

Health Overview and Scrutiny Panel

Thursday, 25th April, 2019
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Council Chamber - Civic Centre

This meeting is open to the public

Members

Councillor Bogle (Chair)
Councillor White (Vice-Chair)
Councillor Bell
Councillor Houghton
Councillor Noon
Councillor Payne
Councillor Savage

Contacts

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PUBLIC INFORMATION

ROLE OF HEALTH OVERVIEW SCRUTINY PANEL (TERMS OF REFERENCE)

The Health Overview and Scrutiny Panel's responsibilities and terms of reference are set out within Part 3 of the Council's Constitution: Responsibility for Functions

The general role and terms of reference for the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules) of the Constitution.

MOBILE TELEPHONES: - Please switch your mobile telephones to silent whilst in the meeting.

USE OF SOCIAL MEDIA: - The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting. By entering the meeting room you are consenting to being recorded and to the use of those images and recordings for broadcasting and or/training purposes. The meeting may be recorded by the press or members of the public. Any person or organisation filming, recording or broadcasting any meeting of the Council is responsible for any claims or other liability resulting from them doing so. Details of the Council's Guidance on the recording of meetings is available on the Council's website.

PUBLIC REPRESENTATIONS

At the discretion of the Chair, members of the public may address the meeting on any report included on the agenda in which they have a relevant interest. Any member of the public wishing to address the meeting should advise the Democratic Support Officer (DSO) whose contact details are on the front sheet of the agenda.

SMOKING POLICY – the Council operates a no-smoking policy in all civic buildings.

The Southampton City Council Strategy (2016-2020) is a key document and sets out the four key outcomes that make up our vision.

- Southampton has strong and sustainable economic growth
- Children and young people get a good start in life
- People in Southampton live safe, healthy, independent lives
- Southampton is an attractive modern City, where people are proud to live and work

CONDUCT OF MEETING

BUSINESS TO BE DISCUSSED

Only those items listed on the attached agenda may be considered at this meeting.

RULES OF PROCEDURE

The meeting is governed by the Council Procedure Rules as set out in Part 4 of the Constitution.

QUORUM

The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, **both** the existence **and** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

- (i) Any employment, office, trade, profession or vocation carried on for profit or gain.
- (ii) Sponsorship
Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.
- (iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.
- (iv) Any beneficial interest in land which is within the area of Southampton.
- (v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.
- (vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.
- (vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:
 - (a) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or
 - (b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

OTHER INTERESTS

A Member must regard himself or herself as having an, 'Other Interest' in any membership of, or occupation of a position of general control or management in:

- Any body to which they have been appointed or nominated by Southampton City Council
- Any public authority or body exercising functions of a public nature
- Any body directed to charitable purposes
- Any body whose principal purpose includes the influence of public opinion or policy

PRINCIPLES OF DECISION MAKING

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the “rationality” or “taking leave of your senses” principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, ‘live now, pay later’ and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

DATES OF MEETINGS: MUNICIPAL YEAR 2018/2019

2018	2019
28 June	28 February
30 August	25 April
1 November	
6 December	

AGENDA

1 APOLOGIES AND CHANGES IN MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)

(Pages 1 - 4)

To approve and sign as a correct record the minutes of the meeting held on 28 February 2019 and to deal with any matters arising, attached.

7 SOLENT NHS TRUST - CQC INSPECTION

(Pages 5 - 68)

Report of the Chief Executive and Chief Nurse of Solent NHS Trust informing the Panel of the findings from the Care Quality Commission inspection report published in February 2019.

8 HAMPSHIRE WHEELCHAIR SERVICE

(Pages 69 - 82)

Report of the Director of Quality and Integration providing an overview of the Hampshire Wheelchair Service.

9 UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST - CQC INSPECTION

Report of the Chair of the Panel requesting that, subject to publication, the HOSP consider the findings from the Care Quality Commission inspection of University Hospital Southampton NHS Foundation Trust.

Monday, 15 April 2019

Director of Legal and Governance

SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 28 FEBRUARY 2019

Present: Councillors Bogle (Chair), White (Vice-Chair), Bell, Houghton, Noon, Payne and Savage

18. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED: that the minutes for the Panel meeting on 6 December 2018 be approved and signed as a correct record.

19. **WINTER PRESSURES 2018/19**

The Panel considered the report of the Associate Director of System Delivery, Southampton City CCG setting out an overview of system resilience for the Christmas Period for 2018.

Peter Horne (Director of System Delivery - Southampton CCG), Jane Hayward (Director of Transformation), Sharon Stewart (SCC Service Lead, Adult Social Care), and David Noyce (Chief Operating Officer Southampton and County Services – Solent NHS Trust) were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- How the system had performed and responded to a relatively mild winter;
- How the planning and preparation process has attempted to facilitate a smoother interaction between agencies;
- How the agencies from the wider region including Portsmouth and the Isle of Wight have been including into the planning processes in order to ensure that the system as a whole can look to reducing issues including delayed transfers and ensure a more positive approach to high demand situations;

RESOLVED that the report be noted.

20. **UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST – UPDATE**

The Panel considered the report of the Chair of Health Overview and Scrutiny Panel detailing briefing papers provided by the University Hospitals Southampton (UHS) to inform the Panel on a number of issues.

Ophthalmology

Jane Hayward (Director of Transformation- UHS) and Peter Horne (Director of System Delivery - Southampton CCG), were in attendance and, with the consent of the Chair, addressed the meeting. During discussion the following points were raised:

- The dynamic nature of the Service's waiting lists. The Panel were informed that the waiting lists broke down into two main sections. Those being referred for an initial appointment and those being scheduled for follow up or monitoring appointments. The Panel noted that the excessive wait for those with age related macular degeneration and the excess wait for diabetes patients has been

- addressed. It was noted by the Panel that there were issues relating to the monitoring and treatment of glaucoma patients that were still being addressed;
- It was made clear that patients were seen for initial consultation within the agreed guidelines but, that the issue related to patients expecting follow up appointments. It was explained that these had been delayed longer than the guidelines suggested but that efforts to reorganise the list, including greater use of Lymington hospital, were having an effect on the waiting periods;
 - The national rise in eye disease related to the aging population;
 - The numbers of patients on the waiting lists and the steps taken to reduce the numbers waiting. For example it was noted that patients follow up appointments were being referred to their own GP rather than the Consultant in some cases.

Update on Power outage event

Jane Hayward (Director of Transformation- UHS) and Joann Hall (UHS) were in attendance and, with the consent of the Chair, addressed the meeting. During discussion the following points were raised:

The Panel noted that following the major incident an external review and an action plan had been commissioned. It was reported that the management of messages communicated to the public by statutory services was an area where improvements needed to be made..

The Panel noted that following the incident the electrical supply issues were resolved immediately.

Emergency Department Flow

Jane Hayward (Director of Transformation- UHS), John Richards (Chief Executive Officer, NHS Southampton City CCG) and Matt Stevens (Southampton CCG Board - Lay Member (Patient and Public Involvement)) were in attendance and, with the consent of the Chair, addressed the meeting. During discussion the following points were raised:

- The need for clearer information within the reports;
- The increasing demand on the Emergency Department (ED). The Panel raised concerns that the performance targets for the ED had continued to be missed whilst demand had continued to increase. The Panel questioned whether the future planning of resources would see the targets being reached;
- The relevance of the target was also raised. It was explained that nationally there had been difficulties from health trusts achieving the targets. It was explained that it was felt that there were better measures that could be used, including customer satisfaction;
- The steps taken to relieve the pressures on the ED. The Panel expressed a concern that this issue had been ongoing for a number of years and questioned whether it was likely to be resolved: and
- The Panel questioned whether the school closures due to flu had any knock on effect on the ED. It was explained that schools had been closed because of rules regarding the lack of teaching staff and not the number of ill children.

Delayed Transfers of Care

Jane Hayward (Director of Transformation - UHS), and Sharon Stewart (Service Lead, Adult Social Care – SCC) were in attendance and, with the consent of the Chair, addressed the meeting. During discussions the following points was raised:

- That there were currently differences in approach between the City and West Hampshire. It was explained that the process for managing transfers of care in Southampton had increased the ability of the service to transfer patients out of the hospital more effectively. It was further explained that it was hoped that Hampshire would be adopting a similar system to Southampton; and
- Similar to Hampshire, Southampton were commissioning a new framework for Home Care provision which aims to address challenges associated with complex delayed transfers of care.

RESOLVED that:

- (i) The Panel received updates in regard to the power outage and that the national report be circulated to the Panel on its release; and
- (ii) The supporting information relating to the Emergency Department flow be circulated to the Panel.

21. **MONITORING SCRUTINY RECOMMENDATIONS**

The Panel received and noted the report of the Director of Legal and Governance enabling the Panel to monitor and track progress on recommendations made by the Panel.

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Agenda Item 7

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	SOLENT NHS TRUST – CQC INSPECTION		
DATE OF DECISION:	25 APRIL 2019		
REPORT OF:	CHIEF EXECUTIVE, SOLENT NHS TRUST CHIEF NURSE, SOLENT NHS TRUST		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Moira Black	Tel: 0300 1234 156
	E-mail:	Moira.Black@Solent.nhs.uk	
STATEMENT OF CONFIDENTIALITY			
None			
BRIEF SUMMARY			
This report provides the Panel with a summary outcome of the 2018 Care Quality Commission (CQC) regulatory inspections of Solent NHS Trust, published on 27 February 2019.			
RECOMMENDATIONS:			
	(i)	The Panel is asked to consider the attached Solent NHS Trust CQC Inspection report, and note improvements in the period 2016-2018.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	To enable the Panel to discuss the CQC Inspection findings with representatives from Solent NHS Trust.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	None		
DETAIL (Including consultation carried out)			
3.	Solent NHS Trust underwent a comprehensive core services inspection of all 15 core services in June 2016. Following the 2016 inspection, Solent NHS Trust was awarded a 'Requires Improvement' rating. In October 2018, the CQC returned to Solent NHS Trust to undertake a core services inspection of all services previously rated as 'Requires Improvement'. This was followed by a well-led inspection in November 2018.		
4.	On 27 February 2019, the final report was published. Solent NHS Trust were awarded a 'Good' rating overall and 'Outstanding' in the caring domain.		
5.	Attached as Appendix 1 is a report with further detail regarding the inspection and the outcomes. A copy of the final Solent NHS Trust CQC inspection report is attached as Appendix 2.		
RESOURCE IMPLICATIONS			
<u>Capital/Revenue</u>			
6.	N/A		
<u>Property/Other</u>			

7.	N/A
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
8.	N/A
<u>Other Legal Implications:</u>	
9.	None
RISK MANAGEMENT IMPLICATIONS	
10.	N/A
POLICY FRAMEWORK IMPLICATIONS	
11.	N/A
KEY DECISION	N/A
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Solent NHS Trust - Summary
2.	CQC Inspection Report – Solent NHS Trust
Documents In Members' Rooms	
1.	Solent NHS Trust Care Quality Commission (CQC) Inspection – Evidence Appendix (On-line only): https://www.cqc.org.uk/sites/default/files/Solent_NHS_Trust_Evidence_Appendix_published%2027_February_2019.pdf
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
Other Background Documents	
Equality Impact Assessment and Other Background documents available for inspection at:	
Title of Background Paper(s)	
1.	None

SOLENT NHS TRUST Report

Committee: Southampton Health Overview and Scrutiny Panel

Date: 25 April 2019

Title: Regulatory Update and ratings after a comprehensive Care Quality Commission inspection of 8 core services, and a Well-Led inspection in October and November 2018

Author: Moira Black, Head of Organisational Effectiveness and Compliance.

Report from: Sue Harriman, Chief Executive Officer, Solent NHS Trust

1. Purpose of Report

1.1. The report below describes the circumstance and summary outcome of the 2018 Care Quality Commission regulatory inspections of Solent NHS Trust

2. Contextual Information

2.1. Solent NHS Trust underwent a comprehensive core services inspection of all 15 core services in June 2016. The overall rating at that time was Requires Improvement with the MH/LD service given an outstanding rating. In October and November 2018, we welcomed back the Care Quality Commission to undertake a core services inspection of all services that previously had a 2016 Requires Improvement rating, followed by the Board level inspection in November 2018.

2.2 2018 Inspection Update

The Care Quality Commission (CQC) undertook an inspection of eight core services at Solent NHS Trust. These were:

- 1. Community Adults*
- 2. Children and Families*
- 3. GP/Primary Care @ Adelaide HC*
- 4. MH/PICU*
- 5. MH/OPMH/Ward*
- 6. MH/OPMH/Community*
- 7. MH/Rehab IPU*
- 8. MH/Crisis/S136*

In early November 2018, they returned to undertake the well led inspection of the Trust. This involved 31 interviews, mainly of the Board and senior leadership teams, plus two focus groups over a 2 ½ day period.

Both these inspections were announced, and no NHSI “Use of Resources” inspection was deemed required at this time.

On December 19 2018, the draft reports and factual accuracy form was received. The highly positive draft report gave an initial overall Trust rating of ‘Good’ with some outstanding practice noted within the Well Led report. Every single core service was rated Good or Outstanding overall.

We were issued with one Requirement Notice for a breach of Regulation 12(2)(g): the proper and safe management of medicines. This was in one small, discrete location only ie not system-wide.

We were advised of 36 areas of minor breaches of regulations; these areas of improvement are spread across Trust-wide and service lines for action. While “should do’s” are non-mandated, they positively influence Trusts to deliver best practice, and the time frame for these improvements is usually set as approximately 6-12 months, except where significant embedding is required

A full executive review of the factual accuracy took place, and this did result in a positive change to the ratings.

On February 26 2019, the final report was published, giving the Older People Mental Health (OPMH) in-patient unit an elevated rating of Outstanding for Caring. This had the added benefit of raising the whole Trust rating to Outstanding in caring, which is an excellent and well-deserved recognition of our exceptional care.

Our 2019 Comprehensive ratings table is displayed below.

The Requirement Notice for Medicines Management in PICU is listed as Appendix One.

3. Progress and next actions

3.1 The Trust have returned a short but comprehensive action plan addressing the regulatory requirements of Regulation 12(2)(g) Medicines management. The actions are already well underway, and will be tracked through service-level governance, and for reviewed by Board at the Assurance Committee. Learning from this single location will be disseminated Trust-wide for maximal effectiveness.

4. Commissioner support and involvement in next stages

4.1 Commissioners from both cities have received copies of the report and attended Assurance Committee on 21 March, giving them the opportunity to discuss any points of interest.

5. Conclusion

5.1 *The Committee is asked to accept this report, and note the improvements in the period 2016-2018.*

APPENDIX ONE

Overall rating	Inadequate	Requires improvement	Good	Outstanding

	Safe	Effective	Caring	Responsive	Well led	Overall
Community mental health services with learning disabilities or autism	Good	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆	Outstanding ☆
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Community health services for adults	Good	Good	Good	Good	Good	Good
Community-based mental health services for older people	Good	Good	Good	Good	Good	Good
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Good	Good	Good	Good	Good
Wards for older people with mental health problems	Good	Good	Outstanding ☆	Good	Good	Good
Long stay or rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Substance misuse services	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Good	Outstanding ☆	Requires improvement	Good	Good

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Solent NHS Trust

Inspection report

Highpoint Venue
Bursledon Road
Southampton
Hampshire
SO19 8BR
Tel: 02380608900
www.solent.nhs.uk

Date of inspection visit: 09 Oct to 18 Oct 2018
Date of publication: 27/02/2019

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

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

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

Ratings

Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Good 

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

Summary of findings

Background to the trust

Solent NHS Trust formed in 2011 and is the main provider of community services to people living in Portsmouth, Southampton and to parts of Hampshire. The trust is also the main provider of mental health services to people living in Portsmouth.

