

Health Overview and Scrutiny Panel

Thursday, 27th June, 2019
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Conference Room 3 - Civic Centre

This meeting is open to the public

Members

Councillor Bogle (Chair)
Councillor Bell
Councillor Houghton
Councillor Professor Margetts
Councillor Noon
Councillor Payne
Councillor White

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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 2019/2020

2019	2020
27 June	27 February
29 August	23 April
24 October	
5 December	

AGENDA

1 ELECTION OF VICE-CHAIR

To elect the Vice Chair for the Municipal Year 2018/19.

2 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.

3 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.

4 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.

5 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.

6 STATEMENT FROM THE CHAIR

7 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 25 April 2019 and to deal with any matters arising, attached.

8 TRANSFORMING HEALTH AND CARE FOR THE PEOPLE OF SOUTHAMPTON: OUR FIVE YEAR STRATEGIC PLAN 2019-2023 (Pages 5 - 36)

Report of the Managing Director, NHS Southampton City CCG, requesting that the Panel considers and provides feedback on the draft Health and Care Strategy.

9 UPDATE ON PROGRESS - SOUTHERN HEALTH NHS FOUNDATION TRUST (Pages 37 - 70)

Report of the Chief Executive, Southern Health NHS Foundation Trust, providing the Panel with an update on progress at the Trust.

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SOUTHAMPTON CITY COUNCIL
HEALTH OVERVIEW AND SCRUTINY PANEL
MINUTES OF THE MEETING HELD ON 25 APRIL 2019

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

Apologies: Councillors Bell

22. **STATEMENT FROM THE CHAIR**

The Chair noted that it was John Richards last meeting as the Chief Executive Officer, NHS Southampton City CCG and thanked him for the support and input that he had given to the Panel over the years.

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

RESOLVED: that the minutes for the Panel meeting on 28 February 2019 be approved and signed as a correct record.

24. **SOLENT NHS TRUST - CQC INSPECTION**

The Panel considered the report of the Chief Executive and Chief Nurse of Solent NHS Trust informing the Panel of the findings from the Care Quality Commission (CQC) inspection report published in February 2019.

Sue Harriman- Chief Executive Officer, Jackie Ardley, Chief Nurse and David Noyes, Chief Operating officer (Solent NHS Trust) were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The Trust's achievement of a rating of good by the CQC. The Trust outlined areas where the performance rating had improved or reduced. The Panel were reminded that the previous CQC inspection had judged the Trust as "requiring improvement" and the Panel noted the positive trend;
- The complexity of service provision for looked after children in the City. Panel Members indicated that provider responsibilities could be unclear;
- The Panel noted the work that the Trust undertook with those with learning disabilities but were concerned about the levels of support for residents with autism;
- The Trust detailed its community engagement programme noting how it's actions and methods were being developed to ensure a wider range of engagement takes place;
- How the trust was increasingly working across the health and care system to integrate services. The Trust detailed examples of closer integration with its health partners;
- A concern whether postal code affected the services received by patients. It was explained that this was not the case but that within the geographical area covered by the Trust different services were provided in accordance with the

contract specifications from the CCGs and local authorities. There was no discrepancy between postcodes within the City; and

- Workforce challenges were acknowledged as a concern by the Trust. Plans to address workforce issues were detailed. The challenges were noted and identified as a real concern. However, the Trust explained that one of the challenges was the retention of staff and that the Trust had received positive responses from recent workforce surveys that had given the Trust increased confidence in their ability to retain staff..

RESOLVED that:

- (i) the Panel noted the report and congratulated the Trust on the Solent NHS Trust Care Quality Commission Inspection report, and the improvements in the period 2016-2018: and
- (ii) the Solent NHS Trust provide the Panel with a briefing note on the services that Solent provides for Looked After Children in Southampton, including some of the challenges and forthcoming developments within this service area.

25. **HAMPSHIRE WHEELCHAIR SERVICE**

The Panel considered the report of the Director of Quality and Integration providing an overview of the Hampshire Wheelchair Service.

Georgina Cunningham- Commissioning Manager, Stephanie Ramsey - Director of Quality and John Richards - Chief Executive Officer (NHS Southampton City CCG) and Crispin West- Director for South East, Alex Underwood – Head of Risk, Governance and Training, Lydia Rice – Regional Manager and Paul Stansfield – Operational Manager (Millbrook Healthcare) were in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- How the demand for the service had risen both nationally and locally;
- Whether the contract had been commissioned using an accurate demand data.
- The Panel questioned what steps had been taken to address the emerging shortfall in capacity. It was acknowledged that there had been an issue in relation to the capacity of the contract but, that future developments would be informed by more accurate data. It was noted that the current contract had already been amended to enable further investigation and assessment of need;
- The Panel expressed a concern that the waiting periods were too long, especially for children. It was explained that the process of assessment for a chair or other support such as hoist was often complex and that the provider had now increased the numbers of dedicated specialists in order to address the matter;
- It was explained that a previous voucher scheme had been replaced by a national offer of a Personal Wheelchair Budget (PWB) in April of 2019. The scheme was explained to the Panel and it was noted that vouchers could only be issued for chairs that matched the clinical needs of a patient but, that it was hoped that the PWB would help to reduce the waiting lists; and
- The steps taken to simplify the process of being able to receive support. Panel members expressed a concern that the process was too bureaucratic and that the referral system was too complicated.

RESOLVED that the Panel requested the report be brought back to a future meeting in the new municipal year.

26. **UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST - CQC INSPECTION**

The Panel considered the 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

Paula Head, Chief Executive (University Hospital Southampton) was in attendance and, with the consent of the Chair, addressed the meeting.

The Panel discussed a number of points including:

- The Trust's performance in comparison to the inspection in 2017. The Panel sought an explanation from the Trust as to why some areas had only scored required improvement in the inspection. The Panel was given a brief overview of the differences between the two inspections by the Trust. The Panel were informed that the Trust had, where possible, acted immediately to address CQC concerns. It was noted that the quality of the estate had caused concern to the CQC. It was explained that the Trust would be applying for additional regional and national funding to address this. The Panel noted that the estate had not been altered since the last inspection and that it had robustly challenged the judgement by the CQC in some cases;
- It was explained that issues, such as those relating to Ophthalmology, had contributed to the CQC rating for Outpatients and being well led;
- It was explained to the Panel how the Trust was coping with workforce challenges for doctors, nurses and specialist staff and outlined the various methods it was using to address these matters; and
- The Chief Executive outlined a number of areas concern that were not in the CQC assessment and how these concerns were being mitigated by the Trust.

RESOLVED that the Panel

- (i) noted the report of the CQC and congratulated the Trust on maintaining a rating of good; and
- (ii) requested that the any action plan to address the points made by the CQC be considered by the Panel at a future date.

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Agenda Item 8

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	TRANSFORMING HEALTH AND CARE FOR THE PEOPLE OF SOUTHAMPTON: OUR FIVE YEAR STRATEGIC PLAN 2019–2023		
DATE OF DECISION:	27 JUNE 2019		
REPORT OF:	JAMES RIMMER, MANAGING DIRECTOR, NHS SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Clare Young	Tel: 023 8029 6904
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STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
This draft strategic plan sets out a high level view of the challenges we face and proposes a framework to guide the activities of all partners over the next five years.	
RECOMMENDATIONS: That the Panel	
	(i) Considers and provides feedback on the draft Health and Care strategy.
REASONS FOR REPORT RECOMMENDATIONS	
1.	To ensure the Health Overview and Scrutiny Panel has oversight of the current draft of the five year strategic plan. This follows a previous update in November 2018.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	Not applicable.
DETAIL (Including consultation carried out)	
3.	Work started during the summer of 2018 on the preparation of a new five year strategy for health and care in the City. This involved detailed analysis into the health and wellbeing of the population, linked to deprivation and service use. In discussion with partners, it was agreed to develop a response to these needs that goes beyond the NHS into social care and wider, which can be owned by all of our partners in the City. It remains, nonetheless, a subset of the wider ten year strategy for health and wellbeing led by the Health and Wellbeing Board.
4.	The new draft strategy, shared with the Panel in Appendix One, incorporates feedback from: <ul style="list-style-type: none"> • Health and Wellbeing Board • Joint Commissioning Board (JCB)

	<ul style="list-style-type: none"> • Southampton System Chiefs Group • Southampton Connect • Better Care Steering Board • Health Overview and Scrutiny Panel (HOSP)
5.	We have held two partnership conferences on the theme of the emerging strategy, on 29 March and 8 May 2019. A community engagement event was held on 20 November 2018 to support increased public participation in the development of the strategy. Alongside this, opportunities have been taken to share information and invite discussion of the emerging plans with Healthwatch Southampton, the CCG Patients' Forum, Southampton Voluntary Services (SVS) and a wide variety of other community groups. Public involvement will be an ongoing feature of the way we work.
6.	The strategy in its current draft form was endorsed by the CCG's Governing Body on 22 May 2019. Following this, John Richards, former CCG Chief Executive Officer, wrote to all partner organisations involved in the formation of the draft strategy to secure the support of their boards and their commitment to its implementation. A copy of this letter is made available to the Panel in Appendix Two.
7.	At this time the draft strategy sets out the challenges which require addressing. We will now proceed, subject to support from partners, to incorporate further details on how those challenges will be addressed and how improvements will be delivered over the next five years into the final version of the strategy.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
8.	Not applicable.
<u>Property/Other</u>	
9.	Not applicable.
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
10.	Not applicable.
<u>Other Legal Implications:</u>	
11.	None.
RISK MANAGEMENT IMPLICATIONS	
12.	None.
POLICY FRAMEWORK IMPLICATIONS	
13.	Not applicable.
KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	ALL
<u>SUPPORTING DOCUMENTATION</u>	

Appendices		
1.	TRANSFORMING HEALTH AND CARE OUTCOMES FOR THE PEOPLE OF SOUTHAMPTON: OUR FIVE YEAR STRATEGIC PLAN 2019–2023	
2.	LETTER TO PARTNERS FROM JOHN RICHARDS (DATED 29 MAY 2019)	
Documents In Members' Rooms		
1.	None	
Equality Impact Assessment		
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.		No
Privacy Impact Assessment		
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) 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	

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Transforming health and care outcomes for the people of Southampton

Our five year strategic plan
2019–2023



Contents

Introduction	3
Chapter One Our current and future health and care challenges	6
Chapter two Our five year strategic framework	18

Introducing our five year strategic plan

Work started during the summer of 2018 on the preparation of a new five year strategy for health and care in the City. This involved detailed analysis into the health and wellbeing of the population, linked to deprivation and service use. In discussion with partners, it was agreed to develop a response to these needs that goes beyond the NHS into social care and wider, which can be owned by all of our partners in the City. It remains, nonetheless, a subset of the wider ten year strategy for health and wellbeing led by the Health and Wellbeing Board.

