, pharmacy, acute hospitals, care homes etc. This is an area of continuous improvement.</p>

	<p>relevant, to all care settings, including, SHFT and General Practices across its divisions.</p>	<p>Internal communication is being improved through many workstreams, examples include: strengthening the multidisciplinary team meeting, better operability and access to RiO (our electronic clinical record system where we record clinical notes), ensuring dedicated time for handovers and an established methodology to make the handover process more productive, use of RiO mobile and RiO on our physical health wards, and prioritising the further development of Risk and Care plans.</p> <p>External communications have also been improved, for example: a pharmacy review of all medications prior to discharge including direct communication with GPs; timely use of redesigned discharge summaries; and working with partners to improve the way different clinical systems across the health and care sector digitally exchange information in real time (NHSX are leading on legislative work to accelerate this interoperability work nationally).</p> <p>All doctors have a required reflection and discussion each year in their appraisal about their communication skills. We will look to echo this opportunity to all our staff, both clinical and non-clinical.</p> <p>There are opportunities to listen to patients', families' and carers' views on communication via various surveys and direct requests for feedback</p>
R16	<p>SHFT must make swifter progress in developing the Patient Experience Dashboard to ensure that it is able to triangulate data and information effectively. It should consider using the data from the Triangle of Care processes to inform this Dashboard. It should also implement specific audits of carer feedback at a local level.</p>	<p>The Patient Experience dashboard is in place and presented at the Quality and Safety Committee on a quarterly basis. The measures are regularly reviewed and will continue to be developed. This will include user defined standards for mental health and physical health inpatient and community services.</p> <p>The Carers survey is now part of our automated audits. We have also surveyed young carers in partnership with Hampshire Young Carers Alliance and also carried out a survey with carers on discharge and the impact on carers.</p>

R17	SHFT should adopt the Patient Safety Response Incident Framework and National Standards for Patient Safety Investigations (published by NHSE in March 2020) for reporting and monitoring processes, when they are introduced nationally.	<p>Agreed. The framework has been released and NHS England are working with early adopter sites. The final framework and standards were informed by the early adopter sites and released on 16 August 2022 and organisations are expected to transition to this by Autumn 2023. The Trust has set up a working group to oversee the implementation and progress will be reported into the Quality and Safety Committee.</p> <p>In advance of this we have been developing our own processes to prepare for readiness and in October 2021 we gained accreditation from the Royal College of Psychiatrists' Serious Incident Review Accreditation Network (SIRAN).</p>
R18	It is recommended that future NHS patient safety frameworks for Serious Incidents should acknowledge and incorporate the different needs of patient groups , such as physical health, mental health and learning disability and the unique context in which the incident took place.	Our investigation process enables the involvement of subject experts from services to incorporate the needs of different patient groups as well as reflecting the needs of individual patients and families in the way the investigation is carried out. Inequalities data is now recorded on Ulysses to identify themes. Any further recommendations arising from the revised national framework will be incorporated in line with the national rollout.
R19	SHFT should provide a clear and transparent definition of ' independence ' and an open and accessible explanation about its processes for ensuring its investigations are 'independent'. The definition and explanation should be available to service users, carers and family members and staff. SHFT should also set out criteria which indicate when an independent and external investigation in respect of a Serious Incident will be conducted and who, or which organisation, will commission it.	Patients and families are provided with a clear explanation of our approach to independence and a letter confirming this is sent to the family prior to investigation. Our patient and family leaflets have been updated to include a definition on the levels of independence and these were signed off by the Patient Experience Group in March 2022.
R20	In the case of an enquiry into a Serious Incident that requires an external independent investigation, there should be a fully independent and experienced Chair , the	This is current practice. The Trust in conjunction with NHS England will commission fully independent reviews where appropriate.

	background and qualities of whom should be specific to the facts of the case subject to investigation.	
R21	Following a Serious Incident, SHFT should ensure that families, carers and service users, with limited resources, can access external legal advice, support, or advocacy services , as required. Due to potential conflicts of interests, SHFT should not fund such support services directly, but should explore options with local solicitor firms and Third sector or not-for-profit organisations, to facilitate access or signpost their availability.	Signposting advice has been collated and is made available to people through the Carers and Patients Hub as well as through our processes for complaints and serious incident investigations. The Family Liaison Officers signpost families to 'Help at Hand' and 'Coroner's guides' for all deaths. Advice also given about how to make a medical negligence claim if the family ask how to do this.
R22	The job description for SHFT's Investigation Officer role should include specific qualities required for that post. The minimum qualities should include integrity, objectivity and honesty .	Job descriptions in Southern Health are clear on the skills, experience, qualities, and values required for all roles. The Investigation Officer job description has been reviewed and amended to explicitly include these qualities.
R23	SHFT should develop a more extensive Investigation Officer training programme, which includes a shadowing and assessment process. Service users, family members, carers and clinical staff should be involved in the development of this programme. It should include, but is not limited to, regular refresher training, a structured process for appraisals, a continuous professional development plan and reflective practice. This will ensure continuous quality improvement in the centralised investigations team.	<p>The Investigation Officer training package will be updated as part of the implementation of PSIRF - in line with the Healthcare Safety Investigation Branch training. It will be co-produced with the support of the Family Liaison Officer.</p> <p>We will set up a continuous improvement network including patient and family feedback to support the development of the Investigating Officers. This will be collated quarterly and shared with the Learning from Events Group. The Trust already has a structured approach in place for appraisals and we ensure there is access to both reflective practice and a professional development plan.</p>
R24	SHFT should urgently change and improve the Ulysses template for investigation reports to ensure that all completed investigation reports are accessible, readable, have SMART	The Ulysses template has already been amended as part of the Serious Incident Review Accreditation Network (SIRAN) accreditation, which was successfully achieved in October 2021.

	recommendations and demonstrate analysis of the contributory and Human Factors.	During 2022/23 there are likely to be further changes as the Trust introduces the new national standards and also continues to develop the principles of Safety II where you proactively understand the practices and processes in place when things go well.
R25	All completed investigation reports in SHFT should explicitly and separately document the details of family and carer involvement in the investigation, in compliance with any data protection and confidentiality issues or laws.	We agree. This is current practice and is a requirement for the completion of investigation reports.
R26	SHFT must share learning more widely throughout the whole organisation and ensure that staff have ready access to it. The Trust should ensure staff attend learning events to inform their practice.	<p>The Trust has a range of ‘Learning from’ programmes including Hot Spots, Learning Matters and Governance Snapshots which are available to all staff on the intranet. Trust wide Learning from Events groups and specialty level groups are in place. We are currently working with the National Air Traffic Control Services (NATS) on translating lessons into learning, behaviour and culture change.</p> <p>A new Hampshire & Isle of Wight ‘Experience of Care and Complaints network’ has been set up. The group is a forum for system networking, support, sharing, learning and escalation, to continuously improve people’s experience of enquiry and complaint resolution and to ensure that complaints and other patient insight is used to improve the quality and commissioning of services.</p> <p>This is an area that the Trust will always be working to continuously improve.</p>
R27	SHFT should have in place, as a priority, a mechanism for capturing the views and feedback of the service user, family member and carer about the entire SI investigation process . This should be monitored at regular intervals for learning purposes and should be shared with the central investigations team and the Board.	<p>The feedback form has been co-produced with families. Any feedback received will be included in the quarterly SI report presented to the Quality & Safety Committee.</p> <p>We will collate feedback on investigations from a number of sources including families and Coroners and report this to the Patient Experience and Caring Group. The membership and Terms of Reference of this group has been amended to include their role in hearing feedback about services.</p>

		<p>Thematic reviews of investigations, complaints and other learning has been shared at the Learning from Events group and Quality & Safety Committee from Q1 2022/23.</p> <p>There is a staff checklist in place to ensure regular involvement with families and carers which was audited in Q2 2022, and we will use this to further develop family/ carer involvement in investigations as part of the PSIRF implementation.</p>
R28	<p>SHFT should improve the quality of the Initial Management Assessments (IMAs) that are provided to the 48-hour Review Panel to ensure that the decision-making process for the type of investigation required is robust, rigorous and timely. This should be done through a systematic training model and quality assurance mechanisms should be put in place</p>	<p>The review and redesign of the Trust's incident review panel processes was completed in March 2022. A working group involving staff is reviewing completion of incident forms and IMAs, the redesign of staff guidance and revised IMA template; and the separation of 48hour panels and mortality panels which will form part of the Medical Examiner review process implementation.</p>
R29	<p>SHFT should produce a quarterly and annual Serious Incidents Report, which should provide a mechanism for quality assurance. It should be presented to the Board and available to the general public, in compliance with data protection and laws.</p>	<p>This is current practice and reports are presented at the Trust Quality and Safety Committee and reported annually through the Trust Quality Account.</p>
R30	<p>The SHFT Board and the Quality and Safety Committee should receive more information on the degree of avoidable harm and the lessons learnt, through regular reporting. Thereafter, that information should be discussed by the Board and shared through the Quality Account and Annual Report and with the general public, in compliance with data protection and confidentiality laws. It should address not only the quantitative analysis of all incidents, but it should also reflect a thorough qualitative</p>	<p>This is current practice with 'near misses' reported in our quarterly serious incident reports. This is an area for continuous improvement and learning. The Learning from Deaths quarterly report is scrutinised by the Quality and Safety Committee and discussed by the Board.</p>

	analysis to identify the relevant themes of current error and future themes for learning.	
R31	SHFT should recognise, implement and develop the role of the Medical Examiner, in line with forthcoming national legislation and guidance.	It has been agreed nationally that the next stage of the Medical Examiner roll out will extend to all deaths in community and mental health wards. The process for this is that the service into the acute hospitals will extend to cover our sites. We are supporting colleagues fully with this approach and will roll out in line with the requirements of the Medical Examiners at UHSFT, HHFT and PHU. The timeline for this is being determined by them and the national requirements.
R32	SHFT should examine the potential of expanding and bringing together the Patient Safety Specialists into a team, led by a Director of Patient Safety, from the Executive level.	The Trust has a group of Patient Safety Clinical Leads (introduced in 2019), embedded within our clinical divisions, who report into the Patient Safety Specialist and are led by the Director of Patient Safety.
R33	SHFT should develop a co-produced Patient Safety Plan , which includes a long-term strategy for the recruitment of Patient Safety Specialists and Patient Safety Partners and a commitment to continuous improvement.	<p>We have a Patient Safety Commitment 2018-25 in place which was co-produced in 2018 and refreshed in April 2021 in consultation with service users and families.</p> <p>The national requirements for the Patient Safety Expert are relatively recent (October 2021) and the Trust is consistent with these.</p> <p>We plan to review these arrangements in line with the Patient Safety Response Incident Framework and National Standards which were published on 16 August 2022.</p>
R36	All Action Plans that are created by SHFT, at any level of the organisation, should include a deadline and the name of an individual(s) and their role, who is responsible for taking forward the action indicated. They must be monitored to ensure they have been implemented and shared for learning.	This is current practice and action plans are monitored at the appropriate part of the organisation. This may be divisional or at a Trust wide forum including Board Committees where appropriate. The Learning from Events forum facilitates Trust wide learning. A standardised action plan template has been developed for Trust wide and divisional improvement plans to ensure they are outcome focused.
R37	SHFT should introduce a Board-level monitoring system for action plans and the implementation of recommendations made during investigations. That process should require tangible evidence to	The Learning from Events Forum provides a key role in ensuring actions of improvement are undertaken and learning is shared widely across the organisation. This is attended by Patient Safety Leads. Themes from this and

	be provided of actions of improvement and learning. That process should be documented and reported on regularly.	our serious incident reporting also are considered by the Quality and Safety Committee and the Board where appropriate.
R38	SHFT should adopt the NHS Just Culture Guide and put in place an implementation plan to ensure its uptake through its ongoing organisational development and staff training programme. It should ensure that it is well placed within the SHFT recruitment strategy and within all induction programmes for all staff, to particularly include substantive and locum medical staff .	We have developed a Just Culture Implementation Plan, in line with the NHS Just Culture Guide, ensuring it is embedded in all our people processes. This is an area for continuous improvement.
R39	SHFT should work to ensure that the membership of its sub-committees and its Staff Governors is increased and diversified, so that it better represents the population it serves. It should work with its Governors to do so. This should form part of a long term strategy and the impact of it should be measured, monitored and reported on through formalised structured processes.	<p>The Board has made it very clear over a number of years that diversity and inclusion is a foundation on which we build our people and services. The Board recognises fully the challenges of workforce and health inequalities that exist with our society and the Trust is committed to addressing these. The Board set an aspiration to be representative of our diverse communities at all levels by 2024. Plans to deliver this have been progressing and reviewed with progress being made against the 2019 baseline.</p> <p>Work will continue with the appointment of a new Associate Director of Diversity and Inclusion (now in post) and a recent audit to inform our priorities for development. We will ensure that our governors and membership are included as part of this work. We are also taking an active role in the Integrated Care System with the Chief People Officer taking on the Senior Responsible Officer role for Hampshire & Isle of Wight.</p>
Learning Points		
L1	SHFT should avoid terms such as 'upheld' or 'not upheld' in all complaint investigation reports and response letters.	We ceased this practice in late 2019 / early 2020.
L2	SHFT should consider more effective mechanisms to respond to the immediate needs of carers. That could include a possible helpline	We are currently able to support carers who are directly involved in our carers' groups. The Carers and Patients Support Hub is a new resource to support carers. The support hub provides multiple ways for people to get in

	or other technical aid in order to lead to a practical response	touch, including online options, text messaging service as well as a phone line.
L3	SHFT should work harder to ensure that compassion and respect is reflected in every verbal, written response and communication it has with service users, carers and family members.	We agree and believe we have already made significant steps of improvement. We are currently undertaking a pilot with the Parliamentary and Health Service Ombudsman (PHSO) which includes monitoring and evaluating quality of communication with services, families and carers regarding complaints and investigations. We will implement recommended changes following this work. The PHSO presented at Quality & Safety Committee in March 2022. The pilot ran until October 2022 and is now being evaluated.
L4	SHFT should take a 'team around the family' approach to providing support to families and carers and actively recognise that carers and families are often valuable sources of information and they may be involved in providing care and also in need of support.	We agree. We have several families and carers groups in place and the Carers and Patients Support Hub will provide specific support to individuals. Wider outreach sessions will be developed in the community. We will be able to gain feedback from patients and carers about the effectiveness of these arrangements and will also look to improve further.
L5	SHFT should consider the use of recognised mediation services to resolve outstanding issues with families who have disengaged within the last two years.	The Trust has appropriate mechanisms in place. The Trust will always consider independent support and encourage advocacy.
L6	SHFT should review its 'Being Open' Policy to ensure that it is fit for purpose and actively promote it to staff, service users, carers and family members, in digital and paper formats.	<p>The Being Open policy has been reviewed by the SHFT Family Liaison Officer team. It has been refreshed using the feedback from the following committees.</p> <ol style="list-style-type: none"> 1. Working in partnership Committee – Lay group with Voluntary sector 2. Carers, Family & Friends Group – Carers and service users 3. Patient Experience & Caring Group – Divisions, teams, carers and patient reps 4. Staff promotion in staff bulletin 5. Caldicott Guardian engagement & advice 6. Learning From Events Forum – Clinical staff <p>Staff guidance is available on the Trust intranet with a printable easy to read leaflet for service users and families which is available on the public website.</p>