The trust operates in over 100 clinical sites spread across the Hampshire area employing over 3,400 staff (3,100 WTE) with an annual turnover of £180m.

When we inspected the trust in June 2016 the rating was requires improvement overall. However, there were specific areas of concern that necessitated three further inspections in 2017 as follows:

Unannounced focused Inspection of Safe for Community Children's and Young People in October 2017; this service was rated as Inadequate for safe in June 2016. Following inspection October 2017, the safe domain rating improved to requires improvement.

Inspection of Specialist Community Mental Health Services for children and young people in May 2017; this service was rated as Inadequate for safe, requires improvement for effective, responsive and well-led in June 2016. Following inspection May 2017, the rating for this service improved to good overall with outstanding for caring and requires improvement for responsive.

Focused inspection of Substance Misuse Services in May 2017; this service was rated as requires improvement for effective, responsive and well-led, inadequate for safe in June 2016. Following a focused inspection in May 2017 the service was rated as good in all domains.

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Good ● ↑

What this trust does

The Trust provides the following Community Health Services:

- Community health services for adults
- Community health services for children, young people and families
- Community inpatient services
- Community end of life
- Community dental
- Community sexual health services

They also provide the following Mental Health services:

- Acute wards for adults of working age and psychiatric intensive care units
- Wards for older people with mental health problems
- Long stay/rehabilitation mental health inpatient wards
- Mental health crisis and health-based places of safety

Summary of findings

- Community-based mental health services for adults of working age
- Specialist community mental health services for children and young people
- Older people community mental health teams
- Other specialist services (including community substance misuse services)
- Community Learning Disability services

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

The core services we inspected were Community health services for adults and Community health services for children, young people and families as part of our continual checks on the safety and quality of healthcare services. We also inspected five mental health services, these were acute wards for adults of working age and psychiatric intensive care units (PICUs), long stay/rehabilitation mental health wards for working age adults, wards for older people with mental health problems, mental health crisis services and health based places of safety and community based mental health services for older people

We selected the services for inclusion in this inspection based on those that were 'requires improvement' as a result of our findings at the previous inspections carried out in 2016 and 2017. Intelligence information we held on these areas indicated the need for re-inspection.

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

What we found is summarised in the section headed; Is this organisation well-led?

What we found

Our overall findings indicated that most areas made improvements. The trust was rated overall as good and all of the services inspected were also rated as good.

Community Adults improved with the overall rating remaining the same.

Community children and young people improved from requires improvement to good for the overall rating.

Acute wards for adults of working age and psychiatric intensive care units (PICUs) stayed the same with a good overall rating.

Summary of findings

Long stay/rehabilitation mental health wards for working age adults rating stayed the same with a good overall rating.

Wards for older people with mental health problems improved from requires improvement to good for the overall rating. The wards for older people with mental health problems also improved in the caring domain from a rating of good to outstanding.

Mental health crisis services and health based places of safety stayed the same with an overall rating of good.

Community based mental health services for older people improved from requires improvement to good for the overall rating.

Overall trust

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

We rated safe, effective, responsive and well-led as good. The rating for caring improved from good to outstanding. We rated seven of the trust's 16 services as good. In rating the trust, we considered the current ratings of the primary medical services for general practices rated separately to this report and eight other services not inspected this time.

We rated well-led for the trust overall as good.

- Leadership teams were visible and supportive to frontline staff and demonstrated good knowledge and understanding of the services they provided.
- There was a positive organisational culture, which supported openness and transparency. Staff were mostly very happy to be working for Solent NHS Trust and spoke highly of their leaders.
- Managers involved staff in changes to services.
- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses and to report them internally and externally.
- Staffing levels, skill mix and caseloads were planned and reviewed so that people received safe care and treatment.
- Staff had access to necessary equipment and medicines; and had a range of policies and procedures based on national standards to support their practice.
- Medicines were appropriately prescribed and administered to people in line with the relevant legislation and current national guidance, and had improved since our last inspection.
- People's physical, mental health and social needs were holistically assessed and their care and treatment delivered in line with legislation, standards and evidence-based guidance.
- Multidisciplinary working was strong across the services. Staff worked well together and with other organisations to deliver effective care and treatment.
- The services had clear arrangements for supporting and managing staff to deliver effective care and treatment.
- Staff had annual appraisals and managers encouraged staff and supported opportunities for development.
- Staff were kind caring and treated patients with dignity and respect. Patients spoke of the positive care they received from staff.
- Staff communicated with people so they understood their care, treatment and condition; and advice was given when required. Staff involved carers and families in the patient's care, where appropriate.
- Services delivered were accessible and responsive to people with complex needs or in vulnerable circumstances.

Summary of findings

- People with the most urgent needs had their care and treatment prioritised. Waiting times were within the trust target.

However,

In the community services we found:

- Equipment was not always available in a timely way. For adults as well as children and young people there were delays with the provision of or repairs to wheelchairs.
- Electronic recording systems could not provide assurance about staff completion of appraisals or mandatory training. The figures provided by the trust indicated that some staff were not meeting the statutory and mandatory training targets set by the trust. The trust set training to zero each business year but this did not show assurance that any staff overdue training had dates set in a timely manner.
- Although the service had systems for identifying risks, not all risks were formally identified which meant there were missed opportunities for escalation to plan to eliminate or reduce them.
- Staff in some teams had limited understanding about the Freedom to Speak up Guardian role
- Staff had variable understanding of their responsibilities towards the duty of candour legislation

In mental health services we found:

- Medications management was not always safe in the acute wards for adults of working age. Governance systems relating to the prescribing and medicines management had not identified any prescribing risks to patients sufficiently.
- There was limited access to psychological therapies and interventions in the long stay/rehabilitation wards and wards for older people with mental health problems.

Are services safe?

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

In community services we found:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Most areas of the service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Risks to patient's carers and families were assessed, monitored and managed appropriately.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed safety incidents well. Staff recognised incidents and reported them appropriately, Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service had suitable premises and equipment and looked after them well.
- The service had enough medical and nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. However, staff turnover rates were higher than trust targets for some roles.

Summary of findings

- Staff kept detailed electronic records of patients' care and treatment. Most records were clear, up-to-date and easily available to all staff providing care.

However:

- Electronic recording systems could not provide assurance about staff completion of mandatory training. The figures provided by the trust indicated that some staff were not meeting the statutory and mandatory training targets set by the trust. The trust set training to zero each business year but this did not show assurance that any staff overdue training had dates set in a timely manner.
- Equipment was not always available in a timely way. Patients were subject to significant delays in the provision of or repairs to wheelchairs, which affected the safety and well-being of many patients receiving community services. Ordering procedures resulted in delays of equipment for some patients.

In mental health services we found:

- Staff knew what incidents to report and how to report them. All staff understood their responsibilities in relation to safeguarding. Managers identified learning from incidents and changed practice to prevent incidents reoccurring. Staff demonstrated that changes had been made as a result of learning from incidents.
- The environments we visited were safe and clean. Furniture was in good condition. Staff adhered to infection control principles.
- There was enough staff employed in services with the correct skills to meet the needs of patients.
- Staff assessed patient risks and these were comprehensive.

However:

- Medications management was not always safe in the acute wards for adults of working age. Governance systems for prescribing and medicines management did not identify prescribing risks to patients.
- There was limited access to psychological therapies in the long stay/rehabilitation wards and wards for older people with mental health problems.

Are services effective?

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

In community services we found:

- The service mostly provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff in health visiting and school nursing, educated families and carers about nutritional health.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff worked together as a team to benefit patients. Doctors, nurses and allied healthcare professionals supported each other to provide good care. There was joined up working with other organisations.
- Staff understood their roles and responsibilities under the Mental Capacity Act and Gillick competency framework with respect to issues of consent and capacity. The service provided care and treatment based on national guidance and evidence of its effectiveness.
- The service made adjustments for patients' religious, cultural and other preferences.

Summary of findings

- The trust supported national priorities to improve the population's health and staff had access to health improvement training included weight management intervention, drug and alcohol dependency intervention and smoking cessation.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However:

- Electronic recording systems could not provide assurance about staff completion of appraisals. The trust set training to zero each business year but this did not show assurance that any staff overdue training had dates set in a timely manner.
- While staff we interviewed understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005, the figures provided to us by the trust indicated some staff may not have the required training annually. Care plans in the special schools did not always detail the current care and support the student.

In mental health services we found:

- Staff completed care plans with all and these were updated as required. Care plans were holistic, recovery orientated and personalised. Staff documented patient involvement in their care plans.
- Staff completed full assessments of patients' mental and physical health needs. Patients had good access to physical healthcare.
- Staff were participating in quality improvement programmes and audited their practice. There was an audit programme which supported staff to monitor and develop services.
- Staff received an annual appraisal and received supervision regularly in the majority of services.
- Staff understood their roles and responsibilities under the Mental Health Act and the Code of Practice. Staff followed the Mental Health Act Code of Practice, including access to advocates, reading patients their rights and paperwork associated with the Mental Health Act.

However:

- Access to psychological therapies and interventions were limited on the long stay/rehabilitation and older persons wards.
- Staff appraisals and supervision was not always recorded in line with the provider's policy in the long stay/rehabilitation service.
- Staff were not referring patients to independent mental health advocates or independent mental capacity advocates to patients in the community based mental health services for older people.

Are services caring?

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

In community services we found:

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

Summary of findings

In mental health services we found that:

- All patients we spoke with told us staff treated them with kindness and respect.
- Patients were respected and valued as individuals and empowered as partners in their care.
- Patients were active partners and felt involved in their care. Staff were committed to working in partnership with people.
- Patients emotional and social needs were highly valued by staff and were embedded in their care and treatment.
- Staff sought feedback from patients and carers about the service they had received.

Are services responsive?

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

In community services we found:

- The services planned and provided services in a way that mostly met the needs of local people.
- The services took account of patients' individual needs. The services had taken steps to ensure vulnerable people were supported to use the service.
- The services treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However,

- Commissioning arrangements resulted in level of some services provided to children, young people and families differed depending on their home address and the location of some services did not fully meet the needs of the local population.
- There was no assurance that due to increase in the numbers of Looked after Children that all looked after children would receive health reviews that met the national guidance.
- Access to translation services was more limited in some geographical areas of the services.
- According to the trust's information, people who they were caring for did not always have timely access to initial assessment, test results, diagnosis, and treatment.

In mental health services we found that:

- Complaints were investigated by the trust and appropriate action was taken. Outcomes from investigations where complaints had been made were thorough and feedback about actions was provided to complainants.
- Patients had access to facilities to help meet their needs. These included rooms for activities, lounges, secure storage in their rooms and access to outdoor space.
- The trust had access to translation services for patients that did not speak English as a first language. Staff could request meals to meet dietary and cultural needs.
- There was information available about patients' rights, advocacy, local services and medication for patients. Staff could provide information in easy read and a variety of languages if needed.
- Staff made reasonable adjustments for patients with accessibility needs.
- Staff supported patients to access the wider community. This was done through escorted and unescorted leave. Local voluntary agencies attended the wards to engage in educational and training opportunities for the patients.

Summary of findings

However,

- Patients could only make a private telephone call if they had their own mobile telephone on the older people's wards.
- There was no system in place that recorded when there was no health-based place of safety available to patients and patients had to be taken by the police to the local emergency department.

Are services well-led?

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

In community services we found that:

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve.
- Managers across the trust promoted a positive culture that supported and valued staff, treating a sense of common purpose based on shared values.
- Community teams had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, including winter plans.
- Community team collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- Community teams engaged with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Community teams were committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However,

- Most staff were not aware of the freedom to speak up guardian role. Most staff had a lack of understanding about their responsibilities towards the duty of candour legislation.
- Although the service had systems for identifying risks, not all risks were formally identified which meant there was no plan to eliminate or reduce them and there was no assurance senior management were made aware of these risks.

In mental health services we found:

- All staff understood the trust's vision and values and how they related to their work place. There was an open culture and team morale in the majority of services was high. Staff told us they were proud to work for the trust.
- Staff told us in all services local leadership was strong and supportive. Staff felt valued. Staff told us senior leaders in the trust were visible and approachable.
- Staff felt able to raise concerns and that they would be listened to.
- The majority of services had good governance systems in place to ensure that managers had access to up to date performance data. This helped them to monitor and improve performance on the ward.
- Staff had embraced quality improvement programmes to help improve the services they worked in.
- Mental health teams were committed to improving services and learning from incidents and complaints to improve services.

Summary of findings

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in the headquarters of Solent NHS Trust.

Leaders had the experience, capacity, capability and integrity to ensure the strategy could be delivered and risks to performance addressed.

Areas for improvement

We found areas for improvement including one breach of legal requirements that the trust must put right. We found 37 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

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

The trust must ensure:

Medication management is safe for all patients (Regulation 12)

Action we have taken

We issued one requirement notice to the trust. Our action related to a breach of one regulation in one core service.

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

What happens next

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

Outstanding practice

We found examples of outstanding practice in the headquarters of Solent NHS Trust.

The vision and purpose was clearly stated and understood by staff, that Solent NHS Trust was working with its partners for patients in the community it served. There was a holistic approach at Solent NHS Trust to ensure that mental health was part of overall health and not separated at senior levels.

There was an embedded system of leadership development and succession planning for all senior roles.

The culture had been developing across the trust in respect of Allied Health Professionals (AHPs) and now all the specialisms were considered together as the whole AHP group and had a stronger voice through their own strategic framework. There was an intranet page for AHPs to upload information, which was said to be a very interactive platform.

Summary of findings

There was a strong medical leadership for supervision and training alongside a quality improvement culture in the trust. The Solent Quality Improvement programme had been established to equip staff with confidence and skills to deliver improvements, there had been 500 staff trained in quality improvement.

Improvement in Information Governance compliance and awareness resulted in the ranking second out of 55 Mental Health Trust's on the Information Governance Toolkit.

All learning was recorded on a database where the source was a serious incident or from learning from death panels. There were panels held which each service line attended to both support and challenge colleagues with a focus on change. There was learning from positive outcomes for patients.

The trust was included in the National Institute for Health Research's annual league tables in 2018, named as the top performing trust having involved over 2,500 participants in 50 clinical trials, that focused on building an evidence base for community care and worked in partnership with a number of local universities to design research that was relevant to community services.

The trust was actively engaged in collaborative work with external partners, such as involvement with sustainability and transformation plans. The chief executive had taken a lead in local system reviews. We were told of the trust's proactive approach to system changes and integration being essential for the future and to manage resources.

We found examples of outstanding practice in Children's and Young People core service:

The take up for the National Child Monitoring Programme was 97.1%. This was better than the national average of 90%.