In early 2019, the NHS Long Term Plan (LTP) was published and it has been agreed that Southampton's strategic plan should also be the City's contribution to the wider Hampshire and Isle of Wight five year response to the LTP which is due later in Autumn.

Our strategic plan sets out a high level view of the challenges we face and proposes a framework to guide the activities of all partners over the next five years.

The strategic framework is summarised on page 20, including our proposed vision, goals, mission, programmes and enablers, and principles of working together. These have been widely supported and developed by partners.

The framework incorporates feedback from various system-wide bodies including:

- Health and Wellbeing Board
- Joint Commissioning Board (JCB)
- Southampton System Chiefs Group
- Southampton Connect
- Better Care Steering Board
- Health Overview and Scrutiny Panel (HOSP)

We have held two partnership conferences on the theme of the emerging strategy, on 29 March and 8 May 2019.

A community engagement event was held on 20 November 2018 to support increased public participation in the development of the strategy. Alongside this, opportunities have been taken to share information and invite discussion of the emerging plans with Healthwatch, the CCG Patients' Forum, Southampton Voluntary Services (SVS) and a wide variety of other community groups. Public involvement will be an ongoing feature of the way we work.

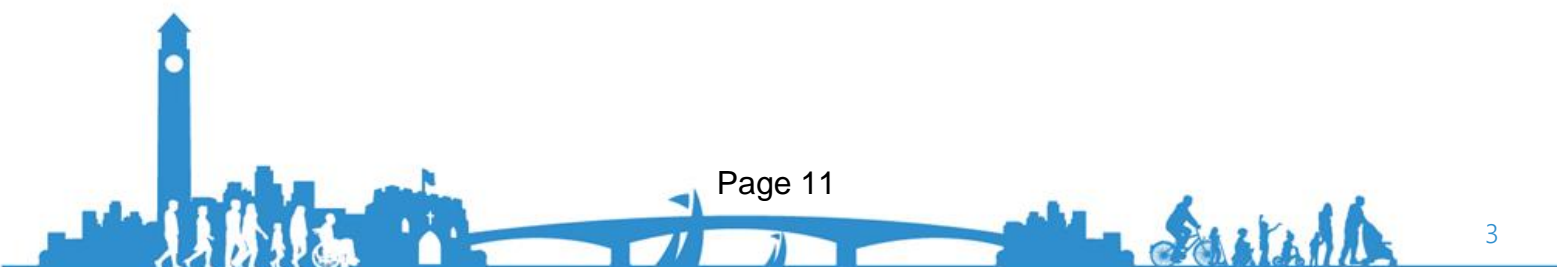
Looking back

2018/19 was the final year of the CCG's five year strategy and, similarly, of our two year operational plan. Since summer 2018, we have been undertaking a stocktake of our position and reviewing the outcomes and prospects for our population.

First, we reviewed the outcomes of our CCG strategy published in 2014. There were eight outcome indicators we set:

- Improved patient safety and user experience
- Reduced inequalities in life expectancy
- Reduced avoidable emergency admissions*
- More older people living independently (91 days after reablement)*
- Fewer permanent admissions to nursing and residential homes*
- Fewer delayed transfers of care*
- Reduced injuries due to falls in people aged over 65*
- 20% productivity improvement in elective care

*Outcomes marked with an asterisk were also outcomes we specified in the Better Care Plan



The results of our stocktake were mostly positive. We considered whether we had done what we said we were going to do, if not why not, and what had we learned in the process.

Whilst we have done relatively well on our own terms as a CCG, we wanted to focus on our challenges as a City.

We looked at what had happened to our population over the last few years. We were able to review how deprivation across the city has affected health, such as disease prevalence, and utilisation of healthcare services in the city (for example, emergency hospital admissions). This revealed a stark picture of growing inequalities across the city and gaps in life expectancy.

We also reconfirmed that the City performs poorly by comparison with our statistical neighbours and nationally. For example, Southampton is ranked second worst of our 10 comparator CCGs and 35th worst out of all 201 CCGs in terms of inequalities in the rates of emergency admissions for certain urgent care sensitive conditions. This gives us a powerful indicator of where we need to focus over the next few years.

The analysis into rates of emergency admissions is particularly useful as an indicator of need (assuming people are only admitted to hospital as emergencies if they are seriously unwell) as opposed to demand (which may be influenced by the convenience of access, for example, to A&E). We found that the most deprived areas of the city were also the places with the highest rates of emergency admissions. These admissions are probably a good indicator of where we are failing to prevent ill health or to provide planned care

interventions that could have avoided an emergency admission.

Thus, if we can target what we do to focus on improving access to prevention and earlier, planned intervention in these areas of the city, we may reduce the inequalities gap and improve health outcomes overall.

Our analysis also enabled us to see at a detailed population level how varied health and healthcare usage is across the City. We were able to break down admissions by age, gender and ethnicity for different health conditions (e.g. cardiac, respiratory, diabetes and mental health). This analysis provides each of the six health and care clusters with rich data about the particular challenges for their local populations.

We have also been able to look at population and long term conditions projections for the period ahead to help predict future healthcare demand, and demand for social care.

Broadening the scope

It has become apparent that to understand what is happening to our population in the city, we need to look wider than just health. The picture of increased deprivation and its palpable impact on health, and of widening inequalities between different communities, raises challenges about the resilience of the population as a whole. It also means we have to take a system-wide perspective in our plan for the next five years.

First, this plan has to be a plan for social care too. It is true that the quality and capacity of social care provision has an important impact on the health service. It is also argued that whilst initiatives to fund directly, or transfer funding

from the NHS to social care, have tended to be focussed on initiatives to get people home from hospital, this may have skewed social care priorities. This means that the years of reductions to local government funding of social care have cut even deeper into the provision of 'core' social care which helps to keep people healthy and independent.

But social care is not just there to support the NHS. It has a huge value in its own right as part of the fabric, the social solidarity, of society as a whole.

Evidence suggests there has been a serious deterioration in the mental and emotional wellbeing of people living in the City, whereby mental wellbeing is now increasingly a factor in people's presenting needs across every aspect of healthcare. So, the plan has to be a plan for health and wellbeing.

Furthermore, we know that communities themselves, and wider civil society (including police, fire and rescue, probation, education, employment support, housing and so on) have a huge role to play in the determinants of health and wellbeing. The plan has to be relevant to and owned by communities and partners right across the City as a whole.

The NHS often struggles to comprehend the meaning of 'place', assuming instead our health planning is all about hospitals and healthcare institutions. This would be to miss the point on so many levels. This is why we are passionate about our One City approach: the importance of engaging, mobilising and galvanising a wide range of partners including citizens themselves, to

develop and be part of implementing the plan for the next five years and beyond.

Looking Forward

This has generated some constructive discussions with our health and care partners and a shared intention to develop a new five year strategy for health and care in the city as a whole. At the end of March 2019, we held a partnership conference to take stock of our emerging city strategy and to invite partners to own and commit to its development.

In January 2019, we received the new Long Term Plan from NHS England which has been prepared in response to the Prime Minister's announcement in May 2018 of a five year funding settlement of £20 billion in return for which it is clear that the Government expects to see NHS provider finances restored to balance, NHS Constitution standards performance recovered, and other improvements.

Alongside the development of the new five year strategy for the city as whole, we agreed that 2019/20 would be the right time to also review the CCG's primary care strategy. With the recent publication of the new GP contract, including ambitious plans for investing in new workforce and the development of primary care networks (PCNs), primary care development will be a major focus this year.

The October 2018 Planning Letter sets out the expectation that local areas will prepare their five year plans during the first half of 2019, due in Autumn.

2019/20 begins the new period in our work to improve health and wellbeing in the city.

A photograph of a man and a baby sitting on a carpeted floor. The man is wearing a light blue denim jacket over a white t-shirt and is smiling. The baby is wearing a white onesie with colorful patterns and is also smiling. They are surrounded by colorful plastic blocks in shades of red, blue, and green. The entire image has a blue tint.

Chapter One

Our Current and Future

Health and Care

Challenges

Deprivation & Health Inequalities in Southampton

Deprivation

The Index of Multiple Deprivation (IMD) measures deprivation for small areas at a neighbourhood level. In Southampton, there are 148 small neighbourhoods, of which each has a deprivation ranking.