		The policy and supporting materials will continue to be developed and improved with engagement from staff, carers families and service users.
L7	SHFT should involve service users, family members and carers in the writing of action plans across all investigations. Where requested and the appropriate consent is in place, they should be provided with regular updates on the implementation of the action plan.	This is current practice. We offer this opportunity within our current processes.
L8	SHFT should ensure that staff members and volunteers across all levels of the organisation and a diverse range of service users, carers and family members are part of the Quality Improvement (QI) projects and SHFT's journey of improvement.	Agreed. Our Quality Improvement (QI) Programme has trained staff at all levels in the organisation who have worked alongside more than 150 patients, their families and carers on specific projects. We will continue with this approach as we re-energise our QI programme and move to the next stage of its development.
L9	SHFT should, overall, increase its annual and quarterly reporting by committees and divisions to be accessible to the public it serves.	A review of guidance and good practice has been undertaken and agenda frameworks for Committees and the Board will be amended as required.

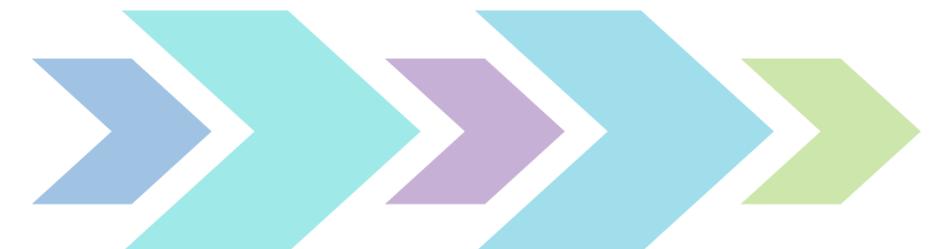
Note: Recommendations 34 and 35 relate to the Clinical Commissioning Group and Integrated Care System so have not been included in this table.

2. Further information

- 2.1** The full report (including an Easy Read version) and the Trust's public statement (issued on the day of publication), can be found on the Trust website here: <https://www.southernhealth.nhs.uk/about-us/news-and-views/second-stage-review-southern-health-published-today>
- 2.2** Additional information, including the Terms of Reference for the review, can be found on the NHSE website here: <https://www.england.nhs.uk/south-east/publications/ind-invest-reports/southern-health/>

HAMPSHIRE HOSPITALS

MATERNITY CQC HASC MEETING



MUST DO

- Recognition and escalation of Sepsis pathways
- Environment and cleaning
- Emergency checks
- Security
- Domestic violence
- Call bell on DAU RHCH
- Red flag reporting and risk
- Learning from incidents
- Staffing levels

SHOULD DO

- Covid risk - BAME
- Clinical guidelines
- Appraisal
- Mandatory and Statutory training
- Competencies



OUR MATERNITY JOURNEY

COMPLIANCE OF SEPSIS PATHWAY

COMPLETE

41

OPEN/ ON TRACK

20

AT RISK/ PARTIALLY MET

3 – remaining actions will be monitored through the maternity improvement plan

Mandatory & statutory training

Sepsis data

Appraisal data

OVERDUE

2 – remaining actions – fixing of the roof (anticipated completion by March 2023) and consistently meet 100% compliance with emergency equipment checks in all areas.

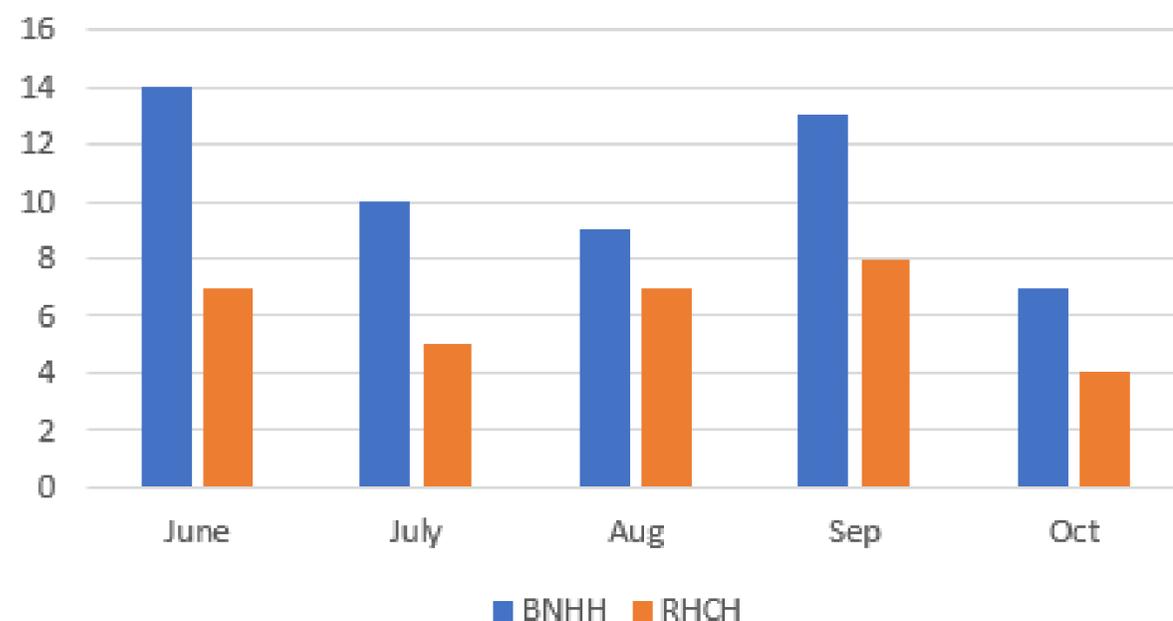
Estates issues

Emergency equipment safety checks

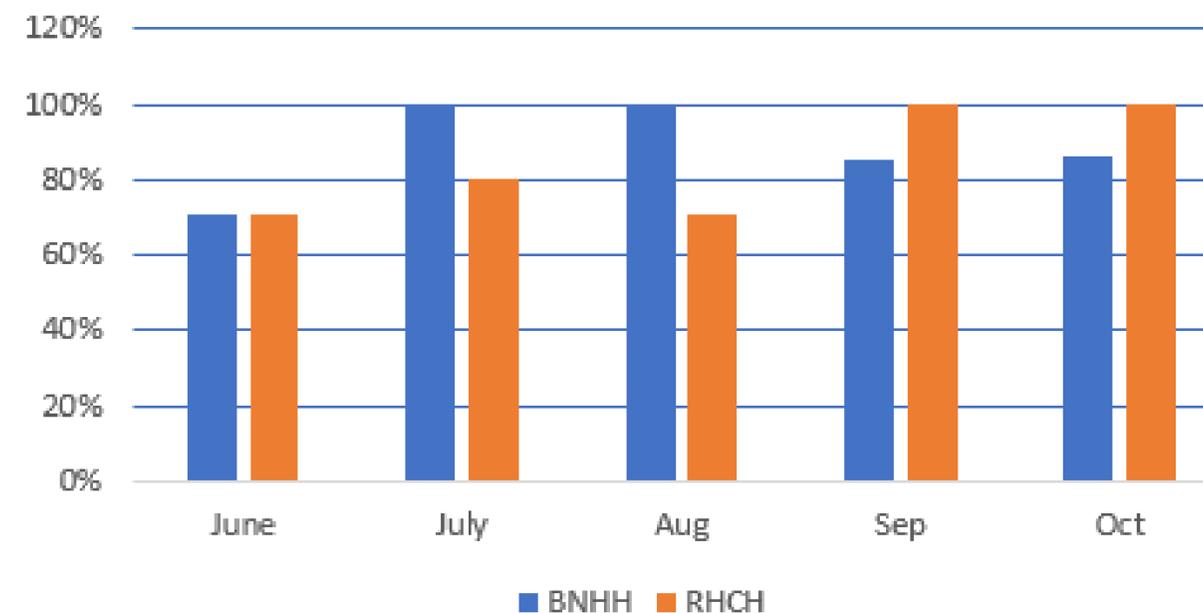
ACTIONS BEING MONITORED

COMPLIANCE OF SEPSIS PATHWAY

No of women on sepsis pathway



% Compliance antibiotics received within 1 hour



- All women received their antibiotics within 1.5 hours and it was clearly documented with a clinical reason why the antibiotic was not administered within 1 hour.
- Examples include delays due to awaiting antibiotics to be prescribed on EPMA as doctor delivering at the same time. One was waiting pharmacy to review medication allergy for a patient and difficult cannulation.

ACTIONS BEING MONITORED

SEPSIS E LEARNING COMPLIANCE (NOVEMBER 2022)

Staff Group	Compliance
Basingstoke (Midwives, Maternity Support Workers, Registered Nurses & Nursery Nurses)	100%
Winchester (Midwives, Maternity Support Workers, Registered Nurses & Nursery Nurses)	100%
Community All Areas (Midwives & Maternity Support Workers)	100%
ANC/DAU (Midwives, Maternity Support Workers)	94%
Specialist Midwives	100%
Sonography Team	95%
Consultants	100%
Middle Grades	100%
Junior Doctors	100%

ACTIONS BEING MONITORED

MANDATORY & STATUTORY EDUCATION

- Team leaders are encouraged to regularly meet and have 1:1s to discuss training compliance with members of their team

- Education compliance is monitored monthly by clinical matrons
- The practice development team update annually the midwifery training passport so all midwives are aware of what they need to complete for their specific job roles.

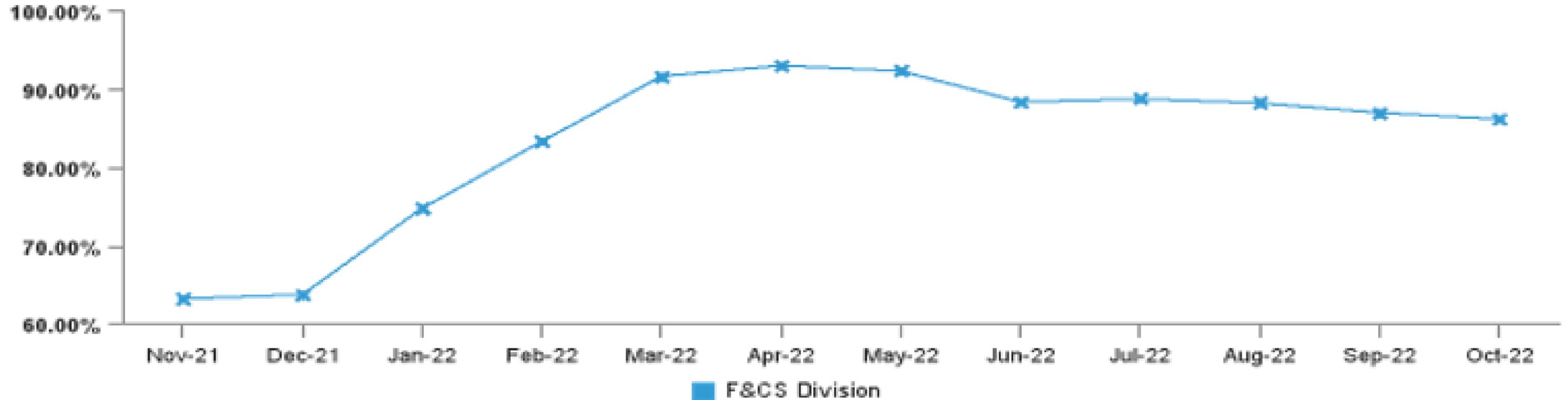
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
BLS	69%	85%	85%	87%	88%	90%	86%	87%	86%
Conflict	98%	97%	97%	96%	95%	95%	96%	100%	97%
Counter Fraud	94%	95%	95%	96%	93%	94%	94%	86%	97%
Dementia	95%	99%	100%	100%	99%	98%	99%	96%	98%
Equality & Diversity	94%	93%	94%	96%	93%	95%	95%	91%	96%
Fire	92%	90%	90%	91%	88%	86%	90%	95%	92%
Health & Safety	95%	94%	95%	96%	94%	94%	95%	85%	95%
Infection Control clinical	88%	88%	87%	86%	82%	81%	83%	78%	86%
Manual Handling Full	65%	77%	87%	77%	80%	82%	82%	78%	76%
Safeguarding adults*	47%	65%	65%	67%	70%	73%	75%	78%	78%
Safeguarding children Level 3	74%	76%	77%	79%	92%	94%	79%	96%	82%
IG	87%	Not reported	35%	35%	55%	74%	82%	88%	92%
MCA	76%	missing	missing	missing	84%	85%	84%	88%	86%

- There is also a maternity support worker education passport that was created this year. These passports accompany individuals to their yearly annual appraisals

ACTIONS TO BE MONITORED

APPRAISALS

Page 125



Actions currently being undertaken with weekly compliance monitoring by the Heads of Midwifery.