The service used various methods, such as Solent Young Shapers and the 15 Steps Challenge process, to seek the views of children and young people who used the services and use their views and opinions to support development and improvements to the services.

Areas for improvement

Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Children's and Young people's services

We found areas for improvement in this service.

The service should

- Improve the electronic systems so staff can access training modules with ease and there is an accurate record of staff training.
- Provide appropriate translation services in all areas where care and treatment is provided
- Act to ensure all staffing groups are up to date with mandatory training always and have received an annual appraisal and that any staff overdue training have dates set in a timely manner.
- Continue to keep under review risk to babies and young children because of health visitor new birth checks targets being outside (later) than the national guidance and taken appropriate action where a risk is identified.
- Act to identify, escalate and act to reduce all risks, using, where appropriate, the risk register process to record and monitor the risks and associated actions.

Summary of findings

- Act to understand why some staff groups continue to use paper records rather than the trust electronic recording system. Where necessary act to ensure risk of inaccuracy of records due to use of both paper and electronic records is lessened.
- Act to ensure care plans for students at special schools accurately detail the care and support they need.
- Work with the commissioners to ensure children, young people and families have access to services regardless of where they live.
- Make plans, in response to the increased numbers of Looked after Children, to ensure the service can meet the national time scales for carrying out health reviews.
- Improve the equipment ordering process so children and young people do not experience delays with the provision of equipment including wheelchairs.
- Act to ensure all staff understand their responsibilities towards the duty of candour legislation.
- Make sure all staff are aware of the freedom to speak up guardian role and know how to contact the trust's freedom to speak up guardian.

Community Adults:

- Act to ensure all staffing groups are up to date with mandatory training always and have received an annual appraisal and that any staff overdue training have dates set in a timely manner.
- Continue with work to improve the equipment ordering process so people do not experience delays with the provision of equipment especially wheelchairs, and identify ways to mitigate any subsequent risk or harm to patients.
- Continue to review and improve access to initial assessment, test results, diagnosis, and treatment for people to achieve the trust performance targets.

Wards for older people with mental health problems

- The trust should ensure they continue to develop psychological treatments to meet patients' needs.
- The trust should ensure staff record capacity to consent to restrictive interventions in patients' records.
- The trust should ensure staff have access to an up-to-date ligature risk assessment and management plan.
- The trust should ensure sterile equipment is within its expiry date.
- The trust should ensure patients can make a telephone call in private.

Long stay/rehabilitation mental health inpatient wards

- The trust should ensure staff appraisals are recorded in line with the provider's policy.
- The trust should ensure staff supervisions are recorded in line with the provider's policy.
- The trust should ensure psychological therapies and intervention, psychological input such as specialised risk assessments are delivered and conducted for patients who require these assessments in line with National Institute for Health and Care Excellence guidelines (NICE).
- The trust should ensure staff routinely check T2 and T3 forms when administering prescribed medicines.
- The trust should ensure sterile equipment is managed safely expiry date of these equipment are regularly checked.

Mental health crisis and health-based places of safety

- The trust should ensure staff complete all mandatory training.

Summary of findings

- The trust should ensure that teams keep a record of safeguarding referrals and the outcome.
- The trust should ensure the crisis team update care plans to reflect the most up to date treatment plan.
- The trust should record and monitor how often there is no health-based place of safety available to patients.
- The trust should ensure the crisis team make a record of daily maintenance checks.
- The trust should ensure all staff working in the health-based place of safety have access to the most up to date care information.
- The trust should ensure staff sign when they have supplied medication to patients.

Community based mental health services for older people

- The service should ensure patients receive information about independent mental health advocates and independent mental capacity advocates and that staff are aware of how to refer patients to these services.
- The trust should ensure all staff complete Mental Health Act training.
- The trust should ensure that governance processes effectively track risks in all services and that they are held on the risk register.
- The service should ensure access to neuropsychology for patients who would benefit.
- The trust should ensure the caseload for the memory monitoring service can be managed safely if the number increases.

Is this organisation well-led?

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

- Leaders had the experience, capacity, capability and integrity to ensure the strategy could be delivered and risks to performance addressed.
- Leaders at all levels were visible and approachable. The board executives were described by the non-executive directors as strong, capable, talented, values driven and very open.
- There were clear priorities for financial sustainability and strength, quality assurance, risk and workforce management.
- There was a clear statement of vision and values, driven by quality and sustainability. The vision and purpose was clearly stated to staff, that Solent NHS Trust was working with its partners for patients in the community it served.
- The trust's strategy, vision and values underpinned a culture which was patient centred. The culture was very positive, open and honest, staff were listened to and heard. We found everyone we spoke with was extremely happy working at the trust.
- There were structures, processes and systems of accountability to operate a governance system designed to monitor the service and provide assurance. We saw that governance had become broader across the organisation since the 2016 inspection.
- The trust recognised, acted upon and met its legal obligations to safeguard those people at risk from abuse, neglect or exploitation

Summary of findings

- We reviewed the board assurance framework that was well maintained and up to date. There were links to the trust risk register and the risks were presented with associated progress and target risk scores and timeframes.
- The trust had systems in place to identify learning from incidents, complaints and safeguarding alerts and make improvements.
- There was good preparation for the information governance changes across the trust including how to manage any breaches. Where there had been information governance breaches these had been dealt with according to policy keeping the patient as the focus.
- The trust made sure that it included and communicated effectively with patients, staff, the public, and local organisations.
- Staff felt engaged with through team meetings and the senior leadership team had regular interactions with line managers. For instance, there were regular manager meetings, a staff survey, team briefs and chief executive bulletins. Staff informed us that professional leads fed learning back to the front-line teams through local governance groups and team meetings.
- There were six public trust board meetings held per year, where experience of patients was shared both positive and following complaints.
- The trust promoted innovation for example, following an audit and a pilot in the sexual health clinic, staff had reviewed ways to contact patients such as through on-line services and texting whilst maintaining data protection rights.
- The trust was proud of the length of stay for patients being lower than the England national averages in both acute and detained mental health services, enabled by the crisis team supporting people at home. There were plans for further development of the crisis team to work in local emergency departments to encourage earlier intervention.
- There was a strong quality improvement culture in the trust, with a quality improvement fellow in the academy for research and development. The Solent Quality Improvement programme had been established to equip staff with confidence and skills to deliver improvements, there had been 500 staff trained in quality improvement.
- Improvement in Information Governance compliance and awareness resulted in the ranking second out of 55 Mental Health Trust's on the Information Governance Toolkit.
- All learning was recorded on a database where the source was a serious incident or from learning from death panels. There were panels held which each service line attended to both support and challenge colleagues with a focus on change. There was learning from positive outcomes for patients.
- There was clear learning from complaints and patient feedback with early resolution being actively sought by the trust.
- The trust was included in the National Institute for Health Research's annual league tables in 2018, named as the top performing trust having involved over 2,500 participants in 50 clinical trials, that focused on building an evidence base for community care and worked in partnership with a number of local universities to design research that was relevant to community service.
- The trust was actively engaged in collaborative work with external partners, such as involvement with sustainability and transformation plans. The chief executive had taken a lead in local system reviews We were told of the trusts proactive approach to system changes and integration being essential for the future and to manage resources.

However:

Summary of findings

- An area for the trust to develop was equality and diversity for promotion in the trust's day to day work and for supporting opportunities for career progression.
- We were told there had been issues with the IT system in recording e learning and mandatory training and that the data was therefore not up to date.
- We reported in 2016 the issue of wheelchair provision for Solent NHS Trust patients for both adults and children, where at that time there were delays for up to two years. On this inspection we found the delays had continued and we spoke to patients who had a two year wait still in 2018. Since 2016 the trust had worked with the commissioners to assess the risks to their patients and a serious incident review of July 2017 set out the findings that there was harm to some patients both physically and psychologically. In 2018 there had been two independent reviews commissioned by the clinical commissioning groups to look at the clinical impact of delays. The review identified physical harm to patients. This work was ongoing, estimated to complete in December 2018. The trust reviewed its own processes to make improvements and reduce risk and need to continue to mitigate the risks for individuals under the care of the trust.

Ratings tables

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

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

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

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019

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

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Good ↑ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Mental health	Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Overall trust	Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good ↑ Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019
Community health services for children and young people	Good ↑ Feb 2019	Good ↑ Feb 2019	Good →← Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Community health inpatient services	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Community end of life care	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Overall*	Good ↑ Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019	Good →← Feb 2019

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

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Long-stay or rehabilitation mental health wards for working age adults	Good ↑ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019
Wards for older people with mental health problems	Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Community-based mental health services for adults of working age	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Mental health crisis services and health-based places of safety	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↔ Feb 2019
Specialist community mental health services for children and young people	Good Sept 2017	Good Sept 2017	Outstanding ↑ Sept 2017	Requires improvement ↔ Sept 2017	Good Sept 2017	Good Sept 2017
Community-based mental health services for older people	Good ↑ Feb 2019	Good ↑ Feb 2019	Good Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019
Community mental health services for people with a learning disability or autism	Good Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016	Outstanding Nov 2016
Substance misuse services	Good Sept 2017	Good Sept 2017	Good Sept 2017	Good Sept 2017	Good Sept 2017	Good Sept 2017
Overall	Good ↑ Feb 2019	Good ↑ Feb 2019	Outstanding ↑ Feb 2019	Good ↔ Feb 2019	Good ↑ Feb 2019	Good ↑ Feb 2019

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

Community health services

Background to community health services

The trust provides community services across the Southampton and Portsmouth region, including community inpatients at Royal South Hants Hospital, Western Hospital, St Marys Hospital and Jubilee House. The trust also provides a range of community based services for adults and children and young people including Sexual Health, Dentistry, Learning Disabilities and End of Life Care.

The trust provides the following Community Health Services:

- Community health services for adults
- Community health services for children, young people and families
- Community inpatient services
- Community end of life
- Community dental
- Community sexual health services

In Southampton the trust has four community inpatient wards. Two are based at the Royal South Hants Hospital (43 beds in total, 10 of which support primary care, and direct access). The other two are based at Western Hospital providing specialist neuro rehabilitation (14 beds on Snowdon Ward for neurological rehabilitation and 10 beds on Kite Unit for more specialised neuropsychiatric rehabilitation).

In Portsmouth the trust has a ward based at St Marys Hospital (Spinnaker ward). Jubilee House is based in the North of the city and cares for patients with end of life and continuing care needs. All wards provide specialised rehabilitation. They are supported by a multidisciplinary team including administration; nursing, physiotherapy, pharmacy, occupational therapy, psychologists, healthcare assistants, care management, speech and language therapy, dietetics and medical staff. The wards provide care delivery for patients who are discharged from secondary care but require ongoing rehabilitation which cannot be delivered in their own homes (step down - RSH and Spinnaker only).

The trust provided an integrated musculoskeletal (MSK), persistent pain and rheumatology service in Southampton, and an integrated MSK and persistent pain service in Portsmouth. It provided a podiatry provision across the Solent NHS Trust geography. The trust also provides tuberculosis services and homeless healthcare services in Southampton City.

At this inspection 9 to 11 October 2018 we inspected services provided for adults in the community as well as service for children young people and families in a variety of sites including clinics and schools.

Summary of community health services

Good 

Summary of findings

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

- In the community teams there was a positive organisational culture, which supported openness and transparency. Staff were mostly very happy to be working for Solent NHS Trust and spoke highly of their leaders.
- Leadership teams were visible and supportive to frontline community staff and demonstrated good knowledge and understanding of the services they provided.
- Managers involved staff in changes to services and actively sought feedback from local teams.
- Staff had annual appraisals and managers encouraged staff and supported opportunities for development.
- Staff mostly understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses and to report them internally and externally.
- Staffing levels, skill mix and caseloads were planned and reviewed so that people received safe care and treatment.
- Staff had access to necessary equipment and medicines; and had a range of policies and procedures based on national standards to support their practice.
- Medicines management had improved since the last inspection and there was now system to ensure medicines were appropriately prescribed and administered to people in line with the relevant legislation and current national guidance.
- People's physical, mental health and social needs were holistically assessed and their care and treatment delivered in line with legislation, standards and evidence-based guidance.
- Staff were kind caring and treated patients with dignity and respect. Patients spoke of the positive care they received from staff.
- Multidisciplinary working was strong across the community services. Staff worked well together and with other organisations to deliver effective care and treatment.
- Staff communicated with people so they understood their care, treatment and condition; and advice was given when required. Staff involved carers and families in the patient's care, where appropriate.
- Services delivered were accessible and responsive to people with complex needs or in vulnerable circumstances.

However:

- Equipment was not always available in a timely way. For adults as well as children and young people there were delays with the provision of or repairs to wheelchairs.
- Electronic recording systems could not provide assurance about staff completion of mandatory training. The figures provided by the trust indicated that some staff were not meeting the statutory and mandatory training targets set by the trust.
- Health visiting performance was below the national average although had been risk assessed by the trust to focus on the families with the highest need.
- Although the service had systems for identifying risks, not all risks were formally identified which meant there were missed opportunities for escalation to plan to eliminate or reduce them.
- Staff in some teams had limited understanding about the Freedom to Speak up Guardian role.
- Staff had variable understanding of their responsibilities towards the Duty of Candour legislation.

Community health services for adults

Good   

Key facts and figures

Solent NHS trust provides a range of community based services to adults in the Portsmouth, Southampton and Hampshire areas. Care is provided in a variety of settings including health clinics and home visits. Staff worked with health and social care teams in developing patient pathways that were integrated with health and social care into a single patient care record.

Services provided included community nursing, case management, palliative care in-patient rehabilitation wards and associated therapy support. A range of specialist nursing covered long term conditions including diabetes, tissue viability, cardiac, chronic obstructive pulmonary disease (COPD), bladder & bowel and stoma, Parkinson's disease, epilepsy and multiple sclerosis. The trust also provided general spasticity clinics, intrathecal baclofen services and a botulinum clinic.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. We carried out an announced inspection over three days between 9th and 11th of October 2018.

Before carrying out the inspection, we reviewed a range of information submitted by the trust prior to the inspection. During the inspection we spoke with staff including community nurses, specialist nurses, doctors, physiotherapists, occupational therapists, community matrons, administrators, specialist nurses, managers and colleagues from social services.

We accompanied staff on home visits, attended team meetings and handovers, observed clinics and staff interactions with patients. We viewed patient records and spoke with or interacted with patients and their relatives in clinics and at home.

Summary of this service

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

- The service had enough medical and nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment
- Staff kept detailed electronic records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Community adults planned and provided services in a way that met the needs of local people. Services were delivered, made accessible and coordinated to take account of and meet the needs of different people, including those people in vulnerable circumstances.
- There was effective multidisciplinary working both across the community adults and with partner organisations. Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare and social care professionals supported each other to provide good care
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However,

Community health services for adults

- Equipment was not always available in a timely way. Patients were subject to significant delays in the provision of or repairs to wheelchairs, which affected the safety and well-being of many patients receiving adult community services. Ordering procedures resulted in delays of equipment for some patients.
- While the service provided mandatory training in key skills for all staff the figures provided by the trust indicated that staff were not completing their training and were not compliant with statutory and mandatory training targets set by the trust.
- Staff we interviewed understood how to protect patients from abuse. The service provided staff with training on how to recognise and report abuse however, the data provided by the trust indicated that staff were not completing their training and were not compliant with statutory and mandatory training targets.