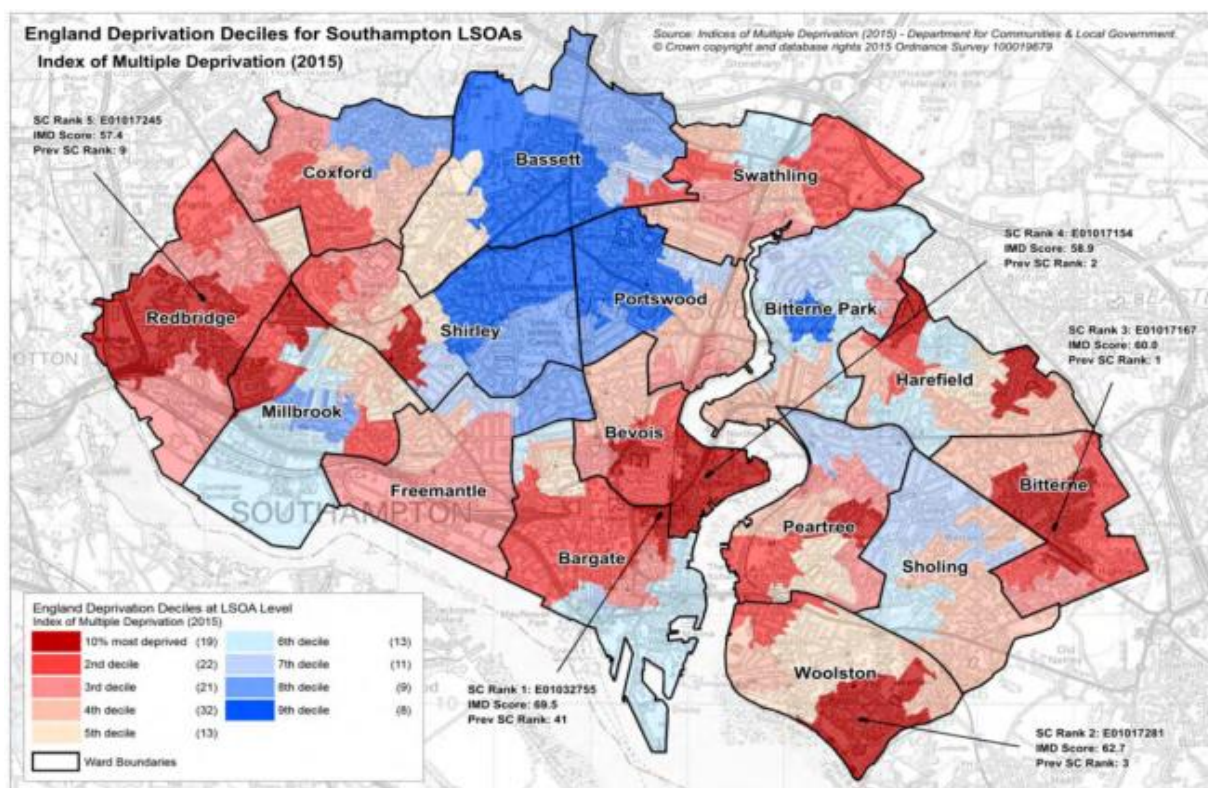
The map below show levels of deprivation across the city. The darker shades of red indicate areas in Southampton which fall into the 10 per cent most deprived neighbourhoods nationally. The darker shades of blue indicate areas in Southampton which fall into the least deprived neighbourhoods nationally.

In Southampton, 19 of the 148 neighbourhoods fall into the 10 per cent most deprived neighbourhoods nationally.

Overall, Southampton is ranked the 54th most deprived local authority out of 326 local authorities in England.

There is a common misconception that deprivation means how affluent an area is. To some extent this is true, however the IMD measures seven domains which contribute to deprivation (weightings in percentages):

- Income (22.5 per cent)
- Employment (22.5 per cent)
- Education (13.5 per cent)
- Health (13.5 per cent)
- Crime (9.3 per cent)
- Barriers to housing and services (9.3 per cent)
- Living environment (9.3 per cent)



Health Inequalities

“Inequalities are a matter of life and death, of health and sickness, of wellbeing and misery. The fact that in England today people in different social circumstances experience avoidable differences in health, well-being and length of life is, quite simply, unfair. Creating a fairer society is fundamental to improving the health of the whole population and ensuring a fairer distribution of good health. Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work, and age.”

The Marmot Review, 2010

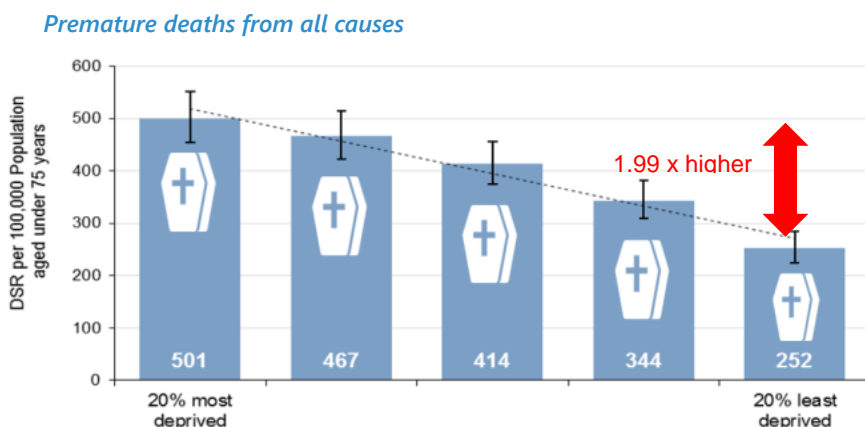
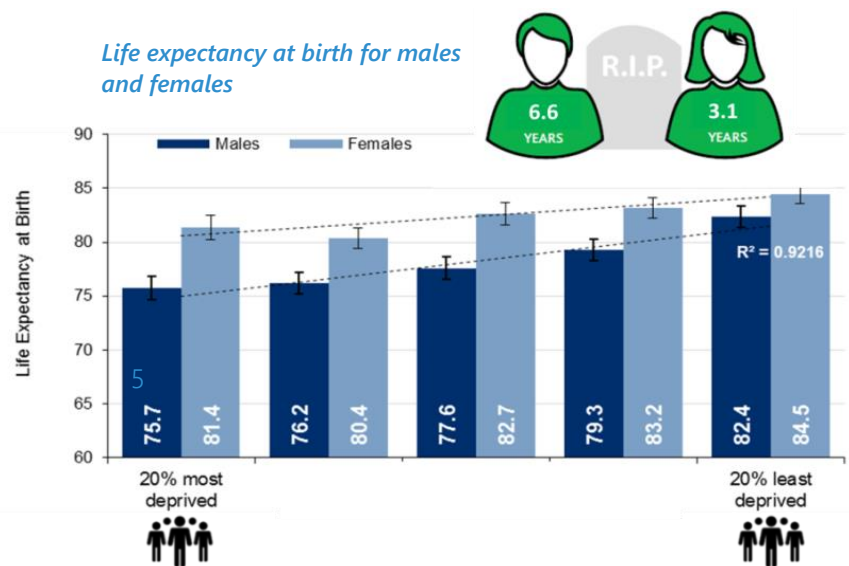
In Southampton, deprivation and health inequalities are inextricably linked – inequalities in health result from inequalities in society. In a fair society, health outcomes would be equal for people living in the most and least deprived areas of the city. However, there is a social gradient in health – the lower a person’s social position, the worse his or her health. The existence of health inequalities in Southampton means that the right of our residents to the highest attainable standard of physical and mental health is not being enjoyed equally across the population.

The social gradient in health in Southampton is demonstrated in the following graphs which show that inequalities in health are related to inequalities in social status.

Inequalities in Life Expectancy

In Southampton, people living in the most deprived areas of the city **die earlier** than those living in the least deprived areas. Males living in the most deprived areas of the city are likely to die 6.5 years earlier than males living in the less deprived areas of the city. Females living in the most deprived areas of the city are likely to die 3.1 years earlier than females living in the less deprived areas of the city.

Premature deaths (defined as deaths under the age of 75 years) from all causes are twice as high in the most deprived areas of the city than the least deprived areas of the city.

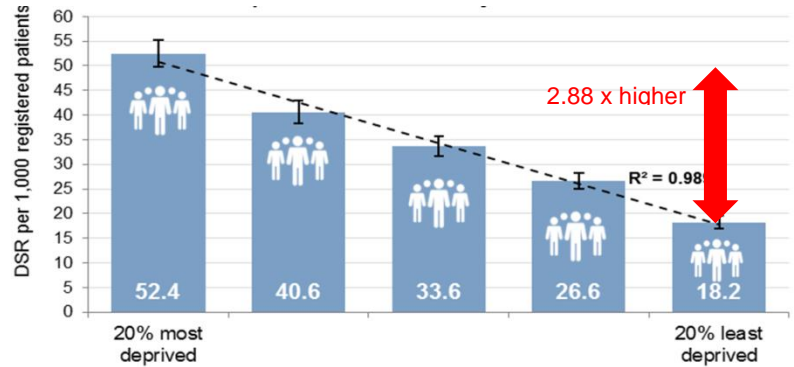


Inequalities in Long Term Conditions



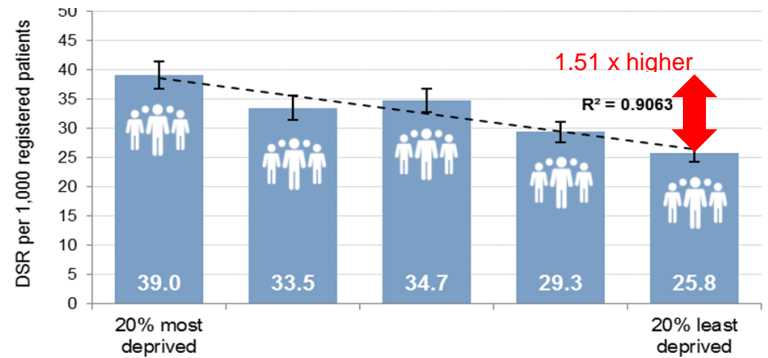
Prevalence of Chronic Obstructive Pulmonary Disease (COPD) is nearly three times higher in the most deprived areas of the city compared to the least deprived areas.