ACTIONS TO BE MONITORED

DOMESTIC ABUSE SCREENING

- Over the last 10 months, 3973 ladies delivered with us, and we screened for domestic violence in all but one of them in Winchester (99.97%)
- We have enhanced the opportunities to ask about domestic violence to our women multiple times during their pregnancy
- We have provided additional training for all community staff from the domestic abuse advocates within the trust to support these conversations regularly

HHFT Jan - Oct 22 deliveries							
Women delivered	Not screened at booking	Screened at booking	Not screened again by 34 weeks	Screened again by 34 weeks	Screened at any point	Screened after delivery	Total % Screened at any point
3973	144	3829	151	3822	3972	3900	99.97%

In October 2022 we carried out a pilot whereby we dedicated 5 minutes of time at the end of every antenatal appointment for women only to ask about domestic abuse. During this time 95% of this caseload had been asked.

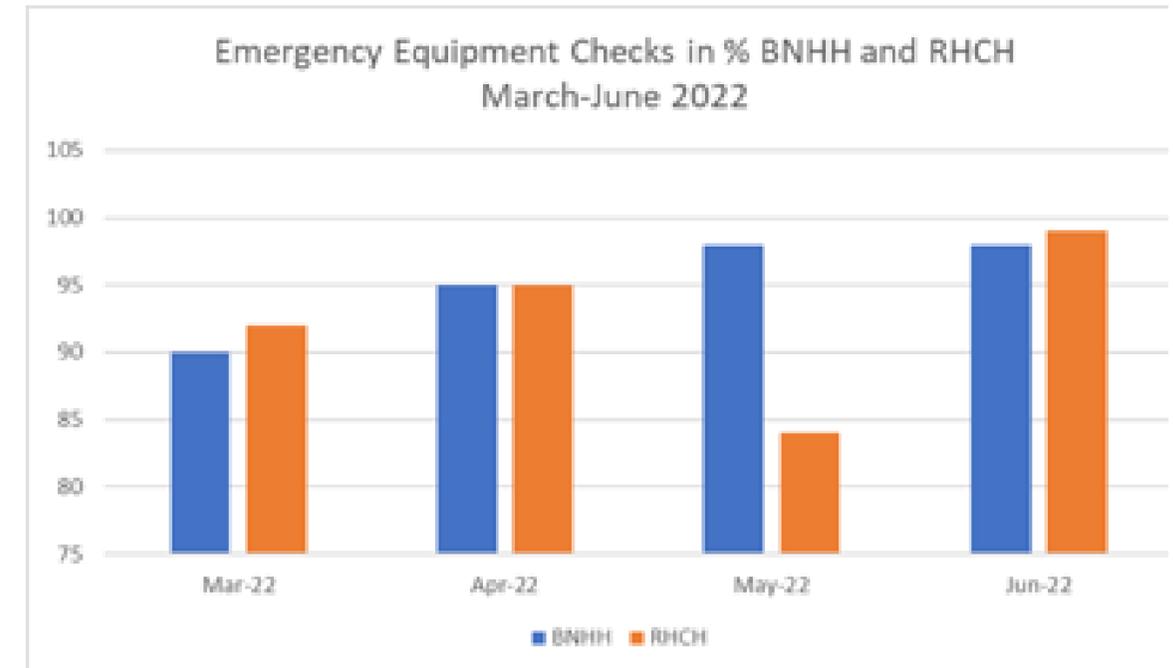
There was no increase in disclosure and women's feedback to us was that they appreciated this time with their midwife.

WHAT'S CHANGED? ➔

LEARNINGS

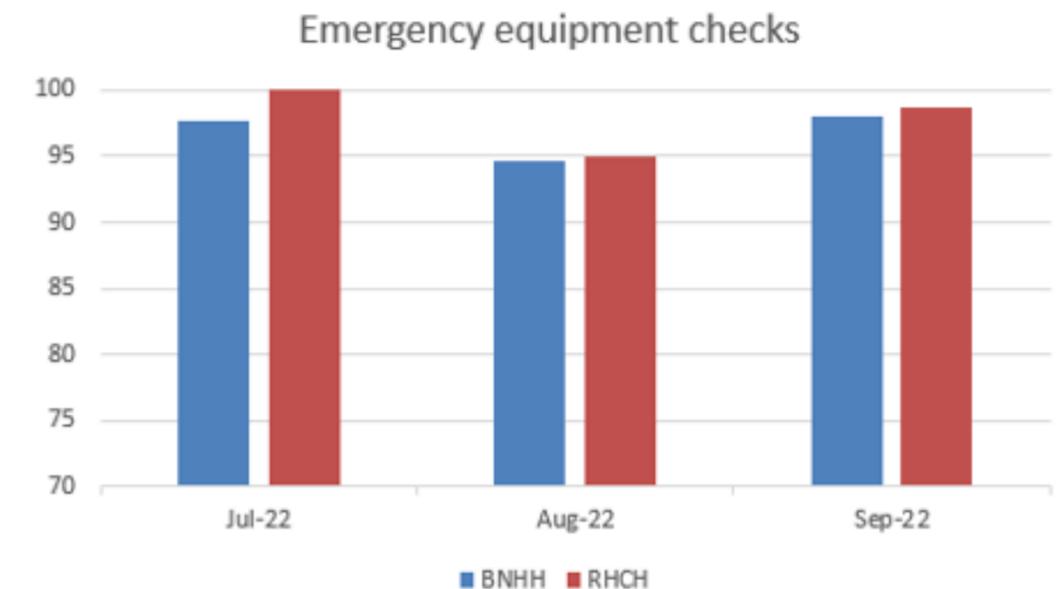
- Newly created SOP for medical equipment testing

Maternity Department Standard Operating Procedure		Hampshire Hospitals NHS Foundation Trust	
Maintaining an oversight of all equipment in the maternity Department to give assurance that it had been checked as working and fit for purpose. - Reference Number			
Replaced documents:	New January 2022	Number of pages:	2
Author (Owner):	Hayley Jones	Signature:	
Expiry Date:	31/12/23	Authorised by:	Maternity Governance
Review Date:	30/11/23	Date Authorised:	18/02/22
Amendment	20/05/22		
This SOP is not valid unless, or until the master copy is appropriately authorised			



- New compliance report check list

Area	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Notes on Non-compliance / Action Taken
Emergency equipment	100%	100%	100%	100%	100%	100%	100%	100%	
First Aid kit	92%	90%	95%	90%	95%	100%	100%	93%	
Defibrillator	92%	95%	95%	95%	90%	100%	100%	94%	
Resuscitator	100%	100%	100%	100%	100%	100%	100%	100%	
Emergency kit	100%	100%	100%	100%	100%	100%	100%	100%	
Overall	92%	92%	92%	92%	92%	100%	100%	94%	



WHAT'S CHANGED? ➤

LEARNINGS

- **Domestic cleaning audits are reviewed monthly by the clinical matrons and compliance of cleaning standards are shared at the transformation meetings**
- **Regular meetings with clinical matrons in each area and Domestic Supervisor on each site are carried out to address any concerns**



WHAT'S CHANGED? ➔

SAFE STAFFING - TURNOVER & RECRUITMENT

- Full establishment by Oct 2022 on both sites achieved.
- Over recruited by 9.52wte which will account for leavers over next 3-4 months
- Maternity leave back-filled
- Midwife to birth ratio 1:24 in the last 6 months aim is to reach 1:23

October 2022	BNHH	RHCH	Community	Other	Total
Vacancy (wte) RM	+1.0	1.08	0.9	1	1.98
Vacancy (wte) RN	0	0	0	0	0
Leavers	.8	0	0	1	1.8
Starters	4.5	3.5	1.2	.6	9.8
Awaiting start date	4.0	4.9	1.6	1	11.5
Remaining vacancy	Over by 5.0	Over by 3.82	Over by 0.7	0	9.52 over recruited
Recruitment Plan	International Recruitment Plan: 10wte, increased to 16 (further funding March 2023) offered 10wte (1 started, 3 induction) . To note start dates vary between September 2022/January 2023 included in above numbers. It is recognised that the department has approximately 2-3wte leavers each month, therefore the over recruitment will equate to the number of leavers over the next 6 months when the international midwives are included in the above figures.				

WHAT'S CHANGED? ➤

SAFE STAFFING - TURNOVER & RECRUITMENT

CONTROLS IN PLACE

- Robust recruitment plan
- Monthly Monitoring of starters/leavers
- Fair flexible working agreements
- Confirmation of vacancy with ESR
- More consideration of skill mix when writing rosters.
- Support midwives in post to provide Student placement support.
- Increased clinical support for preceptees

GAPS IN CONTROLS

- Exit interviews
- Understand why students move on

ACTIONS (OWNER & DATE)

- Increase Community/Continuity allocation (HJ, LB, HT by Nov 22)- under review
- Reallocation of midwives to support specialist services (HJ by Nov 22) in progress
- Birth ratio 1:23 Dec 22 (HJ) on target to achieve

ACTIONS TO BE MONITORED

RED FLAG REPORTING

RED FLAGS CRITERIA - DATIX REPORTING

- Delay of 2 hours or more between admission for IOL or EL CS and beginning
- Midwife unable to provide 1:1 care in established labour
- Delay of 30mins or more between presentation & triage
- Unable to provide out of hospital birth
- Missed or delayed medication by more than 30 mins (inc intrapartum analgesia)
- Delayed or cancelled time critical activity
- Missed or delayed care for >60 mins eg washing/suturing
- No full clinical examination when presented in labour
- Delayed recognition & action on abnormal vital signs eg. signs of sepsis/urine output



ACTIONS TO BE MONITORED

RED FLAG REPORTING

Winchester

Number & % of Red Flags Recorded		
From 01/10/2022 to 31/10/2022		
 RF1	Delayed or cancelled time critical activity	0
 RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	3
 RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0
 RF4	Delay in providing pain relief	0
 RF5	Delay between presentation and triage	0
 RF6	Full clinical examination not carried out when presenting in labour	0
 RF7	Delay between admission for induction and beginning of process	2
 RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0
 RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0
 RF10	Coordinator unable to maintain supernumerary status	0

Basingstoke

Number & % of Red Flags Recorded		
From 01/10/2022 to 31/10/2022		
 RF1	Delayed or cancelled time critical activity	2
 RF2	Missed or delayed care (for example, delay of 60 minutes or more in washing and suturing)	0
 RF3	Missed medication during an admission to hospital or midwifery-led unit (for example, diabetes medication)	0
 RF4	Delay in providing pain relief	0
 RF5	Delay between presentation and triage	0
 RF6	Full clinical examination not carried out when presenting in labour	0
 RF7	Delay between admission for induction and beginning of process	0
 RF8	Delayed recognition of and action on abnormal vital signs (for example, sepsis or urine output)	0
 RF9	Any occasion when 1 midwife is not able to provide continuous one-to-one care and support to a woman during established labour	0
 RF10	Coordinator unable to maintain supernumerary status	2

Data from Birth Rate Acuity Tool

ESTATES IMPROVEMENTS ➤

- **Newly decorated rooms and corridors**
- **Roof repairs - phase 1 to start end of September 2022**
- **New security doors into maternity theatres in place**
- **New sinks**
- **Implementation of estate monthly walk rounds with operational service manager for maternity, clinical matrons and lead nurse for patient support services**

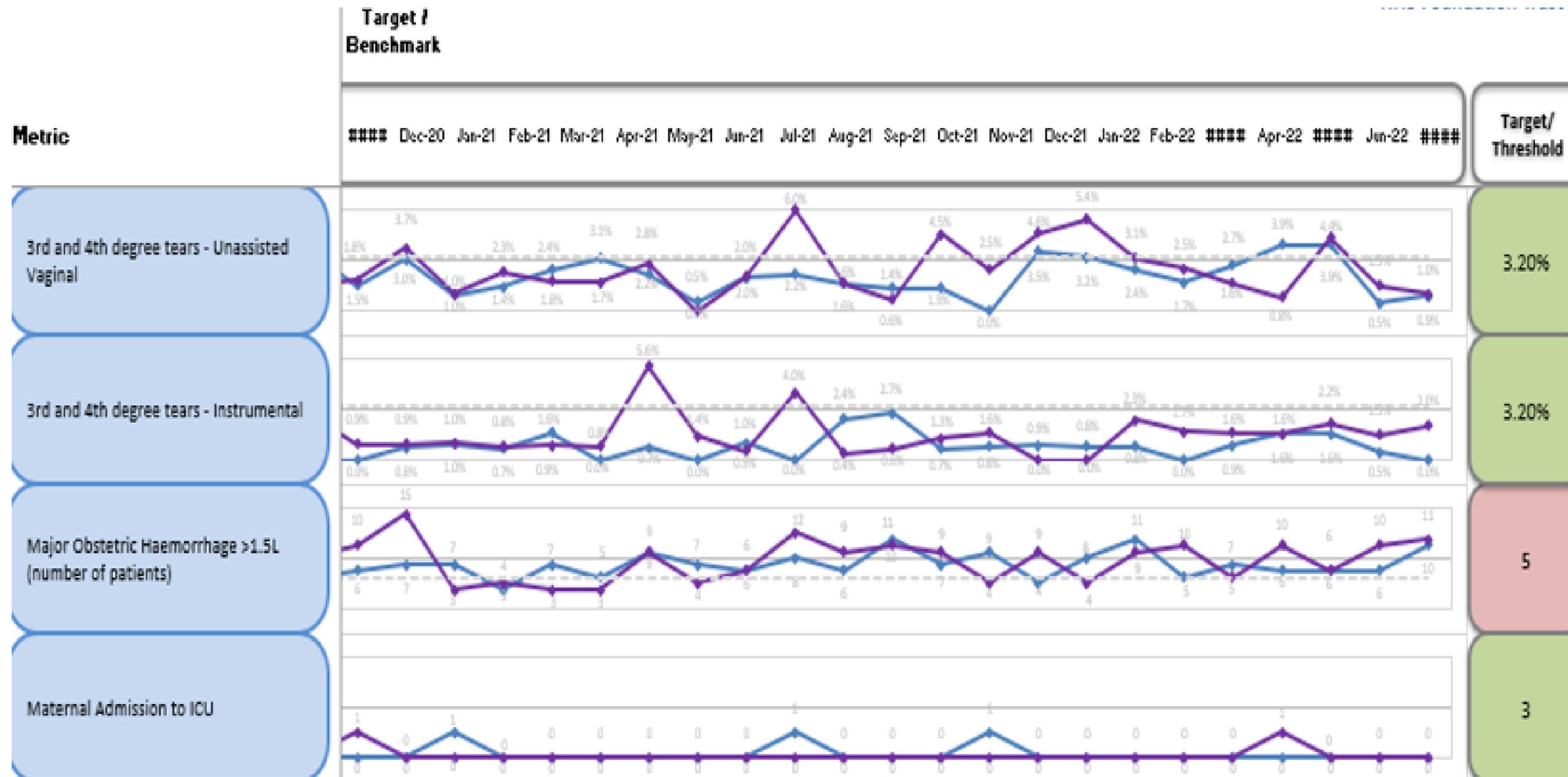


SUSTAINABLE IMPROVEMENT



Hampshire Hospitals
NHS Foundation Trust

Page 135



All improvements aligned to metrics so we can demonstrate the impact of actions we undertake