Is the service safe?

Good  

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

- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Comprehensive risk assessments were carried out for people who used the services and risk management plans were developed in line with national guidance. These were assessed, monitored and managed appropriately.
- The service had enough medical and nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. However, staff turnover rates were higher than trust targets.
- Staff kept detailed electronic records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Medicines were appropriately prescribed and administered to people in line with the relevant legislation and current national guidance.
- The service managed patient safety incidents well. Staff understood how to report incidents using the electronic reporting system and were encouraged to do so.
- The service used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

However:

- While the service provided mandatory training in key skills for all staff the figures provided by the trust indicated that staff were not completing their training and were not compliant with statutory and mandatory training targets set by the trust.
- Equipment was not always available in a timely way. Patients were subject to significant delays in the provision of or repairs to wheelchairs, which affected the safety and well-being of many patients receiving adult community services. Ordering procedures resulted in delays of equipment for some patients.

Community health services for adults

Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare and social care professionals supported each other to provide good care.
- Care was delivered and reviewed by community adults in a coordinated way with different teams, services and organisations across the trust area.
- The trust supported national priorities to improve the population's health and staff had access to health improvement training included weight management intervention, drug and alcohol dependency intervention and smoking cessation.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However:

- Staff and managers told us they were up-to-date with staff appraisals and we were shown figures to that effect. However, data provided by the trust indicated that staff attendance at appraisals did not meet the trust target. Therefore, we could not be sure that the service made sure staff were competent for their roles.
- Staff we interviewed understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, the figures provided to us by the trust indicated that recorded training rates did not achieve the targets the trust had set itself. Accordingly, we could not be sure that staff were fully competent in this area.

Is the service caring?

Good   

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

Community health services for adults

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

Is the service responsive?

Good   

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

- The service planned and provided services in a way that met the needs of people in their area, particularly those with long term or life limiting conditions.
- The service took account of patients' individual needs.
- Services were delivered, made accessible and coordinated to take account of and meet the needs of different people, including those people in vulnerable circumstances.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However,

- According to the trust's information, people who they were caring for did not always have timely access to initial assessment, test results, diagnosis, and treatment.

Is the service well-led?

Good   

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

- Managers at all levels in community adults had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across community adults promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The culture was centred on the needs and experience of people who used the services, and placed "patients at the heart of the trust", as outlined in the trust's vision and values.
- There were effective structures, processes and systems of accountability to support the delivery of good quality services.
- Community adults had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected, including winter plans.
- Community adults collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.

Community health services for adults

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

Community health services for children and young people

Good  

Key facts and figures

Solent NHS trust provides a range of community based services to children, young people and families in the Portsmouth, Southampton and Hampshire areas. Care is provided in a variety of settings including schools, health clinics and home visits. Services provided include health visiting, school nursing, special school nursing, community children's nursing, children's continuing care nursing, community paediatricians, occupational therapy, physiotherapy, podiatry, orthotics, speech and language therapy, child protection nursing and medical services and Looked after Children's nurses.

The inspection was carried because the children, young people and family service was rated as requires improvement at the previous comprehensive inspection in 2016. A focused inspection in 2017 judged that improvements had been made in the safe domain, which resulted in the rating changing from inadequate to requires improvement in the safe domain. The other domains were not inspected in 2017. At this current inspection we inspected all domains for this service. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Before carrying out the inspection, we reviewed a range of information submitted by the trust prior to the inspection. We carried out an announced inspection over three days between 9 – 11 October 2018. During the inspection we spoke with 76 staff including community nurses, doctors, physiotherapists, speech and language therapists, occupational therapists, community matrons, administrators, specialist nurses and managers.

We accompanied staff on home visits, attended team meetings and handovers, observed clinics and staff interactions with patients. We viewed 10 sets of patient records and spoke with or interacted with 12 children or young people and 16 relatives.

Summary of this service

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

- Children, young people and families were protected from poor care and abuse by staff who had the relevant skills and received appropriate support. This was by mandatory training, safeguarding awareness, competency assessments, supervision and appraisals. Where there were staff shortages the service took mitigating actions to reduce the level of risk to patients.
- The service had a culture of learning from where things had gone wrong, this included learning from incidents and complaints.
- The service mostly provided care and treatment based on national guidance. Staff followed processes to ensure management of medicines was carried out in a sure way that met national guidance.
- There was effective multidisciplinary working both across the trust and with partner organisations.
- The leadership of the service supported monitoring and improvements to the services they delivered. The service engaged well with patients, partner organisations and staff. Staff reported a supportive working environment that looked after their wellbeing as well as supporting them in their personal career development.

However,

Community health services for children and young people

- Equipment was not always available in a timely way. Children and young people were subject to delays with the provision of or repairs to wheelchairs. Ordering procedures resulted in delays of equipment for some children.
- Electronic recording systems could not provide assurance about staff completion of mandatory training.
- Health visiting performance was below the national average
- Although the service had systems for identifying risks, not all risks were formally identified which meant there was no plan to eliminate or reduce them.
- Staff had limited understanding about the Freedom to Speak up Guardian role and their responsibilities towards the Duty of Candour legislation.

Is the service safe?

Good  

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

- The service provided mandatory training in key skills to all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Most areas of the service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Risks to children, young people and families were assessed, monitored and managed appropriately.
- The service mostly had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. Where issues with staffing were identified, mitigating actions were taken to reduce risks to patients.
- Staff kept detailed records of patients' care and treatment. Most records were clear, up-to-date and easily available to all staff providing care.
- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- The service managed safety incidents well. Staff recognised incidents and reported them appropriately, Managers investigated incidents and shared lessons learned with the whole team and the wider service.

However,

- Electronic systems did not evidence the service made sure all staff completed mandatory training and did not support staff to access training modules with ease.
- At a local level, there was a lack of assurance that staff who had not completed mandatory training in the previous year had completed mandatory training in the current year.
- Mixed use of paper and electronic recording by some staff meant records were not always made contemporaneously and increased risk of inaccuracy of records.
- Risks to patients associated with the process of ordering equipment provided by external providers were not mitigated.

Community health services for children and young people

Is the service effective?

Good  

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

- The service mostly provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff in health visiting and school nursing, educated families and carers about nutritional health.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. There was joined up working with other organisations.
- Staff understood their roles and responsibilities under the Mental Capacity Act and Gillick competency framework with respect to issues of consent and capacity.

However

- Health visiting performance was below the national average and did not fully meet national guidance about timeliness of health visitor reviews of babies and young children.
- We were not assured that processes were effective to ensure all staff had an annual appraisal.
- Care plans in the special schools did not always detail the current care and support the student.

Is the service caring?

Good   

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

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

Is the service responsive?

Good  

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

- The service planned and provided services in a way that mostly met the needs of local people.

Community health services for children and young people

- The service took account of patients' individual needs. The service had taken steps to ensure vulnerable people were supported to use the service.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However,

- Commissioning arrangements resulted in level of service provided to children, young people and families differed depending on their home address and the location of some services did not fully meet the needs of the local population.
- There was no assurance that due to increase in the numbers of looked after children that all looked after children would receive health reviews that met the national guidance.
- Access to translation services was difficult in some geographical areas of the service.

Is the service well-led?

Good  

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

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve.
- Managers across the trust promoted a positive culture that supported and valued staff, treating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However,

- Most staff were not aware of the Freedom to Speak up Guardian role. Most staff had a lack of understanding about their responsibilities towards the Duty of Candour legislation.
- Although the service had systems for identifying risks, not all risks were formally identified which meant there was no plan to eliminate or reduce them and there was no assurance senior management were made aware of these risks.

Mental health services

Background to mental health services

Solent NHS trust provides mental health and learning disability services to all ages in Portsmouth. Adult mental health inpatient services are provided at St James hospital, Southsea and in community teams across Portsmouth.

The trust provide the following Mental Health services:

- Acute wards for adults of working age and psychiatric intensive care units
- Wards for older people with mental health problems
- Long stay/rehabilitation mental health inpatient wards
- Mental health crisis and health-based places of safety
- Community-based mental health services for adults of working age
- Specialist community mental health services for children and young people
- Older people community mental health teams
- Other specialist services (including community substance misuse services)
- Community Learning Disability services

At this inspection 16 to 18 October 2018 we inspected five mental health services. These were acute wards for adults of working age and psychiatric intensive care units (PICUs), long stay/rehabilitation mental health wards for working age adults, wards for older people with mental health problems, mental health crisis services and health based places of safety and community based mental health services for older people

Summary of mental health services

Good  

- All the environments we visited were safe and clean. Furniture was well maintained and in good condition. Staff adhered to infection control principles.
- Staff understood what incidents to report and how to report them. Staff understood their responsibilities in relation to safeguarding. Managers identified learning from incidents. Staff demonstrated changes had been made as a result of learning from incidents.
- There was a high level of compliance with training and staff reported having received a thorough induction.
- There was enough staff employed in services with the correct skills to meet the needs of patients.
- Staff assessed patient risks and these were comprehensive.

Summary of findings

- All staff were respectful, compassionate and kind towards patients. Staff were friendly, approachable and supportive. We saw positive interactions between staff and patients. Staff were highly motivated and provided care in a way that promoted patient's dignity.
- Patients were respected and valued as individuals and empowered as partners in their care.
- Patients were active partners and felt involved in their care. Staff were committed to working in partnership with people.
- Patients emotional and social needs were highly valued by staff and were embedded in their care and treatment.
- Staff completed care plans with patients and these were updated as required. Care plans were holistic, recovery orientated and personalised. Staff completed full assessments of patients' mental and physical health needs. Patients had good access to physical healthcare.
- Staff received annual appraisals and regular supervision.
- Patients knew how to complain. Complaints were investigated by the trust and appropriate action was taken. Staff were familiar with the complaints process and could provide examples where complaints had influenced change.
- There was a range of information available to patients about rights, advocacy, local services and medication for patients. Staff could provide information in easy read and a variety of languages if needed.
- Patients were encouraged to engage in the wider community.
- Staff understood the trust's vision and embedded these in their work. There was an open culture and team morale in the majority of services was high. Staff were proud to work for the trust.
- Staff told us in all services that local leadership was strong and supportive. Staff felt valued by the trust. Staff told us senior leaders in the trust were visible and approachable.
- The majority of services had governance systems in place.

However:

- Medications management was not always safe in the acute wards for adults of working age. Governance systems relating to the prescribing and medicines management did not identify any prescribing risks to patients sufficiently.
- There was limited access to psychological therapies and interventions in the long stay/rehabilitation wards and wards for older people with mental health problems.

Community-based mental health services for older people

Good ● ↑

Key facts and figures

Solent NHS Trust community based mental health service for older people has one community mental health team (CMHT) in Portsmouth. The CMHT for older people provide mental health care for people with mental ill health and promote out of hospital care. The services are available Monday to Friday within working hours. Solent NHS Trust provides a crisis service for urgent out of hours care. The service provides specialist assessment, diagnosis and treatment for people over the age of 65 with organic or functional mental illnesses. The service has a mix of staff specially trained in the management of mental health problems in older people such as anxiety disorders, schizophrenia, dementia and depression.

At the last inspection we rated community based mental health services for older people as requires improvement in safe, effective, well led and good in responsive. Caring was not given a rating at this inspection as there was not enough evidence available.

This inspection was announced (staff did know we were coming) to ensure everyone we needed to talk to was available.

We inspected all five key questions: Safe, Effective, Caring, Responsive and Well led.

During the inspection visit, the inspection team:

- visited the team base
- checked the medicines storage facilities
- spoke with the team manager
- spoke with 11 members of staff including registered nurses, occupational therapists and doctors.
- reviewed eight patient care records
- observed five patient appointments
- spoke with five patients
- spoke with three carers
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this service

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

- All environments we visited were clean and comfortable. The team base had disabled access and toilets. Appropriate equipment was available to staff and regular checks were in place.
- All patients had high quality care plans in place with well documented patient and carer involvement. There was regular assessment of mental and physical health needs.
- Patients and carers told us they were happy with the care they received from the team.

Community-based mental health services for older people

- The team was proactive in its approach to quality improvement and undertook regular audits to ensure quality of care. The team was also involved in quality improvement projects.
- There was a proactive approach to managing risk. Each patient had a high-quality risk assessment and the team held weekly risk meetings.
- There was evidence of good leadership within the team. The manager was visible and supportive and created a positive culture with good staff morale.

However;

- Ligature points identified in a risk assessment did not feature on the risk register. There was no mitigation in place for the ligature points which meant that staff may not be aware if a patient tied a ligature.
- Staff did not offer independent mental health advocates or independent mental capacity advocates to patients.
- There was no access to neuropsychology for patients.
- There was no clear discharge procedure or maximum caseload size for the memory monitoring service. This caseload number could potentially become risky in the future unless staffing levels are closely managed.

Is the service safe?

Good  

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

- The team base was safe and clean. Interview rooms and patient waiting areas were well maintained and furniture was in good condition.
- Nurses triaged all initial referrals. They escalated any referrals to the crisis team that required an urgent response.
- Staff adhered to infection control principles, including handwashing. The manager completed hand hygiene audits and posters on hand hygiene were visible throughout the base.
- The team had safe lone working procedures and included the use of a portable alarm system on home visits, which tracked their location and had an emergency alarm.
- The manager held weekly meetings for the team to review patient risks and required actions. Patient risks were also reviewed in regular multidisciplinary team meetings.
- Staff reviewed the effects of medication of patient's physical health. Doctors undertook physical health screening for patients before starting and whilst receiving antipsychotic medication, including screening blood tests. Staff also completed necessary physical health checks for patients prescribed anti-dementia drugs.
- Nurses checked patient's physical observations before administering depot medication and two nurses would check the depot prescription prior to administration.
- Nurses monitored the storage temperature of medicines and transported medication in lockable bags to patient's homes in line with trust policy.

However;

- Environmental risk assessments had been completed however the ligature points risk assessment did not contain any actions against several highlighted ligature points. The work required did not feature on the risk register.

Community-based mental health services for older people

- Staff were not having discussions with patients about advanced decisions.
- The memory monitoring service caseload held 634 patients. Staff were managing this caseload well however there was no clear discharge procedure or maximum caseload size for the memory monitoring service. This caseload number could potentially become risky in the future unless staffing levels are closely managed.

Is the service effective?

Good  

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

- Staff completed care plans with all patients at assessment and were updated as required. Care plans were holistic, recovery orientated and personalised. Staff documented patient involvement well and included concerns around mental capacity and best interests decisions.
- Staff completed and documented physical health assessments where required and communicated well with district nursing teams. All patients received physical health assessments at initial referral.
- The service offered a range of treatment options suitable for the patient group. The treatments were those recommended by, and were delivered in line with National Institute for Health and Social Care Excellence (NICE) guidance. These included medication and psychological therapies.
- Staff were trained in psychological therapies such as cognitive behavioural therapy and motivational interviewing. There was also access to a clinical psychologist.
- Staff were competent and confident in the key principles of the Mental Capacity Act. Staff clearly documented issues around capacity. Capacity assessments were regularly undertaken and were decision specific and of good quality.