Chronic Obstructive Pulmonary Disease (COPD) Prevalence



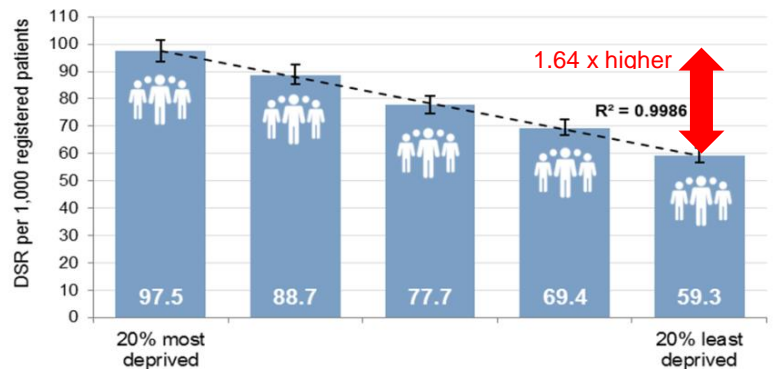
Prevalence of Coronary Heart Disease (CHD) is one and a half times higher in the most deprived areas of the city compared to the least deprived areas.

Coronary Heart Disease (CHD) Prevalence



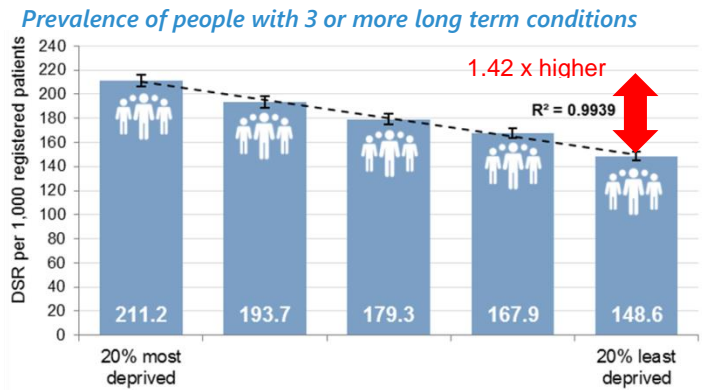
Prevalence of Diabetes is over one and a half times higher in the most deprived areas of the city compared to the least deprived areas.

Diabetes Prevalence

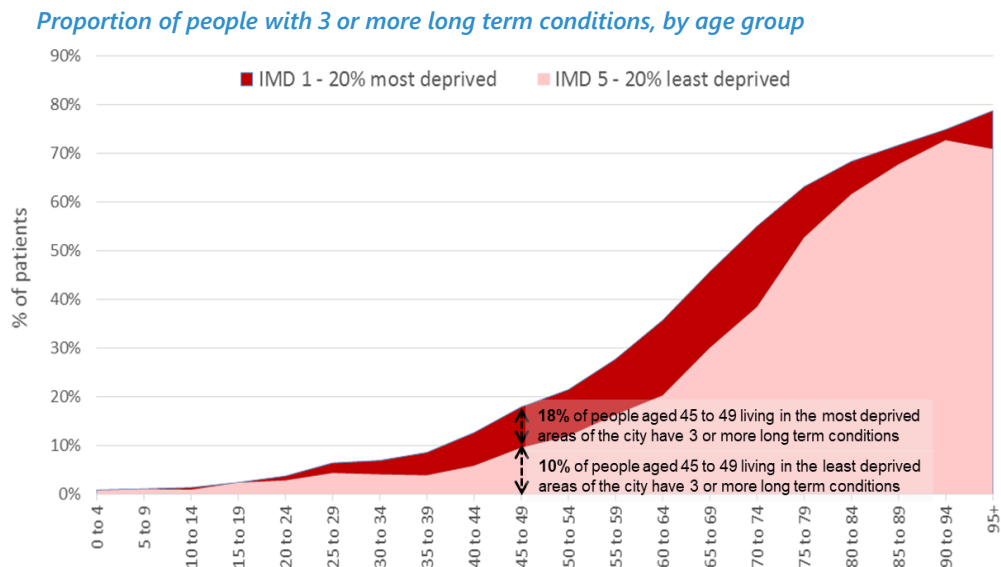


Inequalities in Multi-morbidity

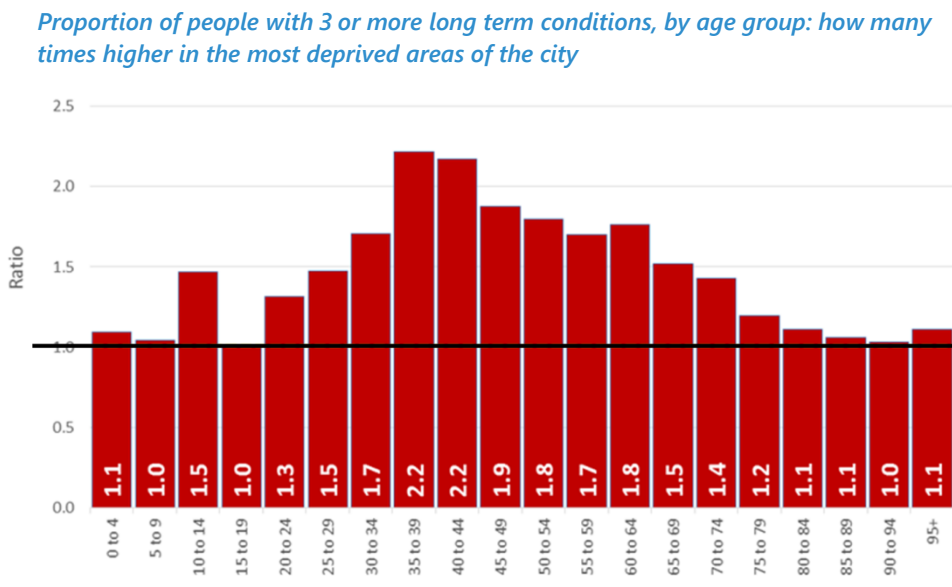
The prevalence of people living with multiple long term conditions (multi-morbidity) is higher in the most deprived areas of the city compared to the least deprived areas. For example, prevalence of people with three or more long term conditions is nearly one and a half times higher in the most deprived areas of the city compared to the least deprived areas.



This graph shows the proportion of people in Southampton with three or more long term conditions, by age group. Importantly, it shows the proportions by deprivation group. For example, 10% of people aged 45 to 49 living in the least deprived areas of the city have three or more long term conditions, compared to 18% in the most deprived areas.



This graph demonstrates a similar trend. It shows how many times higher the prevalence is for people living in Southampton with three or more long term conditions in the most deprived compared to the least deprived areas. For example, it shows that for the 35 to 39 year old age group, prevalence of multi-morbidity is more than two times (x2.2) higher in the most deprived areas of the city compared to the least deprived areas.

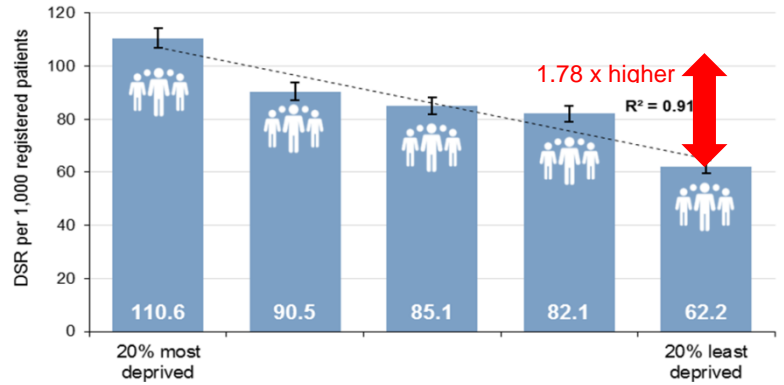


Inequalities in Mental Health



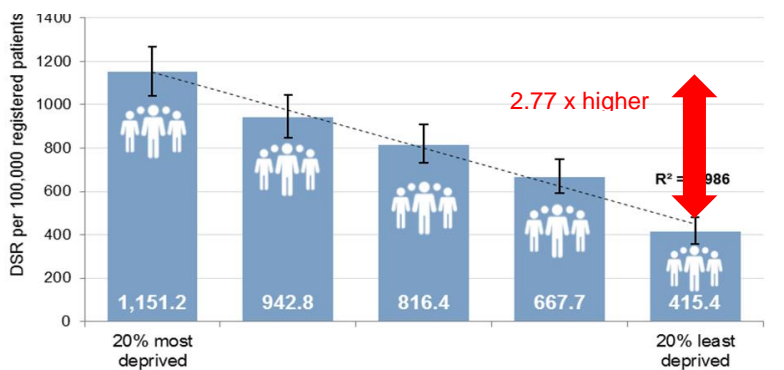
Prevalence of Depression is nearly two times higher in the most deprived areas of the city compared to the least deprived areas.

Depression Prevalence



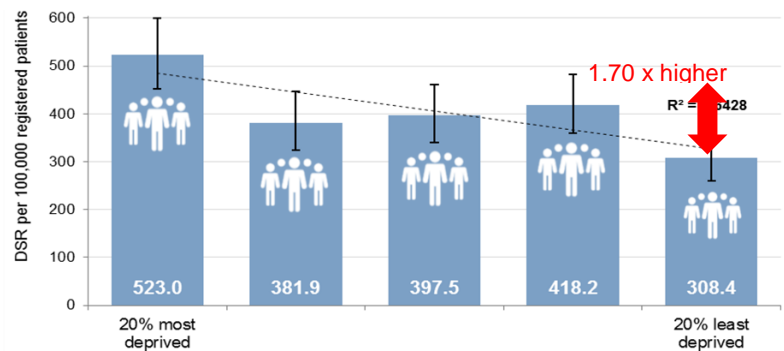
Prevalence of Schizophrenia is nearly three times higher in the most deprived areas of the city compared to the least deprived areas.