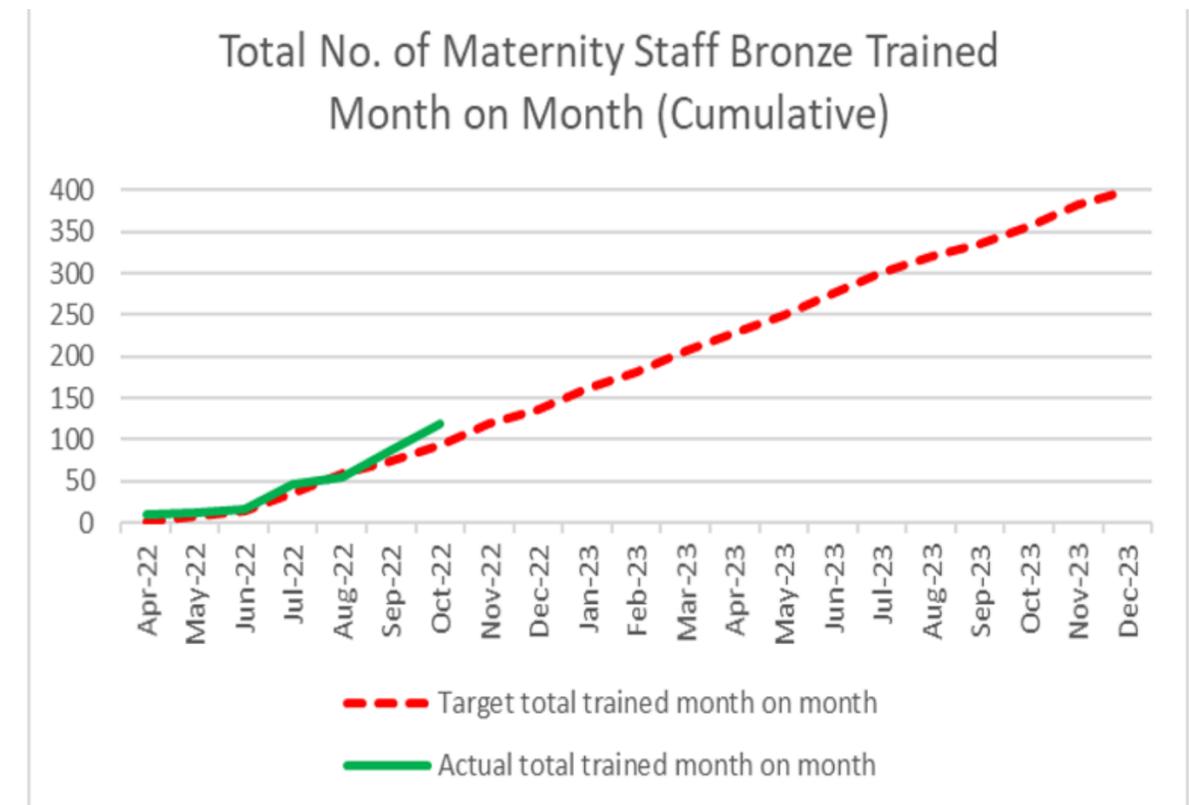
DEVELOPING QI SKILLS ➔

HHFT QI ACADEMY



For all improvement work within Maternity Services to be using the HHFT Improvement approach and following the Improvement Principles by December 2023.

Level	Aim	Skills outcome
Coaches	4	Champion QI methods and provide support to QI practitioners to maximise benefits and improvement outcomes.
Practitioners	40	Develop and use QI skills and knowledge to lead improvement at a service/divisional level
Improvers	400	Introductory understanding of QI to actively participate in improvement work across the Trust. <i>#EveryoneIsAnImprover</i>



LEARNING FROM EVENTS

- Weekly safety bulletins from the maternity safety & quality team.
- Ensures learning from events is current and widely distributed amongst maternity staff
- Monthly bulletin get included as a summary refresher in the monthly maternity newsletter
- The risk team compiled 3 safety messages to be included at every handover of staff



SAFETY BULLETIN

Please empty the bladder when there is a delay delivering the placenta or bleeding concerns.

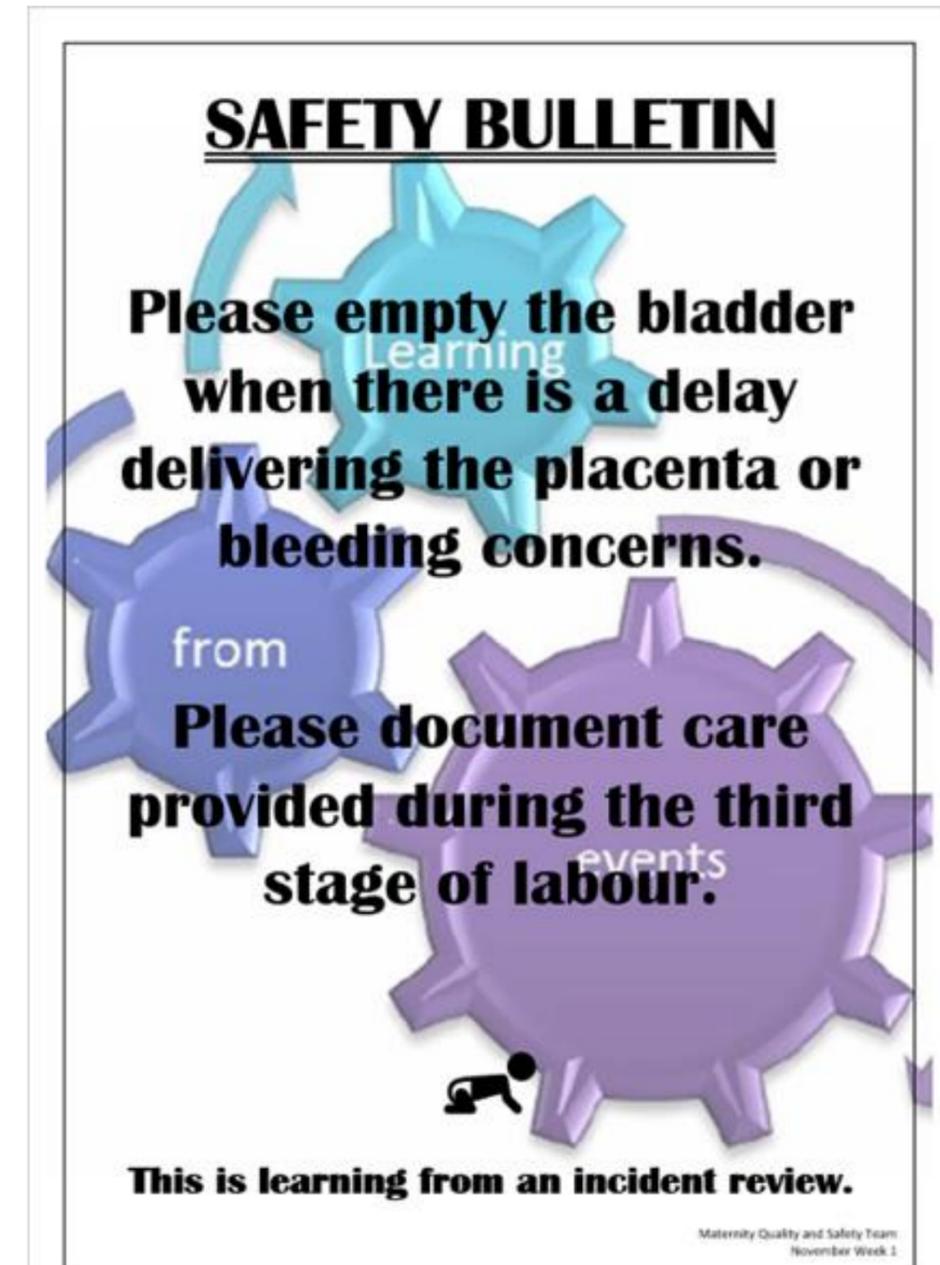
from

Please document care provided during the third stage of labour.

events

This is learning from an incident review.

Maternity Quality and Safety Team
November Week 1



EQUALITY & EQUITY (STAFF) ➔

- Cultural training session sent to Matrons & Consultants
- Team meetings introduced for International nurses
- Head of Midwifery signed up to reverse mentoring scheme
- Gap analysis in progress against Capital Midwife anti-racism plan
- Interview questions reviewed to ensure asking the correct diversity questions
- Enhanced staff training and education with diagnosing jaundice in different skin colours
- Cultural focus displays for those countries that we are welcoming International Midwives from
- Skin assessment form and pressure area damage information updated to reflect the changes in skin with colour
- Initiated a pool of people with protected characteristics to attend interview panels for positions within maternity
- Obstetric consultants agreed to review guideline with an equity lens; a statement of inclusion if no changes
- Head of Midwifery completed 6 week Future Learn course on Inclusive Leadership in Healthcare. Bitesize teaching sessions planned i.e. deficit thinking, microaggressions, affinity bias
- Cultural reading area to be implemented in both sites staff areas with books and articles available for browsing



EQUALITY & EQUITY (PATIENTS) ➔

- Launched 2 continuity of carer teams, 1 in Eastleigh and 1 in Basingstoke for vulnerable women and families
- Encouraging women to have covid vaccinations as part of all conversations at each clinic appointment
- Increased the number of leaflets in a variety of languages on Badgernet and our website
- Implemented a new standard operating process for women with protected characteristics to ensure easy access to maternity service
- Clevermed requested to order ethnicity categories alphabetically in the Badgernet system
- Editing of ward accreditation to ensure diversity and equality are met and measured within Maternity
- Ongoing work with Maternity Voice Partnership to encourage co-production and service improvements with women and families from different ethnic backgrounds
- Modernising Our Hospital Health Services working group to include a variety of staff and service-users from ethnic background
- Women with protected characteristics prioritised on matron pledge walkaround and feedback collared for Pareto analysis

I've had my Covid 19 vaccine - have you?

- ➔ The vaccine is effective in preventing Covid-19 infection
- ➔ You cannot get Covid-19 from the vaccination
- ➔ It is safe in pregnancy
- ➔ You can have the vaccination at any stage of pregnancy
- ➔ It will always be free of charge

Contact your midwife or hospital to arrange an appointment

For more information see rcog.org.uk/covid-vaccine

Logos for University Hospital Southampton, Hampshire Hospitals, Isle of Wight, and Portsmouth Hospitals University are visible at the top of the leaflet. The Royal College of Obstetricians & Gynaecologists logo is at the bottom right.