However;

- The team was not routinely collecting information of patient outcomes.
- There was no patient access to neuropsychology. This would be of benefit to patients when routine cognitive testing does not clearly indicate whether a patient has a cognitive impairment or if it is not clear what the correct dementia subtype diagnosis is.
- Staff were not referring patients to independent mental health advocates or independent mental capacity advocates to patients.
- Staff were not trained in the Mental Health Act. We found that 50% of staff requiring training had completed it.

Is the service caring?

Good 

We did not rate caring at our last inspection. We rated it as good because:

- Staff treated patients with dignity and respect. During our observations of patient's appointments, staff showed a caring and compassionate attitude towards patients.

Community-based mental health services for older people

- Patients and carers told us they felt satisfied with the care they received. Staff were described as kind, caring and supportive and quick to respond in a crisis. One carer told us that a nurse went “above and beyond” to form a therapeutic relationship with her husband, showing persistence, patience and kindness.
- Staff routinely involved patients and carers in decision making. During our observations of appointments, staff communicated with people so that they understood their care, treatment and condition.
- Staff sought feedback from patients and carers about the service they had received. We found those with personal experience of using services had recently supported management in recruiting new staff.
- Staff identified and included patient’s views, aims and goals in care plans and risk assessments. Patient’s care plans were person centred.

Is the service responsive?

Good ● → ←

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

- Nurses triaged the referrals and patients would be seen in order of priority. Nurses were able to refer to the crisis team if necessary. There was no waiting list for the service.
- Staff made reasonable adjustments for patients with accessibility needs. There service had an automatic door and a ramp into the building for wheelchair access. There was an arrangement for patients with wide wheelchairs who needed to be seen in a clinic room to access a clinic room in an adjacent building.
- Staff were flexible in engaging with patients. Appointments were held in the consulting rooms or at the client’s home. Staff were proactive in attempt to re-engage patients who did not attend their appointments and would involve carers in this process.
- Staff used interpreters to support patient appointments and to translate written correspondence when required.
- Staff were responsive and made changes because of patient and carer feedback and complaints. Feedback was sought through the friends and family survey.
- The service responded to and thoroughly investigated complaints. Information on the patient advice and liaison service was displayed in the waiting area.

Is the service well-led?

Good ● ↑

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

- The team benefited from strong leadership. The team manager demonstrated the skills, knowledge and experience to carry out the role effectively. Staff spoke highly of the team manager and told us the manager was supportive and easily accessible.
- The manager and staff were aware of the trust vision and strategy and how it applied to their service. The team had developed their own team mission statement and team objectives.
- The manager implemented monthly staff surveys within the team to monitor staff morale and positive and negative comments staff had about the previous month.

Community-based mental health services for older people

- The team manager held monthly governance meetings for the whole team. Feedback from incidents, deaths and risks were discussed and minutes were shared with the team. The manager escalated issues from the team governance meeting to the senior management governance meeting if required.
- Staff discussed risk in their monthly governance meetings. The team manager would take any risk items requiring further action to the senior management governance.
- Quality improvement projects that had taken place included a project about patient and carer involvement in their care and improvement to care plan and risk assessment documentation.

However;

- The governance systems in place did not track risks or ensure they were mitigated. The trust maintained a risk register but this did not include any entries for the team. The team manager did not hold a local risk register. The ligature points risk assessment did not feature on the trust risk register.

Mental health crisis services and health-based places of safety

Good   

Key facts and figures

Solent NHS Trust mental health crisis service and health-based place of safety is based at the Orchards, St James Hospital. There is one health-based place of safety suite and one crisis team.

The mental health crisis service provides assessment, care and treatment for adults aged 18 and above who are experiencing mental health crisis.

The health-based place of safety is next to a psychiatric intensive care ward.

At the last comprehensive inspection in June 2016 we rated the service as good overall with a rating of requires improvement in the well led domain.

We found improvements the trust needed to make. These were in relation to crisis staff completing mandatory training. This requirement was not met at this inspection. There were also improvements required in relation to the operating procedures, governance procedures, reporting of incidents and the safety of staff at the health-based place of safety. The trust had met these requirements at this inspection.

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

During the inspection visit the inspection team:

- visited the crisis team and the health-based place of safety
- interviewed a manager of the crisis team, the health-based place of safety lead and a senior trust manager
- interviewed the police liaison officer for the health-based place of safety
- reviewed 16 care records
- spoke with four patients
- spoke with 12 staff, including nurses, social workers, administration staff, support workers and doctors
- reviewed policies, meeting minutes and assessments related to the running of the services.
- observed staff members working with patients on four occasions.

Summary of this service

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

- There were robust systems in place to keep staff safe, including personal alarms. All staff knew how to report incidents on the electronic system and made safeguarding referrals as needed. The teams learnt from incidents and could show changes they had made to prevent similar incidents happening. Staff assessed and reviewed patient risk regularly.
- Staff completed assessments promptly after admission and developed treatment plans that were recovery focused. The teams followed national guidance and the crisis team offered appropriate psychological therapies.

Mental health crisis services and health-based places of safety

- Staff were compassionate towards patients. Patients and carers were involved in decisions about their care and the development of the service. Staff signposted patients to other services that could support them and encouraged families to have carers assessments.
- Staff in the crisis team offered appointment times to suit patients, were flexible and actively worked to engage with patients. The teams worked to meet patients' needs; offering food and lifts home to patients.
- Managers were supportive, approachable and encouraged staff to review and improve their practice. The teams' vision reflected the trust's values. Senior trust managers supported the development of team manager's leadership skills. Team leaders encouraged staff to work towards improving quality. There were effective governance systems in place and managers acted to address any identified concerns.

However:

- The crisis team had low compliance with mandatory training and the manager did not keep a record of safeguarding referrals made by the team. The health-based place of safety did not follow the trust's seclusion pathway.
- The crisis team's care plans were not always up to date.
- Managers did not monitor when there was no health-based place of safety available to patients.

Is the service safe?

Good   

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

- There was a personal alarm system in place for staff to call for assistance in both the crisis team interview rooms and the health-based place of safety. There were staff safety protocols in place that staff followed.
- There was enough staff employed with the correct skills at both the crisis team and the health-based place of safety.
- Staff completed risk assessments for all patients and reviewed risk regularly.
- All staff understood and reported safeguarding issues, on the trusts electronic incident system and to the local safeguarding team.
- Managers identified learning from incidents and changed practice to prevent incidents reoccurring.
- The crisis team manager was would be able to track the number of safeguarding referrals made by the team following changes to the incident reporting system.

However:

- There was low compliance with some mandatory training at the crisis team. Mental Capacity Act training, Mental Health Act training and information governance were all below 75%.
- The team manager did not keep a record of safeguarding referrals.
- Private ambulance crews did not have access to the electronic care record.
- Staff did not always sign when they had supplied medication to patients.

Mental health crisis services and health-based places of safety

Is the service effective?

Good ● → ←

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

- All patients had an up to date assessment of their mental and physical health needs and all crisis team patients had a plan of care in place that was recovery focused.
- Teams followed guidance from the National Institute for Health and Care Excellence and psychological therapies were available for patients accessing the crisis team.
- All staff received a local induction and staff on the crisis team shadowed colleagues for a month.
- Staff reported that managers supported them and that team and peer supervision gave them the opportunity to improve practice.
- There were good working links with other teams and organisations including local GP's, local mental health community teams and approved mental health practitioners.
- The staff teams understood their responsibilities under the Mental Health Act and Mental Capacity Act and knew where to get advice when needed.

However:

- The crisis team did not always update care plans to reflect the current treatment plan.

Is the service caring?

Good ● → ←

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

- Staff showed compassion and kindness in all interactions we saw. They signposted patients to other services and respected the patients' confidentiality.
- Patients were involved in decisions about their care. There was a patient forum, workshops and feedback forms to get patient and carers opinions.
- Staff referred carers to a local family centre where they could have a carers assessment.

Is the service responsive?

Good ● → ←

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

- The service was available to patients when they needed it and the crisis team rarely cancelled appointments. Staff worked flexibly to offer a service to patients who were difficult to engage.
- The crisis team and the health-based place of safety had enough suitable space to meet patients' needs.

Mental health crisis services and health-based places of safety

- There was information available about patients' rights, advocacy, local services and medication for patients. Staff could provide information in easy read and a variety of languages if needed and could access interpreters.
- The crisis team provided food to patients and there were arrangements made to ensure patients were transported home from the health-based place of safety.

However:

- There was no system in place that recorded when there was no health-based place of safety available to patients and patients had to be taken by the police to the local emergency department.

Is the service well-led?

Good ● ↑

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

- The managers of both the crisis team and the health-based place of safety were visible, approachable, and available when needed by their teams.
- There was leadership mentoring available from senior trust managers.
- Both teams were under taking initiatives to improve the quality of the service they provided.
- All staff understood the trust's values and how they related to their work place. There was an open culture and although team morale went up and down staff reported feeling proud of where they worked.
- There were robust governance systems in place at both the crisis team and health-based place of safety and senior managers responded quickly to any concerns.

Wards for older people with mental health problems

Good ● ↑

Key facts and figures

Brooker unit is a 22-bedded older persons ward for both men and women. The trust has divided the ward into two areas. One area cared for 14 patients with an organic illness. An organic illness is usually caused by disease affecting the brain, such as Alzheimer's. The other area with eight beds, cared for patients with a functional illness. A functional illness usually has a psychological cause, such as depression.

Brooker unit is located at St James Hospital.

We last carried out a comprehensive inspection of Brooker ward in June 2016, at which we found that the trust needed to make a number of improvements. In June 2016 we rated the service as Requires Improvement for Safe, Requires Improvement for Effective, Good for Caring, Good for Responsive and Requires Improvement for Well-Led.

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

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

During the inspection visit, the inspection team:

- spoke with one ward manager
- spoke with 12 staff
- attended one team training session
- observed one well-being group
- observed one staff handover
- reviewed five patients' records
- reviewed a number of policies, meetings minutes, personnel records and supervision records

Summary of this service

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

- Staff assessed and managed risk well. Staff regularly risk assessed the care environment and gave strong consideration to observation of patients, potential ligature points and blind spots. Staff worked to reduce incidents on the ward including falls. Staff communicated information relating to risk effectively to the oncoming shift and wider multidisciplinary team. Staff made safeguarding referrals when incidents met the safeguarding threshold.
- Staff monitored patients' physical health. Staff used a range of tools and scales to assess and review patients' physical well-being. Staff supported patients to live healthier lives through education and well-being groups. Care records were mostly detailed, holistic and person centred.
- The trust had invested in creating a dementia friendly environment. Doors and walls had been painted with appropriate colours. There was pictorial signage with wording on doors and there was an orientation board for patients in communal areas.

Wards for older people with mental health problems

- Staff received an effective induction and supernumerary period. Managers supervised staff and completed a yearly appraisal. Staff were encouraged to professionally develop and had access to additional internal or external training courses.
- Staff complied with the Mental Health Act and Mental Capacity Act. Detained patients received their rights in line with trust policy and were written up for section 17 leave. Staff assessed patients' mental capacity when there was doubt about their capacity to make a particular decision and made applications to the local authority to deprive patients of their liberty under the Deprivation of Liberty Safeguards when necessary. Staff had support and advice from the Mental Health Act administrator within the trust for issues relating to the Mental Health Act and Mental Capacity Act.
- Patients said staff were kind to them and treated them with dignity and respect. Patients were well orientated to the ward environment. Patients felt involved in their care.
- Patients were respected and valued as individuals and empowered as partners in their care.
- Patients were active partners and felt involved in their care. Staff were committed to working in partnership with people.
- Patients emotional and social needs were highly valued by staff and were embedded in their care and treatment.
- There was strong leadership on the ward and staff felt senior leaders were visible and approachable. Staff felt valued and respected and the trust supported them to develop within their role.

However:

- Patients did not receive psychological treatments to meet their needs. A psychologist had been employed by the trust but had not yet started. Patients who needed psychological therapy were referred to improving access to psychological therapies (IAPT) or supported by the occupational therapists with low level therapies such as mindfulness and breathing exercises.
- The local ligature audit did not update staff on the actions that had been taken to reduce ligature risks.
- Sterile equipment was not managed safely as we found a number of products that had dates expired.
- Capacity to consent to restrictive interventions such as bed sensors and sensor mats were not clearly recorded on the new care planning system.
- Patients could only make a private telephone call if they had their own mobile telephone. Patients could access the ward phone but had to do this under supervision.

Is the service safe?

Good ● ↑

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

- Staff completed regular risk assessments of the care environment. Staff mitigated blind spots and ligature points on the ward through risk management plans and maintained work. Patients' individual risk assessments were up-to-date. Staff responded appropriately to changes in patients' risks.
- All staff knew what incidents to report and how to report them. All staff understood their responsibilities in relation to safeguarding. Staff demonstrated that changes had been made as a result of learning from incidents. The nursing team were keen to learn from incidents internally and externally.

Wards for older people with mental health problems

- Medicines were managed safely. Staff administered medicines in line with the patients' prescription charts. Medicines were stored securely in locked cabinets and fridges within the locked clinic room. Medicines were only accessible by clinical staff.
- The trust ensured that staffing levels were sufficient to keep patients safe. Patients had regular one-to-one time with their named nurse because there were enough staff to ensure this happened. There was adequate medical cover day and night and staff had no concerns about accessing medical cover in an emergency.
- Staff were committed to reducing falls on the ward. Staff had completed a recent quality improvement project to reduce the number of patient falls on the ward. There had been a reduction in falls as a result of the project, outcomes were fed back to staff, patients and carers on communal notice boards.
- Staff training compliance was high. The trust had worked hard to ensure that staff received the right training to carry out their role.
- The ward was clean and tidy throughout and staff followed infection control principles. Staff completed regular checks on emergency equipment.

However:

- The local ligature audit did not update staff on the actions that had been taken to reduce ligature risks.
- Sterile equipment was not managed safely as we found a number of products that had dates expired.

Is the service effective?

Good  

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

- Staff completed a full assessment of patients' mental and physical health needs. Patients had good access to physical healthcare. There was a physical health lead within the trust who had supported staff to improve the physical healthcare pathway. Staff within the trust monitored and audited the completion of physical health tools.
- Staff were committed to quality improvement and frequently audited their practice. There was a full audit programme which supported staff to deliver high quality care. Results from audits were fed back to staff, patients and carers through team meetings and posters on communal notice boards.
- Staff received an annual appraisal or were booked in to receive one and received supervision frequently. Staff received a thorough induction and were supported to develop their skills and knowledge.
- Staff held effective weekly multidisciplinary meetings and communicated information in the team well. Daily handovers were thorough and provided staff with updates on patient risks and changes to plans of care.
- Staff on the ward complied with the Mental Health Act and Mental Capacity Act. Patients received their rights in line with the Mental Health Act. Patients were able to use their section 17 leave and informal patients knew they were free to leave the ward if they wanted to. The trust audited the use of the Mental Capacity Act and Mental Health Act.
- Staff supported patients to live healthier lives through well-being groups, facilitating light exercise groups and providing advice on smoking cessation and keeping active.