Schizophrenia Prevalence



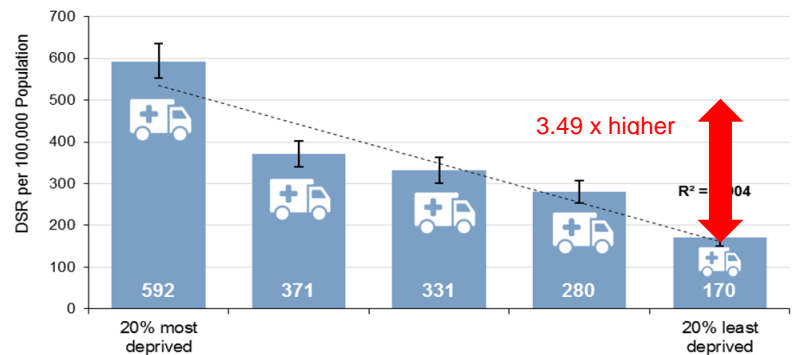
Prevalence of Bipolar Disorder is nearly two times higher in the most deprived areas of the city compared to the least deprived areas.

Bipolar Prevalence



Emergency admissions as a result of intentional self-harm are three and a half times higher in the most deprived areas of the city compared to the least deprived areas.

Intentional self-harm emergency admissions

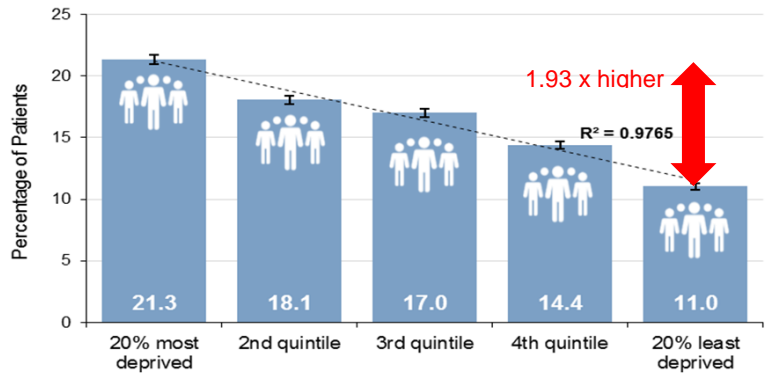


Inequalities in Health Behaviours



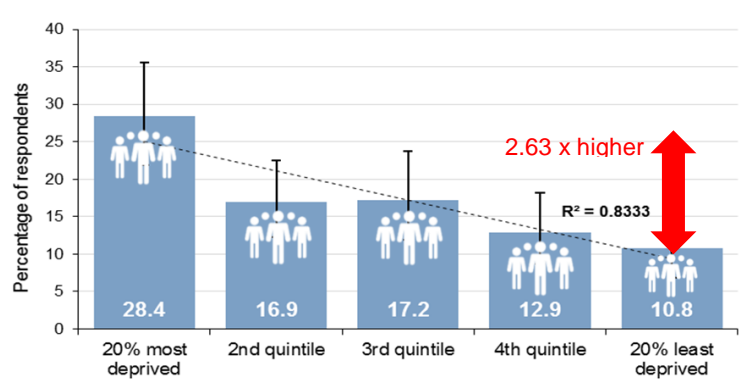
Prevalence of Smoking is nearly two times higher in the most deprived areas of the city compared to the least deprived areas.

Smoking Prevalence



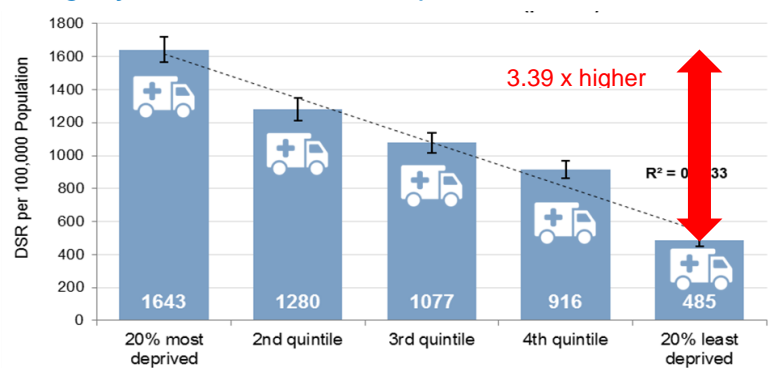
Prevalence of inactivity is over two and a half times higher in the most deprived areas of the city compared to the least deprived areas.

Inactivity Prevalence



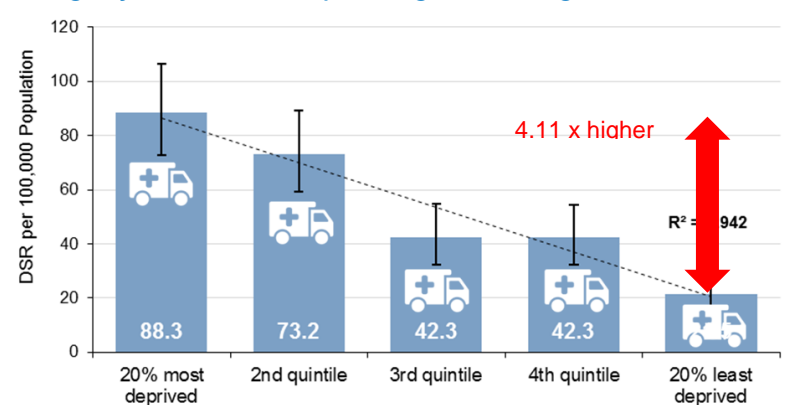
Emergency admissions from alcohol-specific conditions is nearly three and a half times higher in the most deprived areas of the city compared to the least deprived areas.

Emergency admissions from alcohol-specific conditions



Emergency admissions as a result of poisoning from illicit drugs are over four times higher in the most deprived areas of the city compared to the least deprived areas.

Emergency admissions from poisoning of illicit drugs

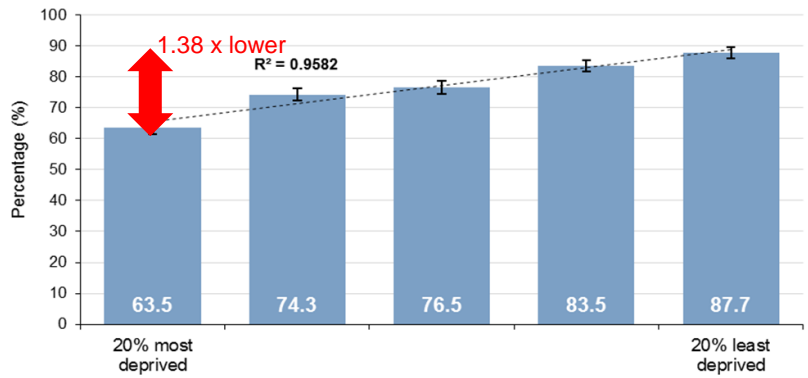


Inequalities in Healthy Start in Life



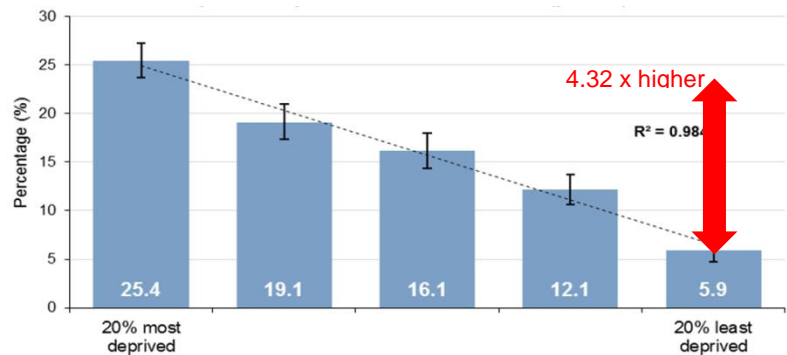
Prevalence of mothers breastfeeding is almost one and a half times lower in the most deprived areas of the city compared to the least deprived areas.

Breastfeeding Prevalence



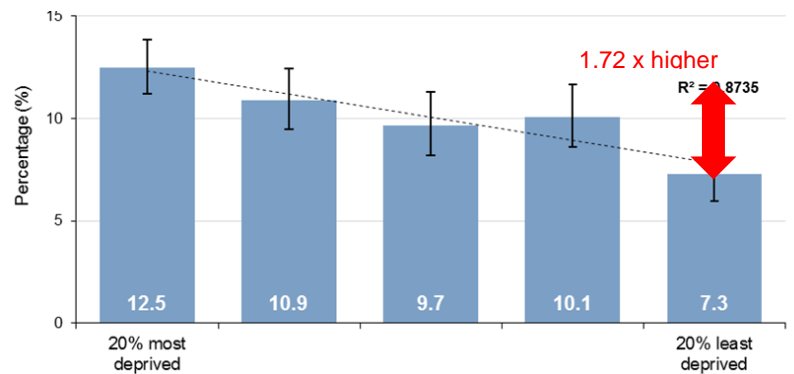
Prevalence of mothers smoking during pregnancy is over four times higher in the most deprived areas of the city compared to the least deprived areas.

Smoking during Pregnancy Prevalence



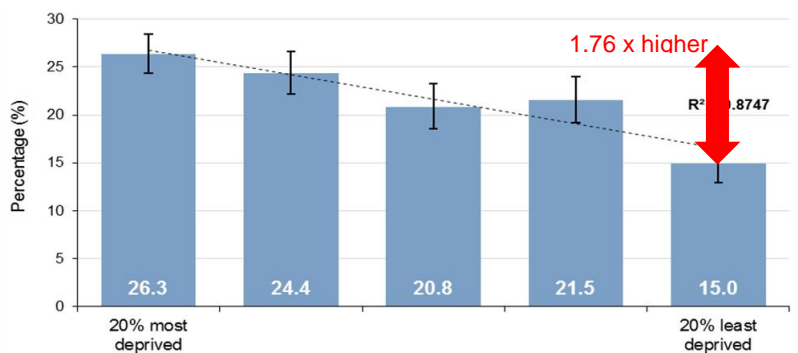
Prevalence of children considered to be obese in Year R is nearly two times higher in the most deprived areas of the city compared to the least deprived areas.