OPPORTUNITIES & CHALLENGES

EQUITY & EQUALITY

- Aligned with the Trust strategy to ensure inclusivity for all to meet their cultural needs

COMMUNITY HUBS

- More community hubs in all areas to support and engage our women locally at a financial saving from current premises

FINAL OCKENDEN

- Ockenden gives us opportunity to expand services with funding

AGING ESTATE

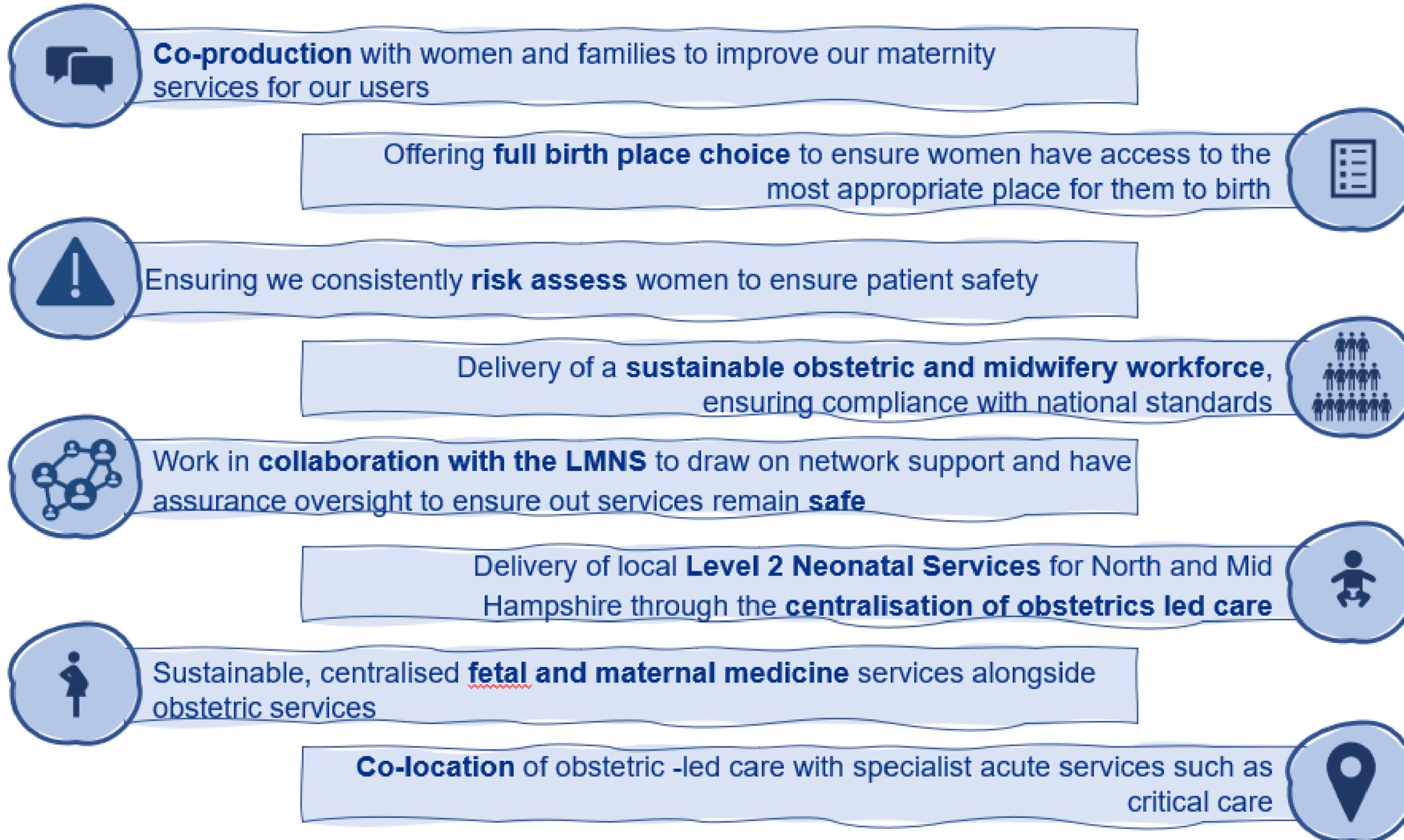
- Constant repairs
- Can not expand further on footprint
- Old décor fixtures and fittings

EMBEDDING & SUSTAINING ➔

- **One maternity improvement plan**
- **Improvement Director support to move further faster**
- **Excellent patient experience**
- **Leadership and culture – visibility and behaviours**
- **Education and training – development programme**
- **Optimising learning across Maternity**
- **Environment – monitoring estate and IPC issues**
- **Excellent governance**



PROPOSED MATERNITY MODEL





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Update on Safeguarding Issues

Page 143

29 November 2022
Professor Helen Young
Chief Nurse
SCAS





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Topics covered

- Safeguarding Reviews and Inspections
- Safeguarding Policies
- Safeguarding Oversight to Board
- Safeguarding IT System
- Safeguarding training – general
- Safeguarding level 3 – detail
- Recruitment to Safeguarding team



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Safeguarding Reviews and Inspections

- One Integrated Improvement Plan – One remaining action to be completed – policies to be agreed at Safeguarding Committee November 21 2022. (Sub groups agreed to continue pillars or work from Improvement plan and BAU)
- 5 internal and external reports reviewing the IT Safeguarding system – combined action plan (20 recommendations led by IT Director and Adult Safeguarding Professional)
- Business as usual workplan benchmarked with the ‘Rapid Review’ external report and the SAAF July 2022 – Led by Associate Director Safeguarding
- Risk Register Safeguarding – updated and reviewed at each NHSE/I scrutiny group



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Safeguarding Policies

The following policies have now been updated to include all comments received back from the group and from HR colleagues:

- Mental Capacity Act Policy
- SCAS Domestic Abuse Staff Policy
- SCAS Domestic Abuse Policy – Patients and Service Users
- SCAS Prevent Policy
- SCAS Safeguarding Adults Policy
- SCAS Safeguarding Children Policy
- SCAS Supervision Policy
- SCAS Allegation Management Policy

These will be ratified on November 21 at Safeguarding Committee



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Safeguarding Oversight to Board

- SCAS Board and Improvement Board Reporting
- Quality & Safety Committee Oversight
- Executive Management Committee
- Safeguarding Committee
- Safeguarding Operational group
- Safeguarding Away Days
- Learning from Experience Reports include SG issues/learning
- Operational Plan and performance reporting
- Audit Plan and quarterly reporting
- ICB/ NHSEI Regional Oversight
- Children's and Adult SG Boards



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Safeguarding Electronic IT system

- **Phase 1** – Review and Safety Netting of historic delayed SG referrals was completed and reported – May 2022
- **Phase 2** Safeguarding Review of historic back log of delayed referrals has come to an end with agreement that key learning can be extrapolated and the the SG resource reviewing this now focused back on current SG demand.
- **BDO audit** on end to end process of the SG Application completed 7 October 2022 and reported Nov 2022.
- **Technical Assessment Review** undertaken by ICT Directorate Reported Nov 2020 recommending Docworks provide a managed service for the SG Application November 2022
- **Serious Incident Investigation Report** – November 2022



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Safeguarding Training

- Induction delivered by Safeguarding Professional
- Safeguarding Training Standard Operating Procedure to be agreed at Safeguarding Committee November 21 2022
- Training Needs Analysis agreed for Safeguarding level 3 – staff number = 1903 to include as P1 staff groups
 - All clinicians (999 and EOC), Clinical Managers
 - Non registered clinicians (AAP and Technicians)
 - Appropriate operational new starters (NQP's, Paramedic transferee's)
 - Education Managers and Education Facilitators
 - MOD staff
- Making Connections delivery of safeguarding level 3 until June 2023 – SCAS will develop a quality assured level 2 package, volunteer programme, bespoke programme
- Allegation Management Training delivered by LADO to HR and Safeguarding November 7 2022



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Safeguarding Level 3 Training

- 549 staff have now been trained, which gives a 28.9% completion rate up to and including 04 November 2022 (updated figures using confirmed attendance)
- Sessions are being delivered weekly 48 staff in total.
- The attendance rate for these sessions has continued to remain high.
- For November so far, the percentage of spaces not utilised is 16.67%.
- Based on a single weekly offering of 48 attendees (24 AM, and 24 PM), it is predicted that the target of 1902 will be reached by the first week in June 2023

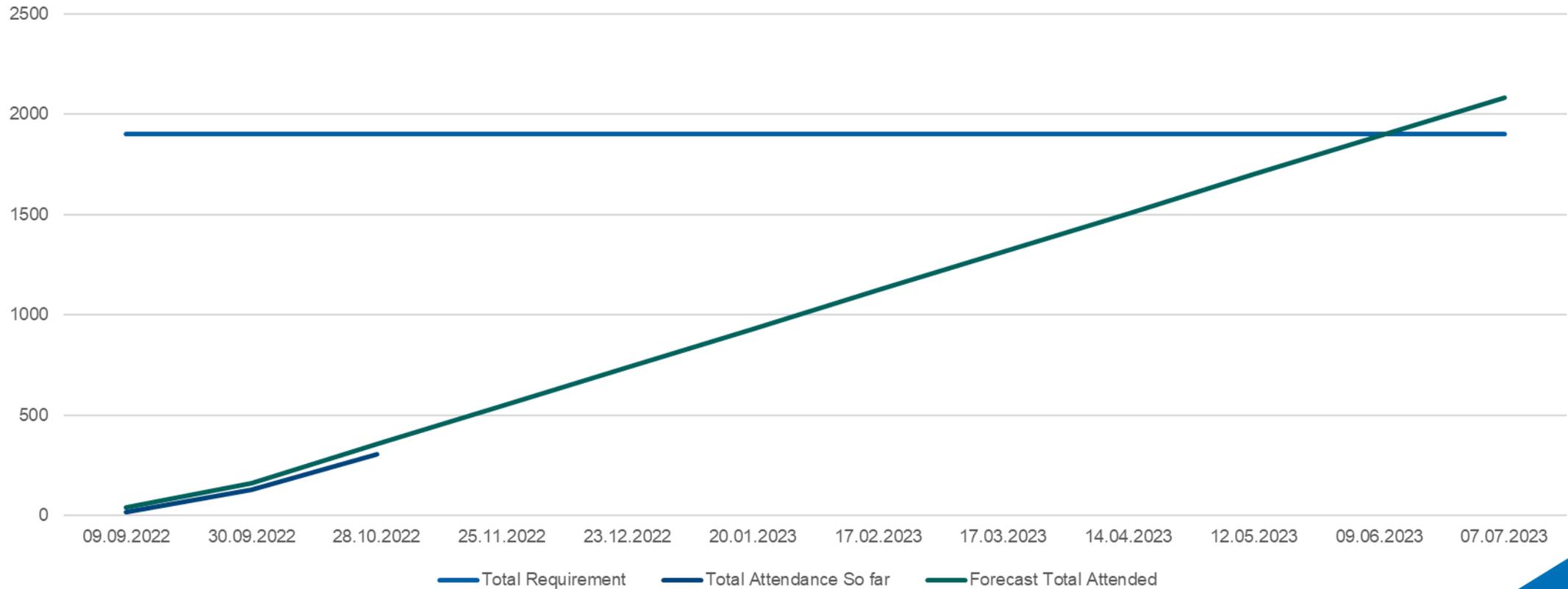


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Safeguarding Level 3 Training Trajectory

Safeguarding Training Trajectory





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Recruitment to Safeguarding Service

Page 152

Role	Update
Associate Director of Safeguarding, Mental Health, Learning disability and Complex Care	Appointed and in post with effect from 07 November 2022
Named Practitioner x2 (8A)	Named Practitioner (Children) – interview 12 th October 2022 – Offer accepted – commences on 03 January 2023 Named Practitioner (Adults) – interview 10 th October 2022 – Offer accepted – commenced 07 November 2022
Safeguarding Specialist x 3 (B7)	Interviews for Adult Safeguarding Specialist took place Tuesday 08 November 2022 – Post Offered due to commence Feb 2023 LPS/MCA Safeguarding Lead – interviews took place Tuesday 08 November 2022 – No suitable candidates – back to advert via partner agencies Children Safeguarding Specialist interviews scheduled for Monday 14 November 2022
Safeguarding Administrator B4	Candidate appointed – commencing December 2022



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Thank you

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Report on Dental Services for Hampshire HASC held on 29 November 2022

Recovery of Dental Services after COVID-19

Since July 2022 dental practices have been required to deliver their full contract provision; previously, practices were achieving a predefined national threshold as they recovered from the impact of COVID-19 and the backlog this has generated. Some dental practices are still unable to deliver full contract provision due to a variety of reasons, frequently due to recruitment and retention challenges across not only dentists, but also their support staff. Recruitment and retention is a particular issue for Hampshire prior to the pandemic and the current recruitment issues and so there has been historic under delivery of activity which has all impacted on dental provision across the locality.

Patients who require routine care, can find details of practices providing NHS dental care on: <https://www.nhs.uk/service-search/find-a-dentist> or by ringing 111 who will provide details of local dental practices providing NHS care. However, for the reasons outlined above, at the current time it is anticipated that many practices will not be able to accept new patients for non-urgent care.

Urgent Care Access

Additional funding was also offered to all practices in the South East region in December 2020 to provide sessions outside normal contracted hours for patients who did not have a regular dentist and had an urgent need to receive dental treatment. There are 2 practices in Hampshire, detailed below, that currently have the staffing levels to safely undertake additional sessions for urgent care, specifically for patients that would be new to the practice.

- Alton Dental, Alton, 01420 83589
- Stratfield Road Dental Practice, Basingstoke, 01256 326690

The offer of funding additional sessions remains open so that should other practices subsequently determine they have the staffing levels to safely deliver additional NHS sessions, these will be established.

Contract Closures and Procurement

Since April 2020, 16 practices across Hampshire and the Isle of Wight (HIOW) have chosen to stop providing NHS dental care and handed their contract back to the NHS. The total Units of Dental Activity (UDAs) lost by these hand backs totals 70,671UDAs.

The procurement of replacement services commenced under reference MDS3. The procurement process takes a considerable time and involves many stages. As an interim measure to reduce the impact of the contracts being handed back, we asked existing dental practices to undertake temporary activity to increase the amount of care they can provide.

NHS England has now completed the procurement process across HIOW and bidders have successfully been awarded contracts in the following locations:

Portsmouth - 104,000 UDAs - (4 locations @ 21,000 UDAs)
 Southampton - 42,000 UDAs - (2 locations @ 21,000 UDAs)
 Gosport – 14,000 UDAs
 Havant – 16,000 UDAs

Below is a dataset demonstrating how the current procurement will impact on the number of UDAs per head of population.