However,

Wards for older people with mental health problems

- Patients did not receive psychological treatments to meet their needs. A psychologist had been employed by the trust but had not yet started. Patients who needed psychological therapy were referred to improving access to psychological therapies (IAPT) or supported by the occupational therapists with low level therapies such as mindfulness and breathing exercises.
- Capacity to consent to restrictive interventions such as bed sensors and sensor mats were not clearly recorded on the new care planning system. Staff told us they had risk assessed these and discussed with patients but not documented the outcome.

Is the service caring?

Outstanding  

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

- All patients we spoke with told us that staff were kind and treated them with respect.
- Staff maintained patients' confidentiality. Records were kept securely in a locked office and on secure computers.
- Patients were orientated to the ward on admission. Staff gave patients an admission pack as part of the admission process to help settle them in.
- Patients were respected and valued as individuals and empowered as partners in their care.
- Patients were active partners and felt involved in their care. Staff were committed to working in partnership with people.
- Patients emotional and social needs were highly valued by staff and were embedded in their care and treatment.
- Patients felt involved in their care. Staff involved patients in planning their care. Records showed evidence of discussion with patients about goals and aims for admission. Patients had choice over what they ate and said the food tasted good. Staff held a weekly patient forum where patients could share their views about their care.
- The two carers we spoke with told us that they were involved in treatment decisions and staff regularly updated them with the patients' consent.

Is the service responsive?

Good   

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

- Staff had committed to developing a dementia friendly environment. Doors and walls had been painted with appropriate colours. There was pictorial signage with wording on doors and there was an orientation board for patients in communal areas.
- All patients had their own bedrooms with en-suite shower rooms. Patients could personalise their bedrooms with their belongings and had designed their own door sign unique to them.
- Beds were available for patients living in the catchment area and made sure patients going on short-term leave could access a bed on the ward when they returned. Staff held weekly capacity and flow meetings which had improved issues with moving patients on to appropriate placements.

Wards for older people with mental health problems

- There were a range of therapy rooms available for patients to use. Therapy rooms were spacious and well-stocked for therapeutic activities.
- The main site entrance and Brooker ward were fully accessible to people with physical disabilities. There was a disabled access toilet in reception, wide doorways and corridors and a disabled access bathroom and shower rooms on the ward.
- Staff supported patients where English was not their first language. Staff learnt short statements for patients whose first language was not English, some staff had a translator application on their phone.
- Complaints were investigated by the trust and action was taken. Outcomes from investigations where complaints had been made were thorough and feedback about actions was given to complainants.

However,

- The outside space was not suitable for the client group. The trust had signed off a bid to refurbish all three gardens to make them dementia friendly.
- Patients could only make a private telephone call if they had their own mobile telephone. Patients could access the ward phone but had to do this under supervision.

Is the service well-led?

Good  

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

- There was strong leadership demonstrated on the ward. Staff felt supported and valued. Senior leaders were visible on the ward and available when staff needed them. The trust supported staff to develop their leadership skills. Leadership courses were available to staff internally and externally.
- Staff had developed thorough governance processes on the ward. Governance process included oversight of safeguarding, incidents and accidents, complaints and quality improvement. Staff were aware of outcomes from governance meetings and knew what the quality improvement priorities for the ward were.
- Staff had made significant changes as a result of complaints from patients and carers.
- All staff were referred to occupational health following long term sickness. Staff had access to an anonymous helpline if they were experiencing stress at work or at home and required support. Staff knew how to access the freedom to speak up guardians.
- The trust held monthly staff awards in recognition of staff success.
- The ward manager had access to all the information required to be able to carry out the management role and had a good understanding of the service they managed. Staff on the ward felt supported and felt the ward was well-led. Staff could access up-to-date information about developments within the trust on the trust intranet. The trust collected feedback through the family and friends survey.
- There was a clear statement of the trust's vision and values. The trust's vision and values had been incorporated into the appraisal process and a local vision had been developed with staff at ward level.

Long stay or rehabilitation mental health wards for working age adults

Good   

See guidance note ICS 1 – then delete this text when you have finished with it.

Key facts and figures

Solent NHS Trust has one long stay/rehabilitation mental health ward for working age adults. Oakdene ward is a fifteen bedded, single storey ward for men and women co-located with other services on the St James Hospital site.

Oakdene ward admitted male and female patients from acute mental health ward, from male low secure services or supported living. Oakdene is a high dependency rehabilitation unit. The service aimed to provide rehabilitation treatment to enable the patient to live independently or in supported accommodation.

We last inspected the service in June 2016. At that time, we rated the service as good overall but told the provider it must:

- Remove non-collapsible curtain rails and other anti-ligature work identified in its audit is completed.

We found this issue had been addressed during this inspection.

Before the inspection visit, we reviewed information that we held about these services, asked a range of other organisations for information and sought feedback from patients and staffs at focus groups.

Our inspection on the 18 October 2018 was announced. We looked at all five key domains; safe, effective, caring, responsive and well led.

During this inspection, the inspection team:

- visited Oakdene ward and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with five patients who were using the service
- spoke with the modern matron
- spoke to deputy ward managers
- spoke with 19 other staff members; including a psychologist, an occupational therapist, an occupational therapy technician, an activity co-ordinator, a physiotherapist, nurses and health care assistants and a student nurse.
- attended and observed one hand-over meeting, one morning planning meeting and four therapy groups.
- looked at seven treatment records of patients
- reviewed five medicine prescription charts
- reviewed six staff records
- reviewed three incident reports
- looked at a range of policies, procedures and other documents relating to the running of the service.

Summary of this service

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

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Long stay or rehabilitation mental health wards for working age adults

- Staff had built good relationships with patients. Staff gave patients information about the service and what treatments were available. The information was provided in a number of formats and was available to patients and upon their request at any later date.
- The service had regular fortnightly ward rounds that focused on multi-disciplinary and multi-agency working. There had been recruitment on the ward to improve staffing numbers since our last inspection in 2016. New staff were provided with induction and a personal development program with regular reviews with managers and supervisors.
- The ward used regular bank and agency staff to cover sickness and vacancies. These shifts were block booked ahead with same bank or agency staff to provide continuity of care and familiarity for patients.
- Staff assessed the needs of patients. Assessments were comprehensive and updated regularly in fortnightly reviews.
- Patient care plans were holistic and patient centred. Staff sought patients' views and involvement in their care plans.
- Staff assessed and managed physical health through weekly monitoring.
- Staff carried out risk assessments of the care environment. The team risk register included a comprehensive record of environmental risks and how they were mitigated.
- Staff completed a comprehensive risk assessment for all patients on admission and updated them regularly in fortnightly multi-disciplinary meetings.
- Patients said that staff were kind and caring. They said they felt safe on the ward.
- Staff had access to services in the trust and external services to help meet patients' needs. These included regular visits by an independent advocacy service.
- Staff understood and knew when to report safeguarding. Staff were familiar with and followed the trust's safeguarding policy.
- There was good leadership from the ward manager, the modern matron and the ward psychiatrist.

However:

- Provision of psychological therapies and intervention were limited. For example, specialised risk assessment such as Historical, Clinical, Risk Management-20 (HCR-20) which were usually completed by the psychologist were not always done for patients who required these specific risk assessments.
- Staff supervision was not documented and recorded every month in line with trust policy.
- Staff appraisals were not documented and recorded yearly in line with trust policy.
- Staff did not routinely check T2 and T3 forms when administering prescribed medicines.
- Sterile equipment was not managed safely as we found a number of products that had passed their expiry date.

Is the service safe?

Good  

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

- Staff completed risk assessments for all patients and these were regularly updated.
- Environmental risks were assessed and managed by good infection control tools and assessments. Environmental assessments and audits, regular checks of furniture and mattress audits.

Long stay or rehabilitation mental health wards for working age adults

- The ward environments were clean, the furniture was in good condition.
- Staff had a good understanding of the needs of patients. Where they identified that a vulnerable person was at risk, they knew how to raise a safeguarding alert, and information on how to raise concerns was displayed on the ward.
- Staff mitigated ligature risks adequately by working closely with patients, knowing their individual risks and observations.
- Staff completed a risk assessment prior to a patient using community leave to assess patient`s risk and mental state before leaving the ward.
- Managers were able to increase staffing numbers in response to clinical need for example is a patient`s observation were increased.
- When incidents occurred, staff reported them and we saw examples of learning from incidents.
- The level of restraints and restrictive practice was low taking into account the complexity of patients group and the complexity of their needs.

However:

- Staff did not routinely check T2 and T3 forms when administrating prescribed medicines.
- Sterile equipment was not managed safely as we found a number of products that had passed their expiry date.

Is the service effective?

Good   

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

- The ward had a good multi-disciplinary team and were working collaboratively in delivering patients care.
- Patients had access to a wide range of meaningful activities on the ward. They were also encouraged to access groups and activities in the community.
- The ward had a system in place to allow patients to self-administer medication.
- Staff assessed their performance using a variety of audits. Staff responsible for completing audits were named and the results were shared.
- Patient`s needs were assessed in order to plan their care effectively.
- Patient`s care plans were holistic and patient centred. Staff sought patient views and involvement in their care plans.
- Staff worked individually with patients to help them achieve their recovery goals, as well as providing a basic activities timetable. Patients could access art therapy, cooking and baking groups.
- The ward had a range of experienced staff. There had been a period of recruitment and new staff were receiving an induction appropriate to their role. Staff said they could request specialist training to help them meet the needs of their clients.
- Staff met as a team regularly. They reported positive working relationships with other clinical teams in the organisation, as well as with the Mental Health Act office.
- Staff were knowledgeable about the need for consent to treatment, both within the remit of the Mental Health Act, but also working within the principles of the Mental Health Act.

Long stay or rehabilitation mental health wards for working age adults

However:

- Staff appraisals were not recorded in line with the provider`s policy.
- Staff supervisions were not always recorded in line with the provider`s policy.
- Psychological therapies and intervention were limited. Psychological input such as specialised risk assessments are delivered and conducted for patients who require these assessments.

Is the service caring?

Good ● → ←

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

- Patients said that staff treated them with respect and courtesy. They said that staff genuinely cared for them and were welcoming when they were admitted.
- Patients said the induction process to the ward was helpful.
- Ward staff ran daily planning meetings, which enabled patients to plan their day and make requests for leave and any activities they wanted to attend or participate in.
- We saw evidence in care plans that staff had sought the views of patients, and these were recorded in care records and care plans.
- Staff collected feedback about the running of the ward from patients weekly in “community meetings”.
- Patients had access to advocacy services.
- Patients could involve their family and friends in their care and staff promoted the triangle of care where it was possible.

Is the service responsive?

Good ● → ←

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

- The service used referral criteria to ensure that patients were treated in a setting appropriate for their needs. Once admitted, staff kept patients` beds for them if they went on leave.
- Staff had worked to reduce delays in patients being discharged. However, these delays were due to a lack of suitable placements for patients in the wider community. The average length of stay for patients was 6-9 months.
- Senior managers and staff met weekly in “capacity flow meetings” to discuss discharges and to monitor the care pathway to ensure that patients were receiving appropriate care.
- Patients had access to facilities to help meet their needs. These included rooms for activities, lounges, secure storage in their rooms and access to outdoor space.
- The organisation had access to translation services for patients that did not speak English as a first language. Staff could request meals to meet dietary and cultural needs
- There was information on how to complain displayed on the ward and staff knew how to manage complaints.

Long stay or rehabilitation mental health wards for working age adults

Is the service well-led?

Good ● → ←

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

- Staff benefitted from strong local leadership. They said that the managers, the modern matron and the psychiatrists worked well together and provided stability to the ward.
- Staff felt comfortable in raising any concerns or complaints and felt these would be listened to.
- There were good governance systems in place to ensure that managers had access to up to date performance data. This helped them to monitor and improve performance on the ward.
- Staff on both wards embraced and delivered quality improvement work to the service and in the delivery of patient care, such as enhanced weekly physical health checks and monitoring, daily medicine chart checks and handover.

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

Good   

Key facts and figures

Solent NHS Foundation Trust has two wards, Hawthorn and Maple. Both are at the Orchards, St James hospital in Portsmouth.

Hawthorns is a twenty-bedded acute admissions ward for both men and women. Maple ward is a 10-bedded psychiatric intensive care unit (PICU) for both men and women.

The wards provided 24-hour care and treatment and have therapy services from 9am to 5pm five days a week

At the last inspection in June 2016, we rated as Solent acute admission wards for adults of working age and psychiatric intensive care units good overall with requires improvement in the safe domain and a rating of good in the caring, effective responsive and well led domains domain. We found a number of improvements the trust needed to make. These were in relation to potential ligature points in both wards, safeguarding management, care plans and no clear segregation of male and female bedrooms in maple ward. These requirements were met at this inspection.

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

During the inspection visit the inspection team:

- visited Hawthorn and Maple wards
- interviewed a manager for each ward and the service manager.
- reviewed 12 care records.
- spoke with three carers
- spoke with nine patients.
- spoke with 12 staff, from all the teams,
- reviewed a number of policies meeting minutes and assessments related to the running of the services.
- observed staff members working with patients in a therapy session.
- observed staff members in a handover session and in a reflective practise meeting.
- Completed a specific check of the medication management on both wards.

Summary of this service

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

- Staff treated patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The managers across all teams ensured that staff had access to regular team meetings to share information and develop learning.
- The managers promoted a positive culture that supported and valued staff.

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

- Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Staff told us that they learn from incidents on the ward and hold regular debriefs. Staff received feedback for investigations of incidents through individual supervision.

However;

- The service did not ensure that the management of patient's medicines was safe.
- The governance systems in relation to prescribing and medicine management did not pick up polypharmacy (many medications) prescribing for patients that may be detrimental to their health and wellbeing. They did not also pick up or patients on doses of medications that were higher than the recommended in BNF (British National Formulary that provides advice on prescribing and pharmacology).

Is the service safe?

Requires improvement   

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

- The service did not ensure that the management of patient's medicines was safe.
- The governance systems in relation to prescribing and medicine management did not pick up polypharmacy (many medications) prescribing for patients that may be detrimental to their health and wellbeing. They did not also pick up or patients on doses of medications that were higher than the recommended in BNF (British National Formulary that provides advice on prescribing and pharmacology).

However:

- The wards were clean, tidy and well maintained throughout. Staff followed infection control principles.
- The service provided mandatory training to all staff. Statutory and mandatory training levels were high.
- Staff completed risk assessments for patients on admission or within 72 hours of admission. Risks assessments were updated regularly if the risks changed.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- Both teams had enough staff with the right qualifications, skills, training, and experience to keep patients safe and provide the right care and treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Is the service effective?

Good   

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

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

- Care plans and crisis plans were up to date and comprehensive which supported the teams to deliver safe care and treatment to patients. Staff carried out comprehensive assessments on admission, including safety risks, physical and mental health needs. The duty doctors completed physical health assessments on admission. These assessments were ongoing following admission and were included in care plans.
- Staff across all teams had access to regular team meetings to share information and develop learning.
- Staff used recognised assessment tools to measure progress made by patients following treatment.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice. Managers made sure that staff could explain patients' rights to them. Staff followed the Mental Health Act code of practice, including access to advocates, reading patients their rights and paperwork associated with the Mental Health Act.
- Staff received regular one to one managerial supervision and appraisals.