Year R Obesity Prevalence



Prevalence of children considered to be obese in Year 6 is nearly two times higher in the most deprived areas of the city compared to the least deprived areas.

Year 6 Obesity Prevalence

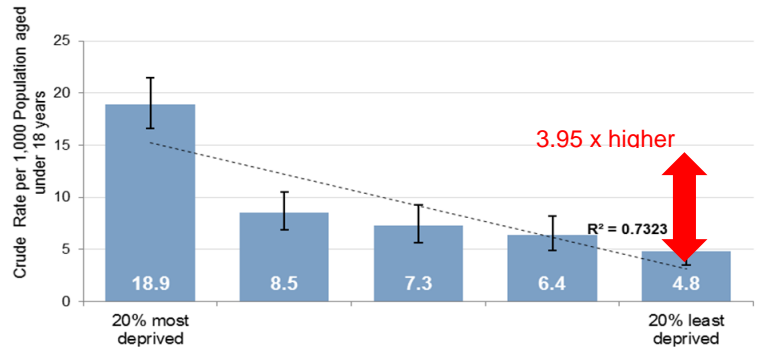


Inequalities in Wider Determinants of Health



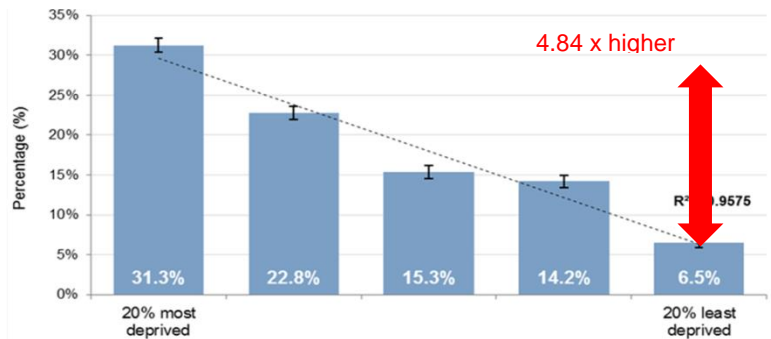
The rate of looked after children (children in care) is nearly four times higher in the most deprived areas of the city compared to the least deprived areas.

Rate of looked after children



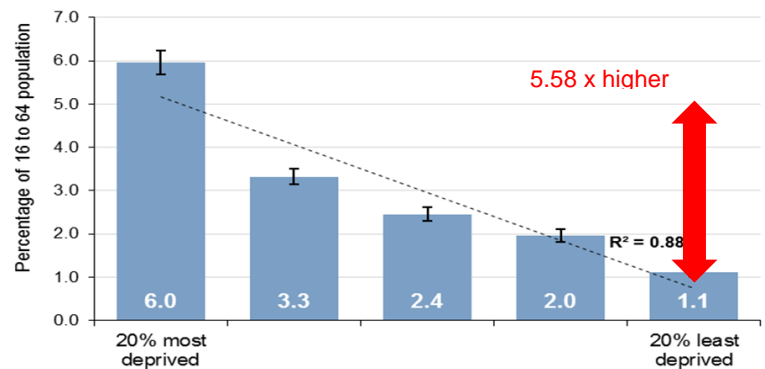
Prevalence of children living in poverty is nearly five times higher in the most deprived areas of the city compared to the least deprived areas.

Children living in poverty



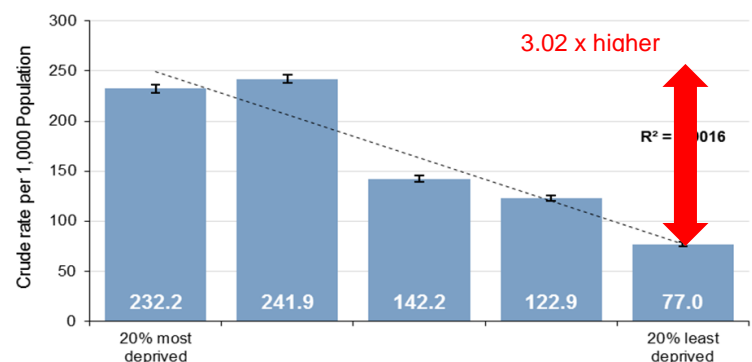
Prevalence of people claiming out of work benefits is five and a half times higher in the most deprived areas of the city compared to the least deprived areas.

Claimants of out of work benefits (aged 16 to 64)



Prevalence of police recorded crime is three times higher in the most deprived areas of the city compared to the least deprived areas.

Police recorded crime

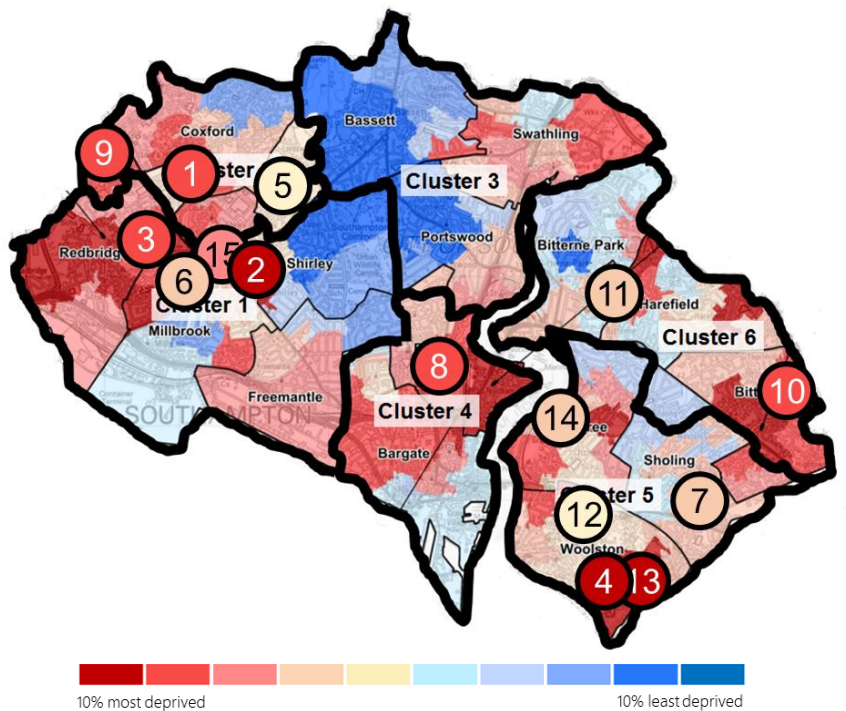


How is deprivation affecting healthcare usage?

In Southampton, there is a strong link between deprivation and rates of urgent healthcare usage. We have found that areas of the highest deprivation are also the places with the highest rates of emergency admissions.

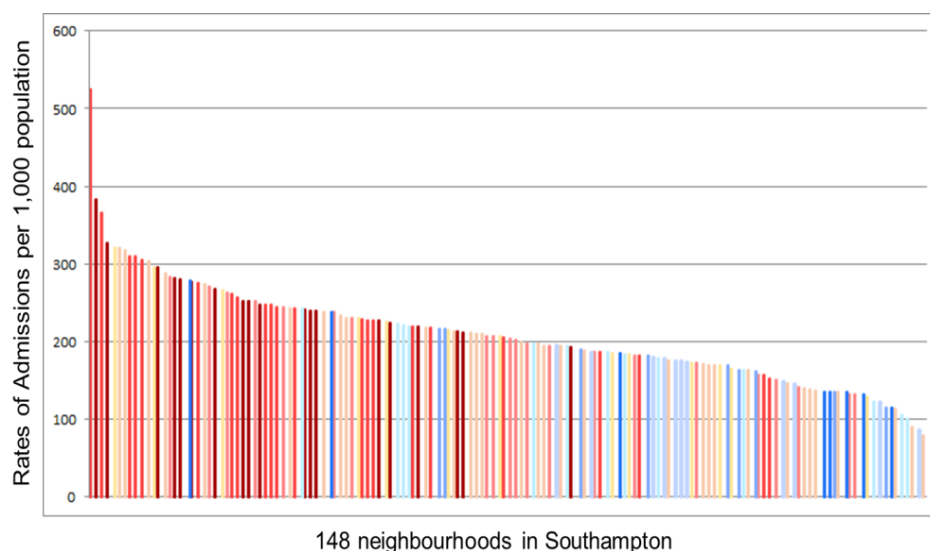
The map on this page shows the 15 neighbourhoods in the city with the highest rates of emergency admissions per 1,000 population. The graph then shows the rates of emergency admissions for all 148 neighbourhoods in Southampton – this shows that the more deprived areas of the city have (red shades) have higher rates of emergency admissions than the less deprived areas of the city (blue shades).

The analysis is particularly useful as an indicator of need (assuming people are only admitted to hospital as emergencies if they are seriously unwell) as opposed to demand (which may be influenced by the convenience of living close to the hospital).




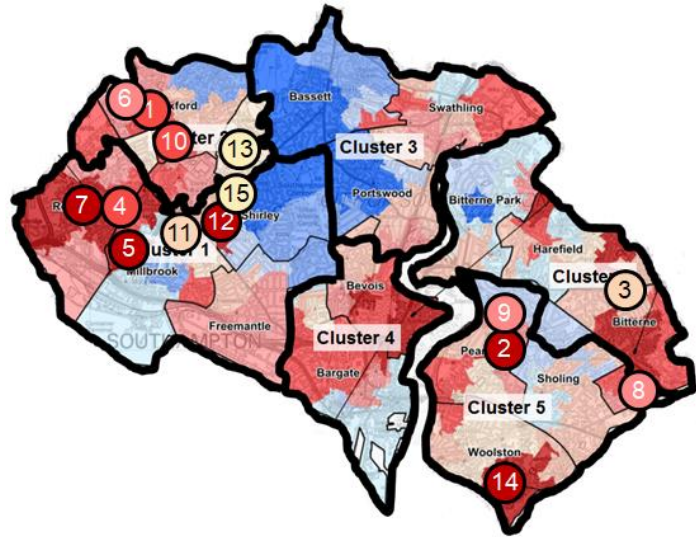
This analysis is also a good indicator of where we our local health and care system is failing to prevent ill health or to provide planned care interventions that could have avoided an emergency admission.