Local/Unitary Authority (LA/UA)	Total contracted UDAs as at 16.12.21	Total contracted UDAs when Portsmouth and Tadley contracts start	UDAs in procurement pipeline as proposed	Revised activity after procurement as proposed	LA/UA IMD rank out of 317 (2019)	LA/UA Population all ages mid 2019	Commissioned UDAs per head of LA/UA population when Portsmouth and Tadley contracts start	Revised commissioned UDAs per head of LA/UA population after procurement in pipeline
Portsmouth	310,744	320,744	104,000	424,744	59	214,905	1.49	1.88
Southampton	385,274	385,274	42,000 – (21,000 to be re-commissioned)	448,274	61	252,520	1.53	1.78
Isle of Wight	235,406	235,406	(25,000 to be re-commissioned)	249,406	98	141,771	1.66	1.76
Havant	200,863	200,863	16,000	216,863	119	126,220	1.59	1.72
Gosport	131,933	131,933	14,000	145,933	133	84,838	1.56	1.72
New Forest	274,091	274,091	-	274,091	240	180,086	1.52	1.52
Basingstoke and Deane	224,319	239,319	-	239,319	243	176,582	1.36	1.36
Test Valley	130,729	130,729	-	130,729	261	126,160	1.04	1.04
East Hampshire	118,556	118,556	-	118,556	285	122,308	0.97	0.97
Eastleigh	204,558	204,558	-	204,558	287	133,584	1.53	1.53
Winchester	175,238	175,238	-	175,238	292	124,859	1.40	1.40
Fareham	143,225	143,225	-	143,225	298	116,233	1.23	1.23
Hart	51,387	51,387	-	51,387	317	26,681	1.93	1.93

Although the recent procurement process included the Isle of Wight, no bids were received for this location; Southampton also had 3 ‘Lots’ for bidders to apply for, but one Lot was unsuccessful in receiving bids and the associated 21,000 UDAs have therefore been included in the next round of procurement, which commences shortly.

The successful bidders are currently mobilising their services which are to be delivered from a mixture of current premises and newly developed premises. It is anticipated that once building works are completed, the practices are planned to open by 1 April 2023, subject to any unforeseen delays. The temporary activity previously in place and will continue until this date.

Cosham procurement delays. A previous procurement exercise (2019/20) continues to have some difficulties with agreeing a start date for one contract awarded in Cosham. NHS England are in communication with both the Provider of the proposed services and ICBs to see how these services can be brought on line. The issue relate to CQC registration which is outside of the control of NHS England, although we have been in contact with the CQC and the provider to assist with the process to gain a resolution. There is no current date for the commencement of these services.

Delegation of Dental Services to Integrated Care Boards (ICBs)

Since July 2022, dental services along with pharmacy and optometry services have been delegated to the ICBs. The ICBs now have commissioning responsibilities for these services and are supported by NHS England who provide an ongoing 'day to day overview of services'. NHS England and the ICBs have been working collaboratively on how to achieve the best dental provision for patients across HIOW.

Changes to the Way NHS Dentistry is Delivered

There continue to be a number of ongoing workstreams which will enhance dental services in the forthcoming years.

Earlier this year there was an announcement of planned changes to the NHS dental contract with the first phase now implemented. These changes include arrangements designed to improve patient access and have been briefly summarised below:

- Introduction of a minimum indicative UDA value of £23.00
- Patients with fillings or extractions of three or more teeth in a course of treatment will attract 5 UDAs (previously no limit on number of teeth per course for 3 UDAs)
- Molar endodontic treatment will attract 7 UDAs to recognise the time this takes to complete (previously 3 UDAs)
- Agreement for national dental team to provide patient leaflets etc to help dentists and patients implement the NICE guidance relating to patient recall intervals
- Promotion of guidance to assist with effective skill mix in dental staff
- Amendments to dental contract to allow contractors to deliver up to 110% of their actual contract value on a non-recurrent basis when agreed with commissioners to ensure this meets local needs.
- Contractors to ensure their entry <https://www.nhs.uk/service-search/find-a-dentist> is up to date as a quarterly requirement or when unexpected changes to opening times occur allowing patients to find a practice who is accepting NHS patients, easier.

More widely, Health Education England has published '[Advancing Dental Care \(ADC\) Review Report](#)', the culmination of a three-year review to identify and develop a future dental education and training infrastructure that produces a skilled multi-professional oral healthcare workforce, which can best support patient and population needs within the NHS. The Government is currently considering the next steps.

In addition, the Government is also considering moving forward with water fluoridation, a public health initiative the Chief Dental Officer [strongly supports](#). As the robust international evidence shows, water fluoridation is another public health tool that can reduce the incidence of tooth decay amongst adults and children, saving potentially thousands of teeth and improving oral health inequality in the process.

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HAMPSHIRE COUNTY COUNCIL

Decision Report

Decision Maker:	Health and Adult Social Care Select Committee
Date:	29 November 2022
Title:	Annual Safeguarding Report – Adults’ Health and Care 2021-22
Report From:	Director of Adults’ Health and Care and Deputy Chief Executive

Contact name: Jess Hutchinson, Principal Social Worker and Assistant Director, Younger Adults
Philippa Mellish, Head of Care Governance and Quality Assurance

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Report purpose

1. The purpose of this report is to provide an annual update in respect of the local authority statutory duty to safeguard vulnerable adults.

Recommendations

2. **It is recommended that the Health and Adult Social Care Select Committee:**
 - Notes the positive progress and strong performance of the Department to keep adults at risk safe from abuse and/or neglect, whilst acknowledging ongoing risks to fulfilling statutory safeguarding duties.
 - Notes the commitment of a wide range of Adults’ Health and Care staff, and wider partner agencies, to delivering robust safeguarding arrangements in Hampshire.
 - Notes the contribution of the Hampshire Safeguarding Adults Board (HSAB) to safeguarding strategy, assurance, and the development of policy across the four local authority areas of Hampshire, Portsmouth, Southampton, and the Isle of Wight.
 - Receive a further update on adult safeguarding in 12 months’ time.

Executive Summary

3. This report provides an update on the work of the Adults’ Health and Care Department, and of the Hampshire Safeguarding Adults’ Board respectively, to safeguard vulnerable adults.

4. The Department has undertaken an extensive programme of safeguarding practice improvement which has served to increase the number of safeguarding concerns raised with the Department and recorded Section 42 Enquiries, this sees Hampshire within the same parameters of similar sized county areas. Safeguarding practice has also been further strengthened through an enhanced training offer, introduction of the Senior Social Worker role, development of a new Safeguarding Adult Quality Assurance Framework and a new data dashboard to enable trends to be identified, highlighting opportunities for preventative action.
5. Improvement actions have also been implemented in response to key learning from Safeguarding Adult Reviews. These included piloting the introduction of a new service offer using Enhanced Support Workers to engage people where there are safeguarding concerns relating to self-neglect and homelessness, introducing a new Risk Assessment and Risk Escalation panel, and delivering an improved way of working within the Multi-agency Safeguarding Hub.
6. The Department has continued to work with wider partners to undertake Large Scale Safeguarding Enquiries, with seven opened by the Department in the 12 months to September 2022.
7. The Department has continued to work closely with Health partners to plan for the Government's introduction of Liberty Protection Safeguards, which is due to replace the current Deprivation of Liberty Safeguards scheme.
8. The Client Affairs Service continues to operate an effective service to its 1,000 clients and deliver services on behalf of Southampton City Council.
9. In keeping with the County Council's Modern Slavery Statement, the Department has continued to progress actions to raise awareness of modern slavery, including through the rollout of training to staff and updated guidance.
10. The Domestic Abuse Partnership commenced work to develop a domestic abuse needs assessment to inform a revised strategy from 2023.
11. In line with its statutory duty under The Care Act, the HSAB published its [2021-22 Annual Report](#) setting out key areas of progress and achievements against its 2019-20 Business Plan. The Board also ran a series of development days engaging a breadth of stakeholders to co-produce a revised set of [Strategic Priorities](#). The HASB also responded to growth in the number of Safeguarding Adult Review commissions.
12. The HSAB reviewed and updated its Risk Management Framework and is in the process of refreshing its Risk Register. As part of this, the Board continued to scrutinise and oversee the response to The Gosport War Memorial Hospital Inquiry Report and to seek assurance regarding the performance of the South Central Ambulance Service following CQC inspection of the Service's Emergency Operations Centre.

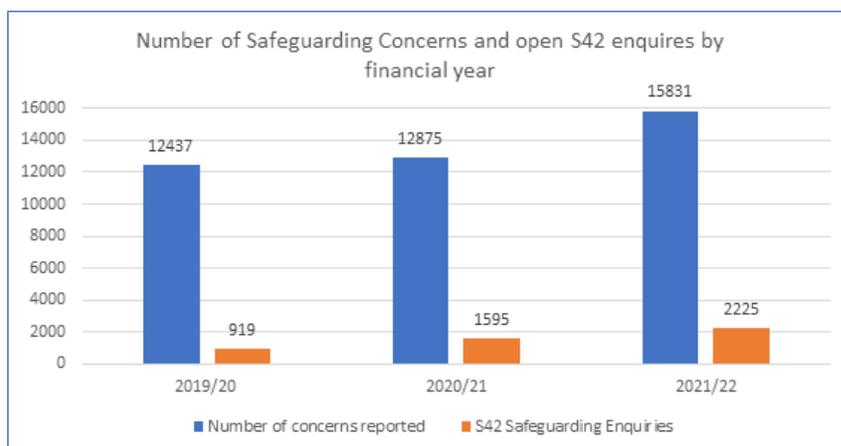
Contextual information

13. This report provides an update on the work of the Adults' Health and Care Department, and of the Hampshire Safeguarding Adults' Board respectively, to safeguard vulnerable adults.
14. The main statutory safeguarding responsibilities for local authorities, Police and the NHS are covered by the Care Act 2014 and subsequent statutory guidance. The Care Act 2014 Statutory Guidance defines safeguarding as 'protecting an adult's right to live in safety, free from abuse and neglect'. A person with care and support needs living in Hampshire who is at risk of, or experiencing, abuse or neglect, and is unable to protect themselves, can access safeguarding support irrespective of their eligibility for services. A safeguarding concern is raised where there is reasonable cause to suspect that an adult who has, or may have, needs for care and support is at risk of, or experiencing, abuse or neglect. Care Act 2014 Section 42 (1) (a) and (b)
15. Statutory responsibility for oversight of Hampshire's local system safeguarding arrangements rests with the Hampshire Safeguarding Adults Board. The main objective of the HSAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet safeguarding criteria. The HSAB achieves this by working closely with wider Adults' and Children's Safeguarding Partnerships.

Safeguarding improvement

16. Under the leadership of the Principal Social Worker, the Strategic Safeguarding Team has undertaken an extensive programme of safeguarding practice improvement to address areas highlighted by data and wider evidence. A key area of focus was on increasing the number of adult safeguarding concerns referred to the local authority, alongside growth in the volume of Section 42 Enquiries. This has seen the total number of Section 42 Enquiries commenced rising to 259 per 100,000 adults in Hampshire (an increase from 84 in 2019-2020). This development enables more concerns to be formally managed and successfully resolved.
17. Actions to increase the level of Section 42 Enquiries included requiring all operational staff to complete appropriate training over the next two years, increased vigour in the recording within the Department's client management system to better reflect the activity undertaken, and practice improvement in response to the findings of Safeguarding Adult Reviews, such as measures to ensure that practitioners apply the Section 42 criteria robustly in the area of self-neglect.
18. The impact of these initiatives is reflected in the data (alongside the re-opening of services following national restrictions and lockdowns in the preceding period). In September 2021, 1,251 safeguarding concerns were received into the Department. In September 2022, there were 1,858 concerns received, which demonstrated an increase of 31%. In this 12-month period, the highest level of monthly safeguarding concerns received was 2,129 in August 2022. Safeguarding concerns were most often received by the Multi Agency Safeguarding Hub (MASH) but some also came directly to hospital

and community teams. The number of recorded Section 42 Enquiries also increased by 283% over the twelve months to September 2022 (from 122 to 467). Again, this increase not only reflects a continued focus on professional practice and wider community awareness, but also a consequence of restrictions easing in our communities and greater identification of concerns as a consequence.



19. The Strategic Safeguarding Team has also worked to continuously improve safeguarding practice through delivering guidance and expert support to practitioners across the breadth of safeguarding practice. This was achieved in part through the introduction of Senior Social Workers; practice leaders who champion excellent social work practice within their teams and the wider organisation, as well as with other professionals. They have the skills and experience to provide practice expertise within their own, more complex, caseloads and to guide, advise and supervise team members. There are currently over 30 Senior Social workers with a Safeguarding specialism. Monthly sessions facilitated by the Safeguarding consultants are in place to support the development of safeguarding practice, create and share sources in order for greater knowledge and insights to be shared within teams.
20. Excellent practice was further supported through the introduction of the Safeguarding Adult Quality Assurance Framework (QAF). This was developed and introduced for all practitioners who undertake practice in relation to Safeguarding Adults. The QAF is an online questionnaire designed to help practitioners, team managers and senior managers identify opportunities for improving the quality of safeguarding adults' practice.
21. Improvement actions were also identified and implemented in response to key system learning from Safeguarding Adult Reviews (SARs). Adults' Health and Care (AHC) took a systematic approach to developing learning from the SARs that have been published since 2020. This included developing a SAR action plan to ensure that all specific learning for AHC individually with partners is progressed and tracked. Four examples of responses taken in response to the SARs are:
 - **Enhanced support worker** – AHC commissioned a six-month pilot with two providers to test a new service offer using Enhanced Support

Workers to engage with individuals where there are safeguarding concerns primarily in relation to self-neglect (which may include hoarding), or the person is at risk of experiencing home loss. These individuals may present with recurring multiple co-morbidities, including Mental Health issues, Autism and / or other disabilities, have undiagnosed health needs, use substances, or have chaotic social circumstances and limited social support networks, and may be people who could be classified as 'hard to reach' or resistant to intervention. The pilot is being undertaken in response to learning from the thematic Self-neglect SAR and the escalating numbers of people AHC are supporting due to self-neglect.