However:

- The service had not fully addressed the relationship and communication issue within the multidisciplinary team.

Is the service caring?

Good   

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

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

Is the service responsive?

Good   

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

- Staff members investigated and learnt from informal complaints from patients or their representatives.
- Staff members ensured there were no delayed discharges of patients.
- Patients had their own areas/rooms where they could keep personal belongings safely. There were quiet areas for privacy and where patients could be independent of staff.
- All wards had access to quiet rooms and family rooms that allowed patients to maintain relationships with their loved ones. Patients also had access to mobile phone in accordance with their individual risk assessments and there were private spaces for patients to make phone calls.
- Staff supported patients with activities outside the service such as work, education and family relationships.

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

- Staff supported patients to access the wider community. This was done through escorted and unescorted leave. Local voluntary agencies attended the wards to engage in educational and training opportunities for the patients.
- The service was accessible to all who needed it and took account of patients' individual needs. Staff helped patients with communication, advocacy and cultural support.

Is the service well-led?

Good   

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

- Senior managers in the service promoted a positive culture that supported and valued staff. There was a clear statement of vision and values, staff knew and understood the values of the provider.
- Staff morale was good in both teams and overall staff felt positive about their team and senior managers. Staff were enthusiastic and motivated. They were aware of the whistleblowing policy and were confident they would use it if needed.
- Both wards had introduced systems to check the team's performance and make changes when necessary at a local and trust level. Staff had implemented recommendations from reviews of deaths, complaints, and safeguarding alerts. They undertook or participated in clinical audits and acted on the results when needed.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

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

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

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

Regulated activity

Regulation

Assessment or medical treatment for persons detained under the Mental Health Act 1983

Diagnostic and screening procedures

Treatment of disease, disorder or injury

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

This section is primarily information for the provider

Enforcement actions

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

Our inspection team

Helen Rawlings, Interim Head of Hospital Inspection for South London and South Central (Oxford, Bucks, Hampshire and Isle of Wight) chaired this inspection and Joanne Ward, Inspection Manager led it. Executive reviewers supported our inspection of well-led for the trust overall.

The team included inspectors, executive reviewers, specialist advisers, and experts by experience.

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

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Agenda Item 8

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	HAMPSHIRE WHEELCHAIR SERVICE		
DATE OF DECISION:	25 APRIL 2019		
REPORT OF:	DIRECTOR OF QUALITY AND INTEGRATION, NHS SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP		
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STATEMENT OF CONFIDENTIALITY	
N/A	
BRIEF SUMMARY	
Attached as Appendix 1 is a paper that provides an overview of the Hampshire Wheelchair Service which is collaboratively commissioned across 5 CCGs in Hampshire, including NHS Southampton City CCG.	
RECOMMENDATIONS:	
(i)	That the Panel consider and note the information contained within the appended papers on the Hampshire Wheelchair Service.
REASONS FOR REPORT RECOMMENDATIONS	
1.	This report has been developed at the request of the Chair of the Southampton Health Overview and Scrutiny Panel.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None
DETAIL (Including consultation carried out)	
3.	The Chair of the Panel has requested a report on the Hampshire Wheelchair Service. A report providing an overview of the service is attached as Appendix 1. Representatives from the service provider, Millbrook Healthcare, and NHS Southampton City CCG will be in attendance to present the report and answer any questions from the Panel on the service.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
4.	N/A
<u>Property/Other</u>	
5.	N/A
LEGAL IMPLICATIONS	

<u>Statutory power to undertake proposals in the report:</u>	
6.	N/A
<u>Other Legal Implications:</u>	
7.	N/A
RISK MANAGEMENT IMPLICATIONS	
8.	N/A
POLICY FRAMEWORK IMPLICATIONS	
9.	N/A

KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	An overview of the Hampshire Wheelchair Service
2.	Millbrook Healthcare Hampshire Wheelchair Service: Improving the referral experience

Documents In Members' Rooms

1.	None
Equality Impact Assessment	
Do the implications/subject of the report require an Equality and Safety Impact Assessment (ESIA) to be carried out?	No
Data Protection Impact Assessment	
Do the implications/subject of the report require a Data Protection Impact Assessment (DPIA) to be carried out?	No
Other Background Documents	
Other Background documents available for inspection at:	
Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

APPENDIX ONE: Hampshire Wheelchair Service (HWS)

1. Commissioning arrangement

- 1.1 The HWS is commissioned, under a collaborative commissioning arrangement, by five Clinical Commissioning Groups (CCGs):
- NHS Southampton City CCG
 - NHS Portsmouth CCG
 - NHS South East Hampshire CCG
 - NHS Fareham and Gosport CCG
 - NHS West Hampshire CCG
- 1.2 West Hampshire CCG is the collaborative chair and coordinating CCG
- 1.3 The proportional split of the contract is based on population; Southampton City has 20% of the overall contract.
- 1.4 The service serves a population of 1,450,000; there are just over 17,500 service users.

2. Overview of contract arrangement

- 2.1 The HWS was commissioned and started in April 2014; the current contract for Southampton and West Hampshire will finish on 31st March 2021

3. Contract provider

- 3.1 The HWS is provided by Millbrook Healthcare.

4. Commissioned service

- 4.1 The service is commissioned to meet the mobility needs of both children and adults and their related postural and pressure care needs.
- 4.2 The needs of the local population are met through the provision of:
- Wheelchairs, manual and/or electrically powered wheelchairs (indoor or indoor/ outdoor)
 - Wheelchair accessories
 - Specialist seating systems
 - Pressure relieving cushions
- 4.3 The service also provides a repair and maintenance service.

5. Support provided

- 5.1 The majority of local patients access the service for support for the following conditions:

- Musculoskeletal (including peripheral joints, spinal injuries and arthritis)
- Trauma
- Birth Trauma
- Head injuries
- Congenital conditions (e.g. spina bifida)
- Neurological conditions (e.g. cerebral palsy, MS, Parkinson's, stroke or motor neurone disease)
- Learning disabilities
- Age related conditions

6. General Eligibility Criteria

- 6.1 For people to be eligible they need to meet the following service criteria:
- Service users registered at a GP practice within the commissioning collaborative.
 - Children aged 30 months or over (There is no upper age limit)
 - Wheelchair provision is for those who require support on a frequent basis defined as: greater than four times a week and over four hours each day and for permanent use, which is longer than six months.
 - Shorter loan periods will be considered in support of terminal illness and palliative care with a prognosis of less than 6 months, depending on the clinical and lifestyle needs and individually assessed for under exceptional circumstances.
- 6.2 Specific criteria are in place for each element of service provision.

7. Individual Funding Requests (IFRs)

- 7.1 For those who do not meet the eligibility criteria, there is the provision to seek an individual funding request. Each request is reviewed by a panel to consider the case for funding and make the decision as to whether this is to be supported or not.

8. Personal Wheelchair Budgets (PWBs)

- 8.1 For those who may prefer a different wheelchair to that which the clinician assesses as meeting their mobility and postural needs, a voucher scheme has been in place since commencement of the service in April 2014.
- 8.2 In 2019 the voucher scheme will be replaced by the national offer of a Personal Wheelchair Budget (PWB). PWBs were launched in April 2019.
- 8.3 PWBs aim to increase choice and control for people who access a Wheelchair service by providing holistic assessments that take into account wider needs and increase independence to improve health and

well-being. PWBs will support people to identify their own health and wellbeing goals and offer an integrated approach by bringing together care and support agencies.

- 8.4 PWBs provide people a variety of options, these include:
- NHS provision a notional budget whereby the PWB is used for a wheelchair, repairs and maintenance are provided by the NHS
 - An alternative wheelchair, using the NHS provision but upgrading to an alternative model through top up by the individual.
 - Additional features, NHS provision with additional features topped up by individual
 - PWB, direct payment whereby the individual chooses a wheelchair outside of the NHS provision providing it meets their clinical needs.
 - Third party PWB, notional or direct payment and top up by another service under joint funding i.e. social care, education, access 2 work etc. (this will be available from Autumn 2019)

9. Commissioned activity

- 9.1 The service is now commissioned to receive 248 referrals each month. For Southampton City it is approximately 49 referrals a month of the total referrals.

10. Demand and capacity challenges

- 10.1 Since service commencement in 2014 the service has been under pressure due to:
- Higher than expected backlog of service users from the preceding provider
 - Higher referral volume than originally expected or planned due to lack of data
- 10.2 To address this, the commissioning partnership undertook a review in 2015 and concluded that the commissioned activity was insufficient to meet demand and agreed the following measures, implemented in July 2015:
- A variation in the contract for non-recurrent funding to clear the inherited backlog.
 - A variation in the contract for recurrent funding to increase commissioned activity from 161 to 248 referrals per month
- 10.3 The inherited backlog was cleared in June 2016.
- 10.4 However, despite these measures demand on the service has continued to exceed the planned activity. In the 12 month period March 2018 to February 2019 the service has received 3,852 referrals; 876 more than

the contracted levels.

- 10.5 For the same time period, for Southampton City, there have been 671 referrals; 83 more than the indicative activity plan. Of the 671 referrals for Southampton city 513 were for adults and 158 were for children.
- 10.6 In February 2019 63.5% of referrals, across the whole service, were re-referrals into the service, this is similar to other services nationally. Re-referrals are mostly for those who are already known to the service but have changing support needs for wheelchairs, accessories, seating or posture and repair or maintenance.
- 10.7 Referrals into the service vary from month to month across the whole service; between March 2018 and April 2019, the lowest number of referrals received was in December 2018 with 199 referrals. The highest number of referrals was received in October 2018 with 415 referrals in the month.
- 10.8 This unpredicted level of demand has an impact on capacity and the rate in which cases can be closed. The rate of referrals coming in versus closed cases (i.e. when a wheelchair, accessory or specialist seating are handed over to the patient or when a repair is complete) had improved in February to 1:1.17. In the same month 238 adult cases were closed and of these 57% were closed within 18 weeks. For children 50 cases were closed and 64% of these were closed within 18 weeks.
- 10.9 Staffing challenges within wheelchair services is a national issue; recruiting and retaining suitably qualified staff is problematic for services across the country. Not having the appropriate resource of staff will impact on any service capacity to deliver services to meet the local needs.
- 10.10 In addition to staffing challenges, there are also challenges in relationship to patient DNA (did not attend) rates. For the whole service, over the period March 2018 to April 2019 the average DNA (did not attend) rate was 9.5% which is slightly higher than the average expected for NHS services of 8%. Of the 2,731 appointments available, 260 were not attended. DNA rates also vary from month to month; between March 2018 and April 2019, the highest DNA rate was 18% in January 2019 with 42 of the 228 available appointments not being used. The lowest rate was in June 2018 at 4.6%
- 10.11 The service sends appointment letters and reminder text messaging prior to appointments however it must also be recognised that for some groups of patients accessing the service they will have complex or deteriorating conditions which may mean that they are unable to make appointments at short notice due to unexpected illness or ill-health.

11. Caseload, Waiting list and Waiting times

- 11.1 Waiting times are fluid as they vary from month to month. For Southampton City, the average wait in weeks for adults was 16 weeks and for children it was 26 weeks as at the end of February 2019.
- 11.2 It should be noted that there is a national 18 week wait target for children from referral to handover of equipment but there is no target for adults.
- 11.3 All long waiter information is reviewed monthly by the Southampton City CCG Commissioner and service Quality Lead and follow-up requested of the provider for individual cases that are of concern.
- 11.4 The long waiters report includes children who have been waiting over 18 weeks and adults who have been waiting over 60 weeks.
- 11.5 The HWS does not utilise any stopping of the clock and so waiting times are indicative of the time from when the referral is received until when the case is closed. External factors do impact on the overall waiting time such as DNAs, the need for home improvements or other housing considerations.
- 11.5 For more complex clients research time is required to ensure that the right wheelchair is prescribed for them or they may require a bespoke chair. Driving tests are required for those who are prescribed an electric wheelchair to ensure that they will be able to manage the chair safely in and/or outside of their home environment. Trialling of chairs also often happens to ensure that the needs of the patient are met.
- 11.6 **NHS Southampton City CCG Long Waiters (Children):**
- 11.7 As at the end of February 2019, 78 children were on the HWS caseload, of these 13 were awaiting triage and 65 had been triaged and awaiting further action to be undertaken before the episode of care can be closed. Of those triaged 64.6% have complex needs.
- 11.8 Of the 78 children on the caseload in February 2019, 26 (33%) had been waiting over 18 weeks and waiting times in weeks range from 19 weeks to 63 weeks. The child that has been waiting for 63 weeks is waiting for a shoulder harness to be fitted and has an appointment booked in March at their school.
- 11.9 Of the 26 children on the long waiters report:
46% have a booked appointment for March for assessment or handover of equipment.
8% have a booked appointment at school clinics
8% have a booked appointment for April for assessment or handover of equipment.

3% is waiting for home environment assessment which is booked in March.

8% are waiting for a stock check

19% are waiting for an order to be placed or for an estimated delivery date

8% have been seen and clinical review of provision is taking place

11.10 **NHS Southampton City CCG Long Waiters (Adults):**

11.11 As at the end of February 2019, 329 adults were on the HWS caseload, of these 111 were awaiting triage and 218 had been triaged and awaiting further action to be undertaken before the episode of care can be closed. Of those triaged 52.2% have complex needs.

11.12 Of the 329 adults on the caseload in February 2018 (5.4%) had been waiting over 60 weeks and waiting times in weeks range from 61 to 121 weeks. The adult who has been waiting 121 weeks has required home adaptations and the service is now awaiting confirmation that this work is now complete before handover of the chair can be arranged.

11.13 Of the 18 adults on the long waiters report:
23% have a booked appointment for March for assessment or handover of equipment.
5% have a booked appointment at school clinics (aged 20 and still in education)
23 % have a booked appointment for April for assessment or handover of equipment.
23% are waiting for an estimated delivery date from the supplier
5% are waiting review before an order can be placed
11% are waiting for service users to complete paper work and return
5 % are waiting for feedback from Community OT rehab team
5 % is waiting for confirmation of completion of home adaptations

12. **HWS Review**

12.1 The Collaborative Hampshire Wheelchair Service Review was undertaken September 2016 to September 2017 in order to:

- Understand, investigate and respond to the concerns raised about the service.
- Review the current commissioned service to ensure that it meets the needs of service users in terms of capacity, performance and quality
- Identify areas for development and improvements to benefit service users and enhance their experiences, and inform future commissioning of wheelchair services.

12.2 The service review identified 6 key themes requiring actions:

- Communication and engagement
- Record keeping and digital solutions
- Culture of continual service improvement and workforce planning
- Waiting list and 18 week performance
- Commissioning solutions / system integration
- Local data integrity

12.3 The findings of the service review were published in a full and summary report.

12.4 12 months following the completion of the review Millbrook Healthcare had completed the majority of the actions and a Continuous Improvement Plan (CIP) has been put in place

13. Commissioner actions

13.1 Outstanding actions have been incorporated into a Continuous Improvement Plan (CIP) to support improvements within the service. The provider has been delivering the actions within the CIP since September 2018.