Thus, if we can target what we do to focus on improving access to prevention and earlier, planned intervention in these places, we may reduce the inequalities gap and improve health outcomes overall.

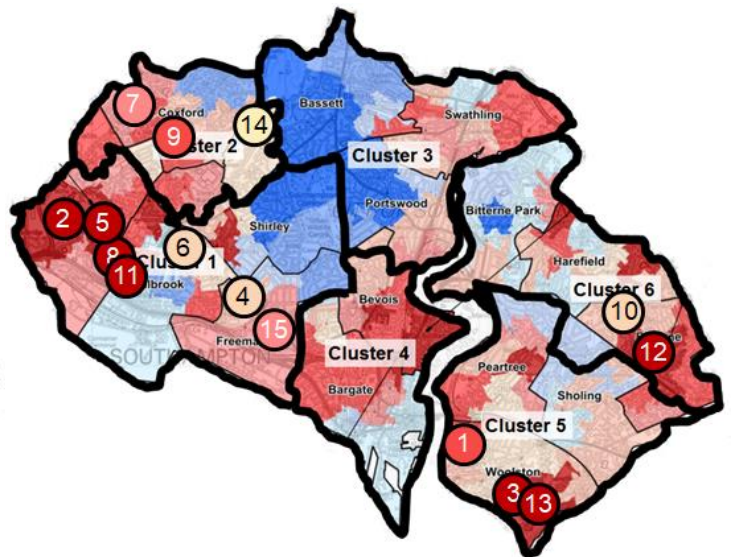


Our analysis has also enabled us see which areas of the city have the highest rates of emergency admission for certain conditions. A few examples are shown below and show a similar trend that the highest rates of emergency admissions are from more deprived areas of the city.

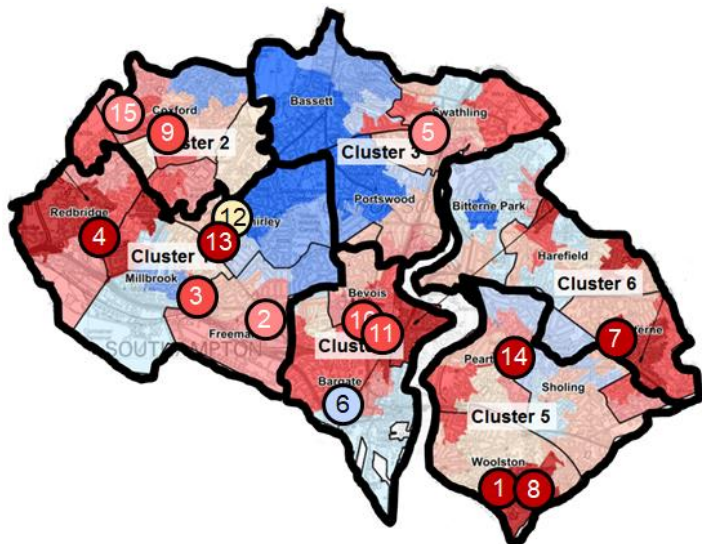
 *Emergency Admissions for Chronic Obstructive Pulmonary Disease (COPD)*



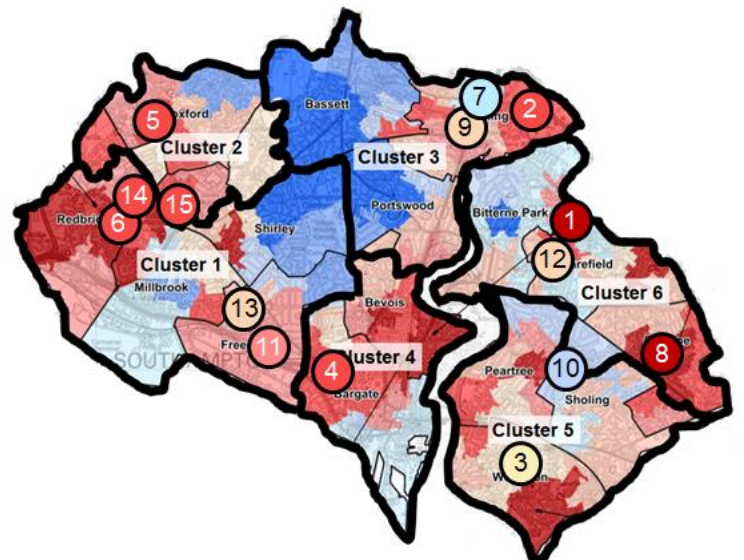
 *Emergency Admissions for Abdominal Pain*



 *Emergency Admissions for Acute Mental Health Crisis*



 *Emergency Admissions for Cellulitis*





Future Health and Care Challenges


Population growth

In Southampton, it is estimated that between 2018 and 2024, the city could have 12,300 more residents. This is equivalent to a 4.8 per cent increase.

By age group:

 **2,730 more children and young people** (5.5 per cent increase)

 **4,530 more working age adults aged between 18 and 64** (2.7 per cent increase)

 **5,030 more older people aged over 65** (14.5% increase)

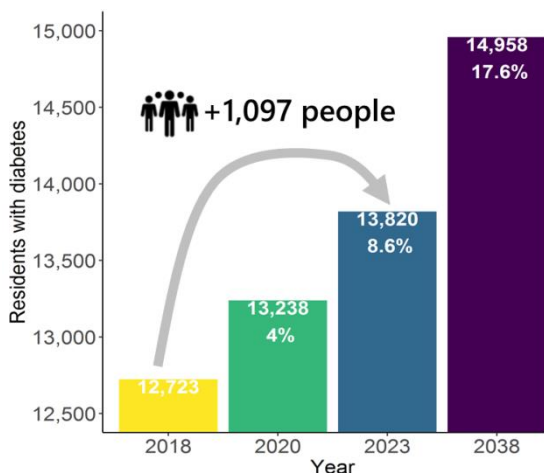
The age group with the biggest percentage increase will be the older population, and we know that a growing and ageing population will add more pressure onto the city's health and care services.

Long term conditions

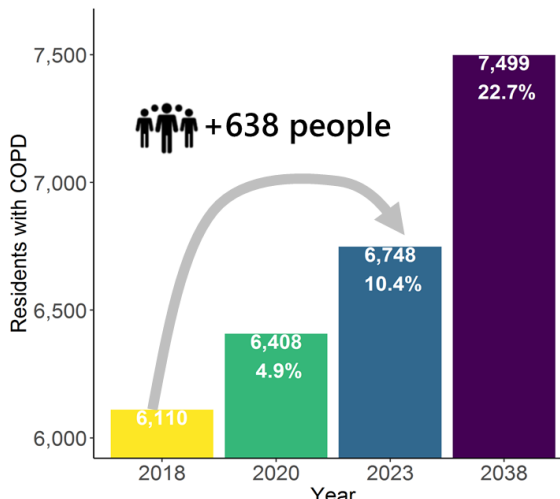
By combining population estimates with current trends in long term conditions, we have been able to forecast increases in long term conditions for our population.

The graphs show the forecast increases in the number of residents with long term conditions, against a baseline of 2018.