- **Risk Assessment and Risk Escalation panel** – SAR learning highlighted that working with acute or complex risk can be one of the most challenging areas of practice. In response, the Department put in place a Risk Assessment and Escalation Framework which is designed to ensure that practitioners are supported with shared decision-making for the most complex risks, drawing on relevant expertise as needed across the Department.
- **Transformation of the Multi-agency Safeguarding Hub** – the Department implemented a new and improved way of working within MASH with the aim of becoming a centre of excellence for safeguarding practice, with a particular focus in supporting residents with the most complex risks, such as hoarding and self-neglect. Previously all safeguarding contacts were handled by the social care contact centre. Now contacts are channelled through a new Safeguarding Contact Team made up of experienced caseworkers. Their responsibility is to manage all safeguarding contacts and ensure as much detailed and relevant information is gathered, in line with our new processes. The new process focuses on “think safeguarding first” and Making Safeguarding Personal as well as effective risk assessment and use of advocacy.
- Alongside this, a new **Safeguarding Enquiry Team**, consist of the current MASH team with additional Social Workers and senior case workers, manages all complex cases, complete enquiries, and visit and work with community partners to manage safeguarding risks. The new model will deliver high quality and timely safeguarding interventions at the front door, a consistent approach to managing safeguarding concerns, increased and consistent feedback to referrers and vulnerable adults from MASH and an upskilled workforce to manage safeguarding concerns through training.

22. The impact of the Department’s continuous practice improvement model is being tracked and monitored, in part, through a new dashboard that allows relevant data to be appropriately accessed by both operational and strategic staff. This is generating insights in to Safeguarding activity, trends, and potential areas for preventative work.

Large Safeguarding Enquiries

23. The Department's Large Safeguarding Enquiries (LSE) Policy and associated processes are intended to be used in the most serious circumstances where there is a high level of risk and complexity. LSE response is part of the continuum of a whole system's approach to safeguarding activity that may be an appropriate response to safeguarding concerns in a provider setting. Between September 2021 and September 2022, there have been seven LSEs opened by AHC. Five of those opened were in relation to Older Adults providers and two Younger Adult providers. Five of these Enquiries opened in the last six months. LSEs are often complex requiring significant resource from multiple partners. Currently there are two open LSEs, where work continues with the provider to safeguard the individuals within the setting and make improvements. Out of the five LSEs that have closed to the LSE process, two homes have ceased operating, two services have made improvements and are now being monitored through other frameworks and one service has made all the necessary improvements and the action plan has been completed.

Deprivation of Liberty Safeguards (DoLS)/Liberty Protection Safeguards (LPS)

24. The Local Authority acts as the 'supervisory body' under the Mental Capacity Act 2005 for Deprivation of Liberty Safeguards (DoLS). DoLS is the legal framework applied when someone has care and support needs and for their own safety and welfare their liberty is deprived. Care homes and hospitals ('managing authority') must make an application to the local authority if they believe someone in their care, who lacks mental capacity, is deprived of their liberty because of care arrangements in place. These arrangements are necessary to ensure that no-one is deprived of their liberty without independent scrutiny and outside of the appropriate legal framework.
25. The Government is replacing DoLS with a Liberty Protection Safeguards, which was introduced through the Mental Capacity (Amendment) Act 2019¹ and originally due to come into force in October 2020. This was delayed to April 2022 due to the Covid-19 pandemic and was postponed further in December 2021 (in advance of the April'22 date). At present, the introduction of LPS is not expected before October 2023, although it is expected that some provisions covering new roles and training will come into force ahead of full implementation.
26. In March 2022, the Government consulted on its draft LPS Code of Practice, alongside six sets of draft regulations for England. Adults' Health and Care worked closely with its partners to develop a joined-up response to the consultation and continues to play a central role in coordinating partners' implementation plans. This includes through co-chairing a multi-agency implementation Steering Group with the Designated LPS Lead for the Hampshire and Isle of Wight Integrated Care Board.

¹ [Mental Capacity \(Amendment\) Act 2019 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2019/21/contents/enacted); [Mental Capacity \(Amendment\) Act 2019 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2019/21/contents/enacted)

Client Affairs Service (CAS)

27. The Client Affairs Service (CAS) operates to manage the property and financial affairs of people who lack the mental capacity to do this for themselves. People supported by the service have no family willing or deemed suitable to do this on their behalf.
28. The CAS continued to operate an effective service to its 1,000 clients during the pandemic and deliver services on behalf of Southampton City Council (SCC). 'Sold service' activities were further developed through previous agreements with Guernsey and with the Clinical Commissioning Groups (CCGs).

Modern slavery

29. Adults' Health and Care continued to progress actions to deliver on the County Council's commitment to preventing slavery and human trafficking across its business activities and supply chains. A key focus over the last year has been to raise awareness across Adults' Health and Care and the wider organisation. This has been achieved through:
 - Awareness raising sessions delivered in partnership with the charity Unseen
 - The rollout of Hampshire Modern Slavery Partnership eLearning training to key cohorts of Adults' Health and Care staff.
 - Improving staff guidance on the Social Care Practice Manual and the Department's internal Equality and Inclusion web pages.

Domestic Abuse for adults at risk

30. The Hampshire Domestic Abuse Partnership is formed by a variety of statutory and voluntary sector agencies working together to tackle the issues of domestic abuse. The Partnership includes the Hampshire Domestic Abuse Partnership Board which operates through several sub-groups.
31. Over the past year, the Domestic Abuse Health subgroup focused on improving the capabilities of the health settings' workforce, strengthening pathways from health services to specialist domestic abuse services, and maintaining Health's engagement with Multi-Agency Risk Assessment Conferences (MARAC) and High-Risk Domestic Abuse (HRDA) – a local multi-agency, whole family focused process where information is shared on the highest risk cases of domestic violence.
32. The Safe Accommodation subgroup worked to deliver five strategic objectives:
 - **Improve measurable and purposeful local information and data collection, collation and analysis processes including vulnerable groups and from different intersectionalities.** Data will be used to provide a more accurate picture of Hampshire in national data returns, and to inform the commissioning of services locally. Work on this priority has recently commenced.

- **Improve intelligence on the needs of 10-25 year olds** which, following the Safer Accommodation Needs Assessment, has been identified as a gap nationally. Hampshire is considering what types of accommodation are required going forward in recognition that the needs of this cohort are often complex and more ‘traditional’ services, which might be offered in a crisis, are not always appropriate.
 - **Improve prevention, identification, and the effective and efficient use of the safe accommodation referral pathways.** This work is being led by the Hampshire Domestic Abuse Partnership (HDAP) and will develop the existing referral pathway to improve the offer to those experiencing domestic abuse. For example, Hampshire Hospitals Foundation Trust has Domestic Abuse Advocates in their hospitals who provide training to staff on the early identification of domestic abuse and how to refer to specialist services. Work is underway to develop these areas in education, including a training plan for colleagues working in education.
 - **Establish the Whole Housing Approach to ensure range of safe accommodation and support is available.** Housing teams have begun to develop specialist domestic abuse posts to improve pathways for people living with domestic abuse who use housing services. Some District and Borough councils have recently accessed funding to also employ these specialists, although this model is not available across the whole of Hampshire. Work is also underway to look at the creation of specialist posts within GP primary healthcare. A range of accommodation options are under consideration.
 - **Establish a robust expert by experience (adult and children and young people survivor and perpetrator) mechanism and feed this into future domestic abuse strategies.** It is anticipated that a three-year contract will be made available at the end of 2022 to establish community engagement mechanisms by building networks, especially reaching underserved populations with Hampshire. This will then be used in further strategies and commissioning of specialist services.
33. A domestic abuse needs assessment is being developed to inform the Domestic Abuse Strategy from 2023 and will incorporate the Domestic Abuse Act 2021 Part 4 Safe Accommodation element to build on achievements gained from the 2021-2023 Domestic Abuse Safe Accommodation Strategy. The needs assessment will also consider what mental health support is available for those experiencing domestic abuse, as well as recent systemwide reviews of prevention and intervention responses to perpetrators and the roles and responsibilities of probation and prison in reducing harm when perpetrators leave their services.
34. Operational guidance is under development for Adults’ Health and Care staff, including an update to the Social Care Practice Manual pages. Furthermore, a revised Adults’ Health and Care training strategy is also under development following a review of frontline staff in addition to the promotion of the current training offer from the Hampshire Safeguarding Children’s Partnership.

Hampshire Safeguarding Adults Board

35. The HSAB continues to be a well-established, strategic board whose membership includes all key multi-agency partners. The Board is Chaired by the Director of Adults' Health and Care, and an Independent Scrutineer provides critical challenge and support to ensure the Board fulfils its core statutory responsibilities.
36. In line with its statutory duty under The Care Act, the HSAB published its [2021-22 Annual Report](#) setting out key areas of progress and achievements against its 2019-20 Business Plan. Highlights include:
- Publishing three Safeguarding Adult Reviews and responding to sustained growth in the volume of SAR referrals.
 - Delivering a whole system workshop on adult safeguarding and homelessness, resulting in a discussion paper exploring experiences of homelessness and highlighting the importance of trauma-informed, joined-up responses.
 - Developing the Board's approach to quality assurance, including development of a new System Improvement and Learning Framework to support evidence-based decision making.
 - Collaborating with Safeguarding Adults Board for Portsmouth, Southampton, and the Isle of Wight to produce joined-up guidance on modern slavery, human trafficking, a new multi-agency fire safety framework and information on transitional safeguarding. The Board continues to work through several sub-groups across the four LSABs to reduce duplication and maximise its effectiveness.
 - Delivering 17 multi-agency training events, engaging 1,183 people.
 - Contributing to three Family Approach training events run by the Hampshire Safeguarding Children's Partnership.
 - Reviewed and re-launched the [See it Stop it App](#).
 - Raised awareness during National Safeguarding Week, reaching 37,540 people via social media.
 - Secured increased partner contributions to support and sustain the work of the Board.
37. The Board also ran a series of development days engaging a breadth of stakeholders to co-produce a revised set of [Strategic Priorities](#), which form the basis of the HSAB forward work programme. These are to:
- Foster a shared understanding of what a 'safeguarding concern' is, who to take concerns to and what will happen next.
 - Empower people and those who help them to draw on their knowledge and expertise to make safeguarding personal, listening and acting on people's insights and lived experiences.

- Support the effective identification, assessment and coordinated management of risk in a way that balances different perceptions of risk whilst preventing or reducing the impact of harm.

Safeguarding Adult Reviews

38. A key statutory duty of the HSAB is to conduct Safeguarding Adult Reviews (SARs) as appropriate under Section 44 of the Care Act. The purpose of a SAR is to learn from events to drive whole system improvement, leading to better outcomes for adults at risk of abuse and /or neglect.
39. Referrals are considered by the HSAB Learning and Review sub-group which determines whether the circumstances of the case fit the requirements for a SAR and if so, what type of review process would promote the most effective learning and improvement action to reduce the likelihood of future deaths or serious harm occurring. The SAR collates and analyses findings from multi-agency records and frontline practitioners and managers involved with the case. It provides a detailed overview of the interfaces involved and, where necessary, makes recommendations for practice improvement.
40. Between January and December 2021, the HSAB received 10 SAR referrals, which is a reduction from the 22 received in 2020 and more akin to that of 2019 (11). However, whilst the number of referrals reduced, a significantly higher proportion (60%) of those referrals met SAR criteria resulting in a continuing high level of SAR commissions. Data received over the first three quarters of 2022 indicates significantly increased volumes, with 26 referrals received between January and September, and three new SAR commissions.
41. During 2020-21, the HSAB published three SARs: Vicky, The Self Neglect Thematic SAR, and Sam. These are summarised in the HSAB 2020-21 [annual report](#). Action plans are in place to respond to the recommendations and the board has received assurance on implementation of the agreed improvements. A further SAR has been concluded and is awaiting publication due to an ongoing court case and a further two SARs are in progress.

Key areas of risk and system oversight

42. The Safeguarding Board reviewed and updated its Risk Management Framework and is in the process of refreshing its Risk Register. As part of this, the Board continued to scrutinise and oversee the response to The Gosport War Memorial Hospital Inquiry Report. The report revealed that at Gosport War Memorial Hospital, the lives of many patients were shortened by the prescribing and administering of ‘dangerous doses’ of a hazardous combination of medication not clinically indicated or justified.
43. Ongoing oversight of the Gosport War Memorial Response is provided through the Hampshire and Isle of Wight Integrated Care System Quality Group. The Group enables a system-wide approach, aligning the Inquiry Report recommendations with themes and areas for improvement also noted in other independent HIOW and national investigations and reviews. This includes the recurrent theme of patient and carer experience, with insight data and information triangulated and shared at system level. Ongoing review of

outstanding actions are assured through four local place-based assurance Quality Committees, escalating by exception to the System Quality Group. Alongside this, the HSAB maintains a scrutiny role to oversee the response to the Inquiry Report and to gain assurance that lessons are being implemented across the relevant agencies involved. There is an ongoing police investigation led by Essex and Kent Constabularies into the historic issues at GWMH which is yet to conclude.

44. The HSAB also continued to seek assurance regarding the performance of the South Central Ambulance Service following CQC inspection of the Service's Emergency Operations Centre, which resulted in a rating of Requires Improvement. An update report will be provided by the Hampshire and Isle of Wight Integrated Care Board on a quarterly basis to the four Safeguarding Adults Board detailing improvement progress.

Looking ahead

45. Over the next twelve months, the Department will prioritise the following to strengthen further its approach to safeguarding vulnerable adults:
 - Develop further its work to mitigate safeguarding risks associated with self-neglect, including through developing practice guidance and resources and through multi-agency work.
 - Focus further improvement on the application of Making Safeguarding Personal, thereby ensuring the voices of those at risk are heard even more clearly.
 - Strengthen the use of advocacy to support people to engage in Section 42 Enquiries and direct support to hospital teams who coordinate Enquiries.
 - Continue to drive consistency of safeguarding recording across all areas, including through the development of Care Director (a new case management system).
 - Undertake detailed planning to ensure the successful implementation of Liberty Protection Safeguards.
 - Produce a domestic abuse needs assessment and revised Domestic Abuse Strategy.
 - Continue to respond effectively to the sustained, high levels of SAR referrals and commissions, and seek to evidence the impact of improvement actions.
 - Collaborate with its HSAB partners to implement the work programme and deliver on the HSAB Strategic Priorities.