13.2 6 key areas for improvement were identified, as follows:

- Waiting times
- Proactive Communication
- Workforce retention
- Record keeping
- Complaint handling
- Service Delivery model

13.3 Progress has been made in the first 6 months against the 6 key areas identified, these include:

- Enhancing the availability of standard stock within the depot to reduce the number of handovers reliant on ordering of equipment.
- Implementation of the revised School clinic model from January 2019 to improve the quality of care and experience within the school environment, following feedback from the School Clinic review.
- To provide entry level wheelchair prescribing training for community referrers, this will take place in April 2019. Community providers have engaged well and it is hoped that the initiative will reduce the number of basic assessments being undertaken by Millbrook Healthcare and therefore release capacity within the service to meet the needs of more complex referrals.
- Waiting list initiative for children's provision, starting March 2019.

The funded initiative will provide additional capacity to complete 188 handovers, of which 95% will be delivered within 18 weeks.

- Review of the local equipment matrix to ensure the standard equipment offer best meets the needs of children within the local population
- Commissioners to streamline the process for requesting non-standard equipment
- Improve the quality of referrals received through continued engagement with professionals who refer patients to the service.
- Continue to improve record keeping and documentation standards
- Amend reporting to commissioners with regard to complaint management and incident reporting with embedded learning outcomes
- Develop a harm review tool for long waiters
- Implementation of Personal Wheelchair Budgets from April 2019.

14. Collaborative working to improve quality and prevent harm

14.1 HWS, community providers and the CCGs have worked collaboratively to improve and promote communication between the services to promote quality improvement and prevent harm. West Hampshire CCG has been leading this work on behalf of all CCGs within the Commissioning collaborative. The following provides some examples of these:

14.2 **Health Education England Quality Improvement (QI) Team based Fellowship Project:** during 2018/19 West Hampshire Clinical Commissioning Group, Millbrook Hampshire Wheelchair Service, Southern Health NHS Foundation Trust, Solent NHS Trust, the Motor Neurone Disease Association and a service user worked together as part of a QI Team Fellowship focusing on i) improving referrer knowledge and experience of referring in to HWS and ii) improving service-user satisfaction with the level of information provided by their community referrer at the point of referral into the service:

- Community provider link role: established the role of the community provider link between Solent NHS Trust, Southern Health NHS Foundation Trust and Millbrook Hampshire Wheelchair Service. The role of the community link is to develop relationships with HWS and share information and learning gained from the link days within their teams
- Provider link days: have set up link days for community provider links to improve communication between the services and to provide education
- Service users information at the point of referral: a guide has been produced for community providers to give to service users at the point of referral. It provides information about the service, why the patient has been referred, provides detail regarding what happens once a referral is made and information about getting to the appointment. Timescales for service-users to note have been

included in the document.

- Frequently Asked Questions (FAQ) guide for community therapists: an FAQ guide has been developed which answers questions that the service are regularly asked by community providers. The Community Link staff were involved in asking questions to which they wanted more clarity, for example, around the eligibility criteria and timeframes for the pathway.

14.3 A poster capturing the QI project and outcomes can be found at Appendix 2.

14.4 **Community Provider and HWS monthly meetings:** HWS has set up regular meetings with community providers to review service-user cases which are of concern to community providers.

14.5 **CCG-led quarterly community provider and HWS meetings:** West Hampshire CCG has set up quarterly meetings with community providers and HWS to review progress with regards the initiatives aim to improve communication and promote quality, for example, the group are looking at the harm review tool.

14.6 **Incident process:** West Hampshire CCG developed a collaborative incident reporting process which was agreed by HWS and Community providers as part of the service review in March 2017. This is in the process of being reviewed following feedback from the CCG-led quarterly community provider and HWS meetings.

15. **Conclusion**

15.1 This paper provides an overview of the HWS contract, the challenges around demand and capacity and the work that has already been undertaken to improve quality and waiting times.

15.2 The key challenges relate to sustained high levels of demand, the capacity within the service to meet this, staff recruitment and retention difficulties which are a national issue and a number of external factors outside the service's control, including waits for home adaptations, waiting for paper work to be returned or actions to be undertaken within the community. A collaborative approach is required to address these and commissioners continue to work with the HWS, community services and other key stakeholders including service users to address this and a number of improvement initiatives are in place. Additional investment has also been made in extra clinical capacity to reduce waiting times for children who started in March 2019 and is expected to increase compliance with the 18 week standard to 95% over the next 6 months and clear the backlog moving forward.

15.3 Going forward amendments to the contract KPIs have increased the

visibility of what is happening within the service, enabling more constructive discussions and targeted action to be taken and there are monthly forums in place with community providers to discuss complex cases. Better data is also supporting the planning for future re-procurement as the service moves towards the end of its contract and commissioners develop the specification for the future model, taking account of the learning from the current contract.

Millbrook Healthcare Hampshire Wheelchair Service: Improving the referral experience

Background:

Millbrook Healthcare Hampshire Wheelchair Service (HWCS) serves a population of 1,450,000 providing wheelchairs to over 17,500 service users aged 30 months and over with complex physical needs impacting their mobility, resulting in them requiring a wheelchair.

A comprehensive National Health Service (NHS) service review into the HWCS was undertaken in 2017 involving key stakeholders, which included service users and referrers. The review highlighted six key recommendations, one of which related to communication and included the need to improve information for service users and referrers. In response, HWCS initiated stakeholder engagement groups to collaboratively plan and prioritise actions.

A Quality Improvement (QI) fellowship team was formed and alongside HWCS, it involved members from an NHS Clinical Commissioning Group (CCG), community providers, a voluntary organisation and a service user.

Aims:

It was agreed at one of the engagement groups that the QI fellowship team would focus on improving:

- information given to service users at the point of referral
- community provider knowledge of the commissioned service
- community provider referral information.

Data collection methodology:

- **service-user telephone surveys:** to measure satisfaction with written information
- **clinical audit:** to measure quality of referrals into the service
- **focus groups:** to support the development of the written resources produced
- **testing:** we asked community link therapists to complete three knowledge tests.

Project design:

Following data gathering with service-users and frequent engagement with community therapists who refer into the service, the team developed:

- an information leaflet for service users to be given to them at the point of referral by community therapists
- a community therapist link role to promote communication and knowledge of the service within community teams
- regular meetings with the link therapists aimed at improving communication and knowledge of the service as well as educational opportunities including how to complete referral forms correctly. To date, four link meetings have been held
- 'Frequently Asked Questions' live guidance which responds to new questions raised by community therapists.



Results: improving information for service users

Prior to the QI project, community therapists did not have an information leaflet to give service users at the point of referral. As a result of the project, a leaflet has been developed and has received positive feedback from service users, including:

"Now know who to contact if there is a problem"

"Like the leaflet – easy to read"

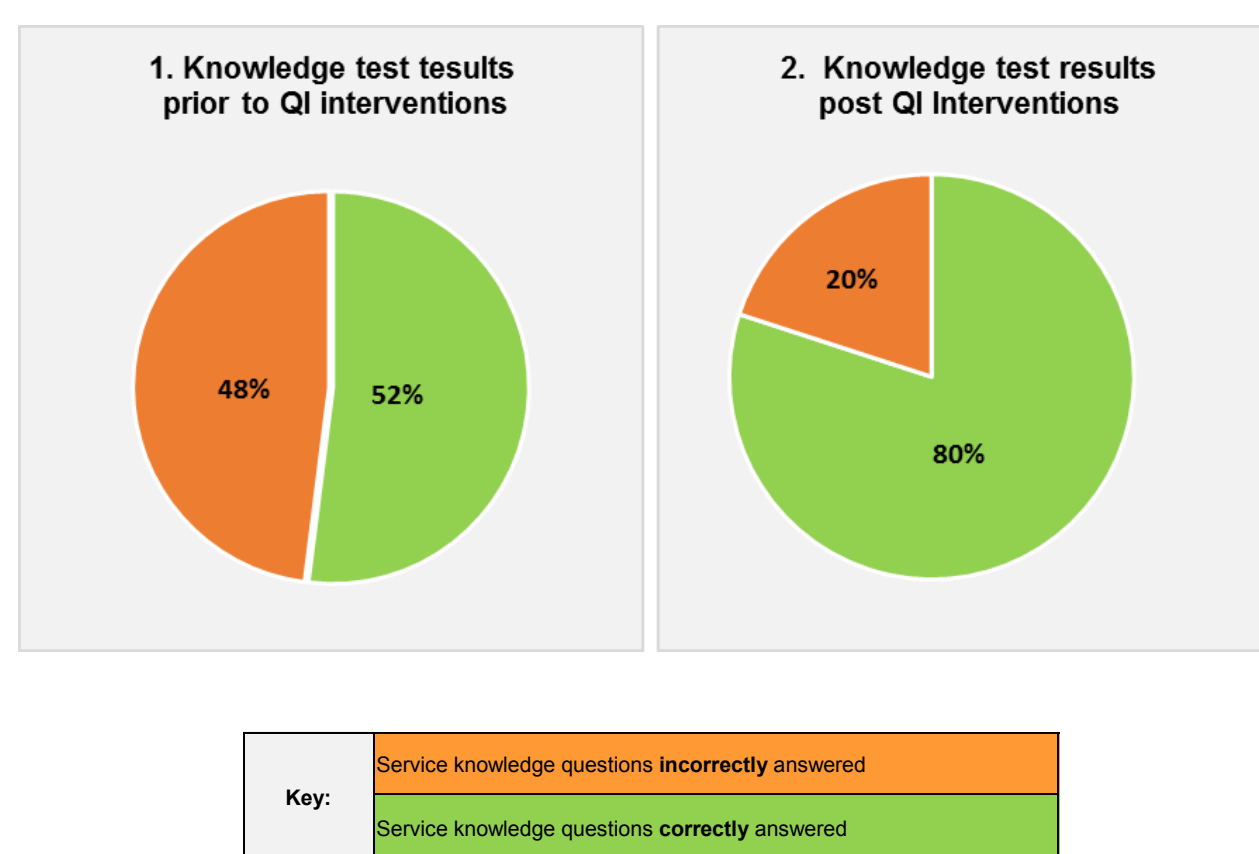
"Leaflet tells me what I need to know"

"Really helpful, simple and straight forward"

"Would have been useful to have the leaflet before, I like the leaflet but doesn't change the wait I have had".

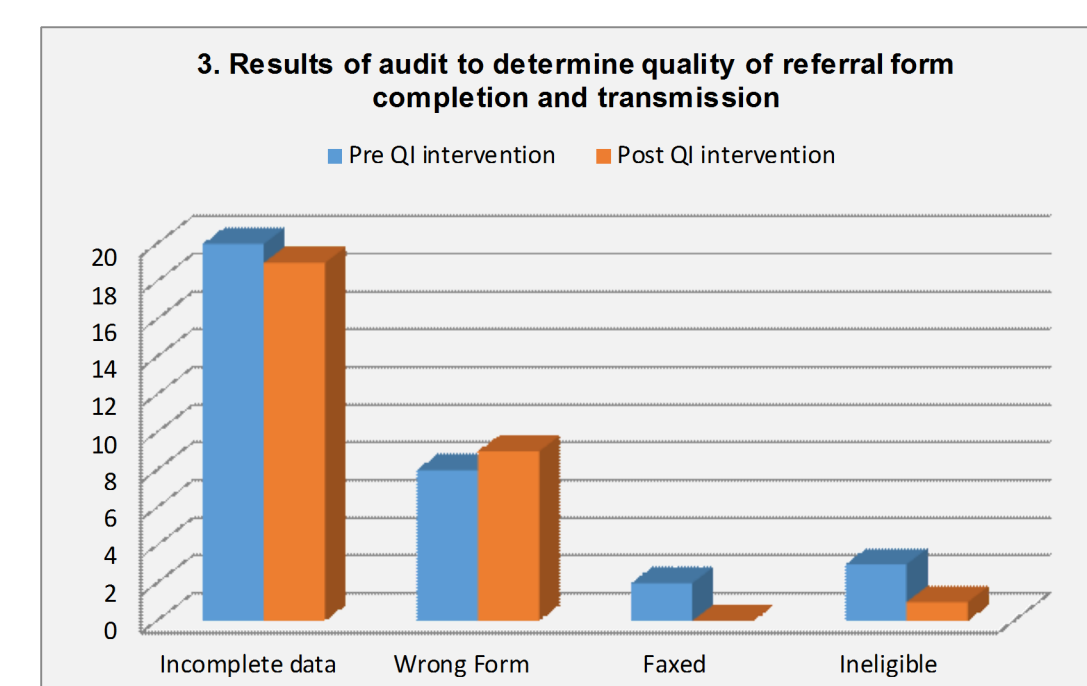
Results: improving referrer knowledge

The results below demonstrate that the quality improvement interventions have resulted in a 53.8% improvement in referrer knowledge of the service (Figures 1 and 2).



Results: improving referral information

Following the QI project, when compared with the baseline data from all community provider referrers, there has been a 67% improvement in the number of ineligible referrals received from the QI Link teams and 100% improvement with faxes no longer being used (Figure 3). Further work is required to ensure community providers use the correct referral forms and complete all the required fields.



The lessons we learned have been:

- the value of having key stakeholders from different organisations, including a service user, as part of the QI team
- the importance of a QI fellowship team who have a shared vision and passion to make a difference
- that executive support from all organisations is crucial to support the QI fellowship team in having time to focus on the project
- that stakeholder engagement has been imperative at all stages of the project; whilst this sometimes led to delays in meeting planned deadlines, it was critical in ensuring satisfaction with the final products
- that it is important to view the work undertaken as part of a QI project in the wider system context. This project focused on a very specific element of improvement work alongside a number of other service improvement activities
- the need to plan quality improvement initiatives that will be sustainable beyond the life of the QI fellowship team
- that we want to build on the work already undertaken - future plans include focusing on improving the referral form and its completion by community referrers.

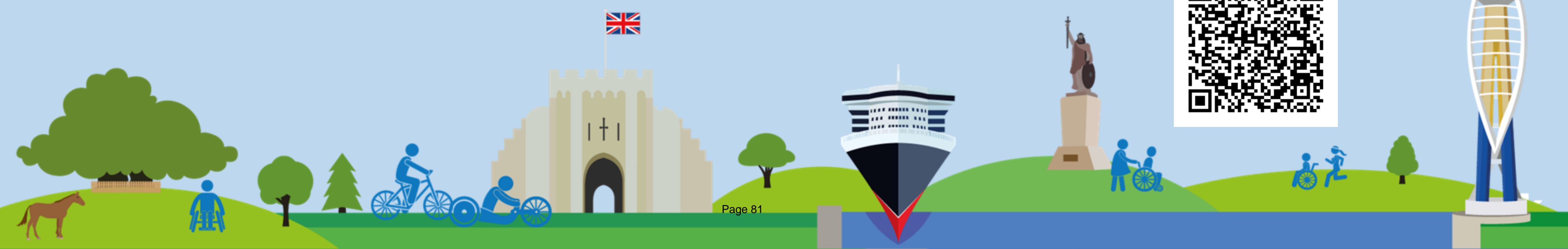
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Adult Information Leaflet QR Code



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