Climate change impact assessment

46. This annual report references a wide range of services and activities which serve to fulfil the County Council's statutory duty with respect to safeguarding adults from abuse and/or neglect. Specific projects and initiatives, and the

climate impacts of these, are overseen by internal governance arrangements and are not covered in this overarching report.

47. In the main, strategic safeguarding roles require limited travel and are predominantly home based. However, the Department also recognises the importance of in-person, physical meetings to safeguarding vulnerable adults and believes the benefit of these outweighs the climate change impact of car travel. To contribute to balancing this, the Department is exploring an expansion of its use of electric vehicles.

Conclusion

48. This report demonstrates that the Department continues to fulfil its safeguarding remit and continues to seek to improve safeguarding practice, working effectively with partner agencies. The HSAB also delivered on its statutory duties to oversee the local safeguarding system and worked collaboratively to co-produce a revised set of Strategic Priorities.

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:	Yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
Care Act	2014

Section 100 D - Local Government Act 1972 - background documents	
<p>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.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

0. 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 disproportionately low.

1. Equalities Impact Assessment:

The Multi-Agency Policy, Guidance and Toolkit referenced in the main body of the report has its own Equality Impact Assessment. The local authority approach to safeguarding is applicable across all communities. As this is an annual overview report, no individual Equalities Impact Assessment has been undertaken.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
Date of meeting:	29 November 2022
Report Title:	Work Programme
Report From:	Chief Executive

Contact name: Members' Services

Tel: 0370 779 0507

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	29 Nov 2022	24 Jan 2023	14 March 2023	23 May 2023	
<p>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.</p>									
Chase Community Hospital (Whitehill & Bordon Health and Wellbeing Hub Update)	Hampshire Hospitals NHS FT - Outpatient and X-ray services: Reprovision of services from alternative locations or by an alternative provider.	Living Well Ageing Well Healthier Communities	HHFT and Hampshire ICSs	Item considered at May 2018 meeting. Sept 2018 decision is substantial change. Update circulated Oct 2021. Last update May 2022.			x		
Integrated Primary Care Access Service	Providing extended access to GP services via GP offices and hubs. (also to incorporate concerns accessing GP appointments)	Living Well Ageing Well Healthier Communities	Both Hampshire ICSs	Presented July 2019, March 2022. Latest update July 2022 as extended access due to transfer to PCNs for Oct. Requested further update.		x			
Orthopaedic Trauma Modernization Pilot	Minor trauma still treated in Andover, Winchester and Basingstoke. An	Living Well Ageing Well Healthier	HHFT	Presented September 2019, last update March 2021. Requested further update 2022.					

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	29 Nov 2022	24 Jan 2023	14 March 2023	23 May 2023	
	elective centre of excellence for large operations in Winchester.	Communities							
Hampshire Together: Modernising our Hospitals and Health Infrastructure Programme	To receive information about a new hospital being built as part of a long term, national rolling five-year programme of investment in health infrastructure.	Starting Well Living Well Ageing Well Healthier Communities Dying Well	HH FT and Hampshire ICSs	Presented July 2020. Last update Nov 2020. Agreed SC. 3 Dec Council established joint committee with SCC. Met Dec 2020 and March 2021. Next meeting tbc as consultation on hold. Last update to HASC - July 2022.					
Building Better Emergency Care Programme	To receive information on the PHT Emergency Department (ED) capital build.	Starting Well Living Well Ageing Well Healthier Communities	PHT and Hampshire ICSs	Presented in July 2020 following informational briefings. Last update rec'd May 2022. Requested further update Sept 2022.	x				
Proposal to create an Elective Hub	Spring 2022 notified of plans to create an elective hub to help	Living Well Ageing Well	HIOW ICS	Briefing note received May 2022 regarding plans to undertake capital works to provide			x		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	29 Nov 2022	24 Jan 2023	14 March 2023	23 May 2023	
	manage the backlog of elective appointments	Healthier Communities		additional theatre space specifically as an elective hub for the Hampshire area. Autumn 2022 – nothing further to note. Defer update to 2023.					
Recommendation to create a new community and mental health Trust	October 2022 notified of plans to create a joint organisation combining community and mental health services for Hampshire and IOW.		Southern Health FT and Solent NHS Trust		x				
Andover Community Diagnostic Centre	Expansion of community diagnostic services – opening January 2023.	Starting Well Living Well Ageing Well Healthier Communities	HHFT	Some services opening Autumn 2022 with main opening January 2023. Invite to Jan 23 meeting.		x			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	29 Nov 2022	24 Jan 2023	14 March 2023	23 May 2023	
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.									
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	<p>To await notification on inspection and contribute as necessary.</p> <p>PHT last report received Jan 2020, update March 2020.</p> <p>SHFT – latest full report March 2022. Action Plan received May 22. Requested confirmation when all actions completed.</p> <p>HHFT latest report April 2020 received Sept 2020. Maternity services update heard May 2022. Requested update Nov 22.</p> <p>Solent – latest full report received April 2019, written update on minor improvement areas in November 2019.</p>	x				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	29 Nov 2022	24 Jan 2023	14 March 2023	23 May 2023	
				<p>Frimley Health NHS FT report published March 2019 and update provided July 2019. Further update March 2020.</p> <p>UHS FT inspected Spring 2019. Update provided July 2019. Further update March 2020.</p> <p>SCAS – inspection re safeguarding concerns reported Feb 22. Update on CQC rating given July 22. Further update on action plan requested for Nov 22.</p>	x				
Independent Review of Southern Health NHS Foundation Trust			Southern Health NHS FT	Stage 2 Report published in September 2021. Initial item Oct 2021, action plan at Jan 2022 meeting. Latest update March 2022. ICS and Trust to update for Nov 2022.	x				
Dental Services	Concern over access to NHS dental appointments	Starting Well Living Well	NHS England/ICS's (dentistry commissionin	Initial Item heard Nov 2021, written update March 2022. Last updated May 2022.	x				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	29 Nov 2022	24 Jan 2023	14 March 2023	23 May 2023	
	post pandemic		g due to transfer to ICSs)	Requested further update Nov 22.					
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 department.	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 (January) Transformation savings pre-scrutiny alternate years at Sept meeting.		x			
Working Groups – currently none active									
Update/Overview Items and Performance Monitoring									
Adult Safeguarding	Regular performance monitoring adult safeguarding in Hampshire.	Living Well Healthier Communities	Hampshire County Council Adults' Health and Care	For an annual update to come before the Committee. Last update Nov 2021. (from 2020 to combine with Hampshire Safeguarding Adults Board annual report)	x				

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	29 Nov 2022	24 Jan 2023	14 March 2023	23 May 2023	
Health and Wellbeing Board	To scrutinise the work of the Board.	Starting Well Living Well Ageing Well Healthier Communities	Hampshire County Council Adults' Health and Care	Annual item heard June/July.					
NHS 111	To request an item on performance of NHS 111 following concerns raised by a committee member	Living Well Ageing Well Healthier Communities Dying Well	Both Hampshire ICSs	Updates rec'd – March 2021, Nov 2021, July 2022. Requested update in 6 months.			x		
Development of Integrated Care Systems (ICS)	Commissioning moving to ICS. Hampshire residents served by H&IOW ICS and Frimley ICS.	Living Well Ageing Well Healthier Communities Dying Well	Both Hampshire ICSs	Updates rec'd - Jan 2022, July 2022. Requested further update 2023.				x?	

Topic	Issue	Link to Health and Wellbeing Strategy	Lead Organisation	Status	29 Nov 2022	24 Jan 2023	14 March 2023	23 May 2023	
Mental Health and Wellbeing		Living Well Ageing Well Healthier Communities Dying Well	Led through HCC AHC (multi agency)	Collaborative overview of future intentions around mental health and wellbeing to incorporate multi agency updates.					
Social Care Reforms	Social Care Reforms that are required to be fully implemented by October 2023.		Hampshire County Council Adults' Health and Care	To be confirmed.					
Service resilience and workforce issues	To receive a collective update on workforce pressures and service resilience across health and social care organisations.		Led through HCC AHC (multi agency)		x				

* Work program to be prioritized and updated accordingly to note items that can be written updates only.

Other Topic Requests for scheduling:

June 2021 – request for update on water fluoridation powers in the Health and Care White Paper

July 2021 – request for a briefing on the ‘Carers and Working Parents Network’ (a HCC Staff Network. Requested by a member as a result of a member briefing on our workforce)

September 2021 – request for item on encouraging responsibility for health

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

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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

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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

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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.

Hampshire County Council: Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)

Glossary of Commonly used abbreviations / acronyms across Health and Social Care

Please note this is not exhaustive and is revised on a regular basis.

AAA	Abdominal Aortic Aneurysm
A&E	Accident and Emergency or Emergency Department (ED)
AMH	Adult Mental Health
AOT	Assertive Outreach Team
AWMH	Andover War Memorial Hospital
AS	Adult Services
BCF	Better Care Fund <i>This is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.</i>
BNHH	Basingstoke and North Hampshire Hospital (part of HHFT)
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group <i>A clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area up to June 2022</i>
CHC	Continuing Healthcare
CPN	Community Psychiatric Nurse
CQC	Care Quality Commission <i>The Commission regulate and inspect health and social care services in England.</i>
CX	Chief Executive
DGH	District General Hospital
DH / DoH	Department of Health
DTC	Delayed Transfer of Care
ED	Emergency Department / A&E
ENP	Emergency Nurse Practitioner
F&G	Fareham and Gosport
FHFT	Frimley Health NHS Foundation Trust
FT	Foundation Trust
GP	General Practitioner
G&W	Guildford and Waverley
HASC	Health and Adult Social Care (Select Committee)
HCC	Hampshire County Council
HES	Hospital Episode Statistics
H&IOW	Hampshire and Isle of Wight
HHFT	Hampshire Hospitals NHS Foundation Trust
HWB	Health & Wellbeing Board <i>Established and hosted by local authorities, health and wellbeing boards bring together the NHS, public health, adult</i>

	<i>social care and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health</i>
IAPT	Improving Access to Psychological Therapies
ICU	Intensive Care Unit
ICB	Integrated Care Board (part of the ICS)
ICP	Integrated Care Partnership (part of the ICS)
ICS	Integrated Care System (came in to force 1 July 2022, replaces CCG as local commissioning structures. Hampshire population included in the 'Hampshire & Isle of Wight ICS' and the 'Frimley ICS')
ICT	Integrated Care Team
IRP	Independent Reconfiguration Panel
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment <i>This document looks at the specific health and wellbeing needs of the local population and highlights areas of inequality. It helps public bodies decide what type of local services to commission.</i>
Local HW	Local HealthWatch <i>An organisation who represents the patient voice in Hampshire. They are commissioned by HCC and conduct research and investigations into patient experience and are part of a parent organisation Healthwatch England.</i>
MHA	Mental Health Act
MIU	Minor Injuries Unit
NED	Non-executive Director
NEH&F	North East Hampshire and Farnham
NHS	National Health Service
NHS FYFP/V	NHS Five Year Forward Plan / View <i>This is a national strategy which sets the direction for better prevention, new models of coordinated and personalised support and for localities to decide for themselves how best to make progress.</i>
NHSE	<i>NHS England NHS England oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England. It holds the contracts for GPs and NHS dentists, although some of these are co-commissioned with CCGs.</i>
NHSI	NHS Improvement <i>NHSI is responsible for overseeing all NHS trusts, as well as independent providers that provide NHS-funded care. Its focus is to ensure that patients receive consistently safe, high quality, compassionate care within local health systems that are financially sustainable. It includes the functions previously carried out by Monitor.</i>
NHSP	NHS Property Services
NICE	National Institute for Clinical Excellence <i>This body provides national guidance and advice to improve health and social care outcomes.</i>

NSF	National Service Framework
OAT	Out of Area Treatment
OBC	Outline Business Case
OBD	Occupied Bed Days
OOA	Out of Area
OOH	Out of Hours
OP	Out-patients
OPMH	Older People's Mental Health (services)
PCN	Primary Care Network
PFI	Private Finance Initiative
PH	Public Health
PHE	Public Health England <i>PH England is an executive agency of the Department of Health, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.</i>
PHU	Portsmouth Hospitals University NHS Trust
QAH	Queen Alexandra Hospital, Cosham
QSG	Quality Surveillance Group <i>The aim of this group is to identify risks to quality at as early a stage as possible. They do this by proactively sharing information and intelligence between commissioners, regulators and those with a system oversight role.</i>
RHCH	Royal Hampshire County Hospital (part of HHFT)
RTT	Referral to Treatment Time (performance indicator)
S&BP FT	Surrey and Borders Partnership NHS Foundation Trust
SCAS	South Central Ambulance NHS Foundation Trust (Service)
SECAMB	South East Coast Ambulance NHS Foundation Trust
SEH	South Eastern Hampshire
SEN	Special Educational Need
SGH	Southampton General Hospital
SHFT	Southern Health Foundation Trust
SHIP	Southampton, Hampshire, Isle of Wight and Portsmouth
SPFT	Sussex Partnership Foundation Trust (provider of CAMHS)
STP	Sustainability (and) Transformation Plan / Partnership / Programme <i>These local plans aim to achieve the goals of the NHS Five Year Forward to achieve better health, transformed quality of care delivery, and sustainable finances. It is a partnership to improve health and care developed proposals built around the needs of the whole population in the area, not just those of individual organisations.</i>
UHS FT	University Hospital Southampton NHS Foundation Trust
UTC	Urgent Treatment Centre
WCH	Western Community Hospital
WiC	Walk in Centre

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