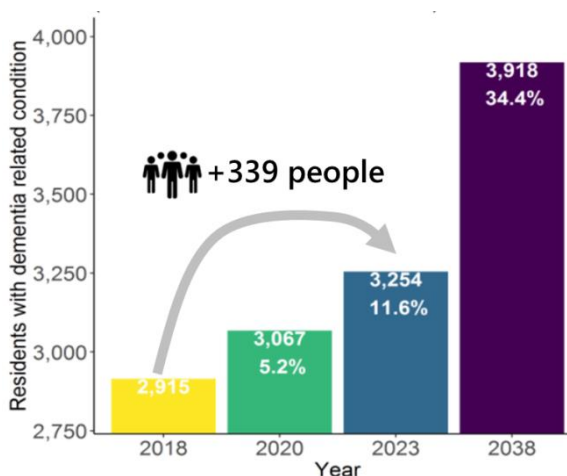
1,097 more people with diabetes



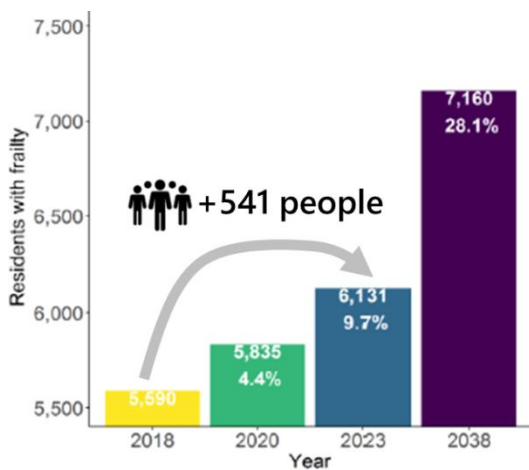
638 more people with COPD



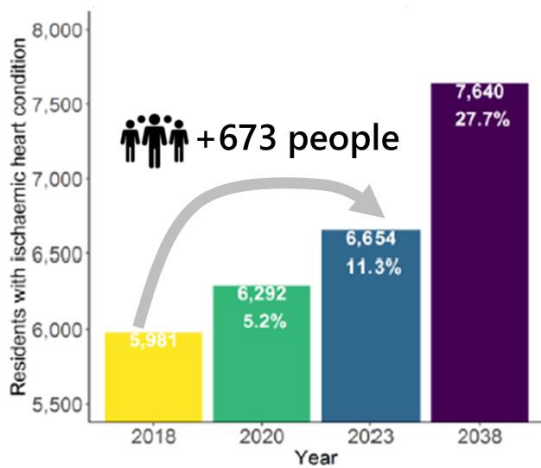
339 more people with dementia



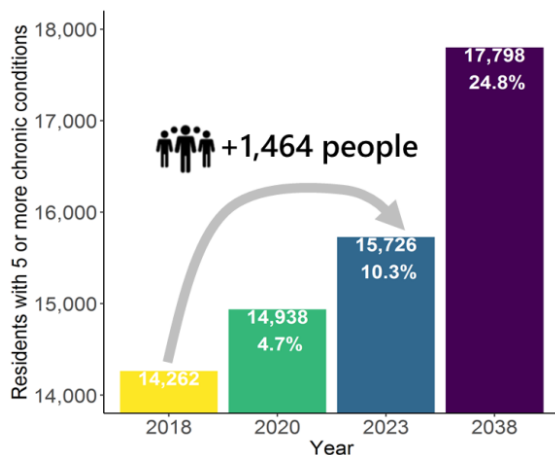
541 more people with frailty



673 more people with coronary heart disease



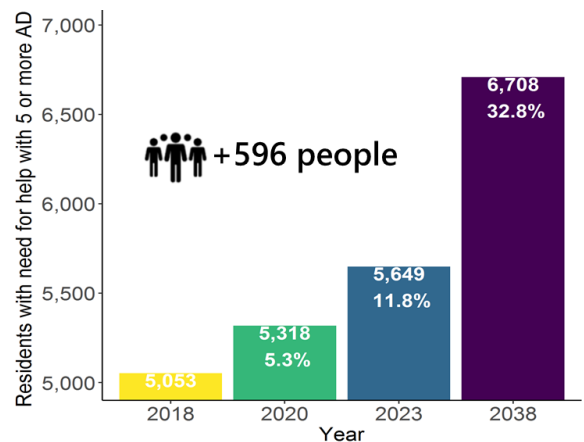
1,464 more people with five of more long term conditions



Adult social care

By combining population estimates with current trends in adult social care demand, we have been able to forecast increases in people needing adult social care support.

The number of people needing home care support with five or more activities of daily living (such as bathing, using the stairs, getting dressed) is estimated to increase by 596 people between 2018 and 2023.





Chapter Two

Our five year strategic framework

Transforming health and care outcomes for the people of Southampton

Our five year strategic framework (2019-2023)

Page 28



Our Vision

One city, our city, a healthy Southampton where everyone thrives

Our Goals

- Reduce health inequalities and confront deprivation
- A strong start in life for children and young people
- Tackle the city's three 'big killers': Cancer, Circulatory diseases and Respiratory diseases
- Improve whole-person care
- Improve mental and emotional wellbeing
- Build resourceful communities
- Reduce variation in quality and productivity

Our Mission

Effective system partnerships delivering safe, sustainable, coordinated care with the people of Southampton

Our Goals

Reduce health inequalities and confront

deprivation. Whilst most of the wider determinants of health are beyond the scope of health and care services, the data we now have about the distribution and characteristics of social deprivation across the City means we can get much more scientific about the way we target our limited resources to where they can have the maximum benefit.

A strong start in life for children and young

people. Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. We want Southampton to be a city where children and young people get a strong start in life, are able to fulfil their potential and become successful adults who are engaged in their communities.

Tackle the city's three 'big killers'.

In Southampton, the three big killers – cancer, circulatory diseases and respiratory diseases – account for most deaths. The Department of Health estimates that two thirds of premature deaths among under-75s in England are preventable. We want to take stronger action on improving prevention and encouraging healthy lifestyle changes to reduce smoking, obesity and alcohol consumption.

Improve whole-person care. In Southampton, by age 45-49 a quarter of our population have two or more long term conditions. Multi-morbidity is higher in the most deprived areas of the city. This means that our services need to fundamentally change, from treating single illnesses, towards

supporting people in a more joined up way to live with their long term conditions.

Improve mental and emotional wellbeing. This is summed up well by the phrase, 'No Health Without Mental Health'. Mental health services are a high priority. Beyond this, mental and emotional wellbeing is demonstrably now such an all pervasive issue that our approach has to be about recognising the mental health dimension of everything we do and seeing it as an indispensable part of every interaction that health and care professionals, and citizens have with each other.

Build Resourceful Communities. This is about 'Getting Behind People'. Individuals and communities have 'agency' and are willing and able to help themselves; the job of public services might be more about 'standing behind'. For example, in 2014/15, the residents of Newtown mobilised themselves to stop 'Immigration Street', but the support of every part of the public sector and business community (Southampton Connect) made them feel strong enough to make it happen.

Reduce variation in quality and productivity.

Tackling unwarranted variation to improve outcomes and achieving excellence in quality of care.



Better Care Southampton



Our aim is to further enable the delivery of the One City vision: specifically a place-based approach that is fully inclusive of City partners, not just the NHS. This is about partnership, not structure. It is also easy to overlook the obvious and to assume the existence of an implicit consensus means that improvement and change will happen. Just because 'Better Care' is the bedrock of our established approach, we need to be realistic about how much remains to be done to achieve its aims.

Integration is one of those terms so overused that we are at risk of losing its meaning. We also need to recognise that integration is only a means to an end, not an end in itself.

The Southampton integration vision has evolved and is well established locally, characterised by strong and inclusive partnerships built painstakingly over several years. It is essentially very simple, based on Better Care, which has given us a strong sense of united purpose around care that is joined up and co-produced with people.

The original 2014 Better Care Southampton plan was based on the notion of integrated person centred care, with outcomes for people derived from the national 'I statements' and structured around a 'three legged stool' concept:

- cluster based teams, embedded in communities, of integrated primary, community, social and mental health care
- integrated discharge, rehabilitation and reablement (realised in 2016 by the creation of the Urgent Response Service)
- building community capacity

This has shaped our work programme ever since.

The compelling case for integration hinges in the fact that the City has 123,000 people (46%) living with a long term condition. Whilst multi-morbidity increases substantially with age, this is not just a problem of old age. By the age of 45, half the population has at least one long term condition. This means that our services need to fundamentally change, from treating single illnesses towards prevention and early intervention outside of hospital, but also towards supporting people in a more joined up way to live with their long term conditions.

We see integration as a means to improve people's outcomes, not an end in itself. No-one has to participate, but neither do they have a veto. Our approach is about working together effectively rather than pursuit of organisational goals. Similarly we do not feel constrained by any particular contractual tools and inter-organisational arrangements may be facilitated by both informal and formal arrangements to manage risk and express accountability in the interests of the people of the city

Integration is not the same thing as collaboration, neither does it equate to the absence of competition or an end to procurement. Some legal changes to competition requirements might be helpful but even the Health and Social Care Act 2012 already places on all parties a duty to provide services 'in an integrated way'.



Better Care Southampton

Better Care has evolved since 2014 from a programme into an all-pervading approach. Thus, at the heart of our strategy is the Better Care Southampton Programme, which has three main areas of focus:

- **Promoting independence and wellbeing**
- **Timely and appropriate access to care and support**
- **Proactively joining up care across health and social care, physical and mental health and primary and secondary care.**

Workstreams:

- Maternity
- Sexual Health and Teenage Pregnancy
- Improving outcomes for children with SEND
- Prevention & early help for children & families
- Addressing the needs of high intensity users (HIUs)
- Transforming Care for people with Learning Disabilities
- Community Solutions
- Housing related support and homelessness
- Personal health budgets
- Implementing the city's frailty model
- Enhanced Health Support in Care Homes (EHCH)
- Supporting appropriate timely discharge & out of hospital model
- Home Care
- Housing with Care
- End of Life and Complex Care



Our Programmes & Enablers


A key next step in evolving the strategic plan will be the development of high level plans for each programme. Currently, the programme descriptors and workstreams below are draft.



Behaviour Change & Prevention

Encourage people to make healthier lifestyle choices and drive reductions in demand on health and care services caused by smoking, alcohol and obesity


- Smoking
- Alcohol
- Obesity



Primary Care

Build a model of general practice that will be the strong, effective and sustainable foundation of our integrated health and social care system

- Access
- High quality and sustainable services
- Collaboration



Social Care

Work with individuals, their carers and wider communities in a more inclusive way to promote independence, focussing on strengths as opposed to a deficit model


- TBC



Mental Health

Improve mental wellbeing and provide support at the right time to avoid people getting into crisis


- Adult mental health
- Child and adolescent mental health
- Crisis care
- Dementia
- Suicide



Cancer & Long Term Conditions

Increase earlier detection and treatment of cancer, and transform clinical pathways to improve productivity and provide care closer to home


- Cancer prevention & earlier diagnosis
- Long term conditions pathways



Urgent & Emergency Care


Redesign and strengthen the urgent and emergency care system to ensure that patients receive the right care in the right place, first time

- NHS 111 development
- Urgent treatment centre
- Emergency response (999)
- Same Day Emergency Care (SDEC)
- Eye A&E & minor eye conditions service (MECS)



People & Workforce


Training health and care staff together so that they develop common approaches, and focusing on behaviours and attitudes just as much as skills. Thus enabling Healthy Conversations, both with people and between professionals.



Digital

Interoperable, integrated IT with innovative digital solutions which enable proactive care, better access, better coordination and modern care

- People powered
- Connected systems, shared information
- Digital-first access



Estates

Ensure we have the right type of buildings (size, configuration, flexibility, cost) in the right locations across Southampton

- TBC

Working together to transform outcomes

Our mission

Effective system partnerships delivering safe, sustainable, coordinated care with the people of Southampton.

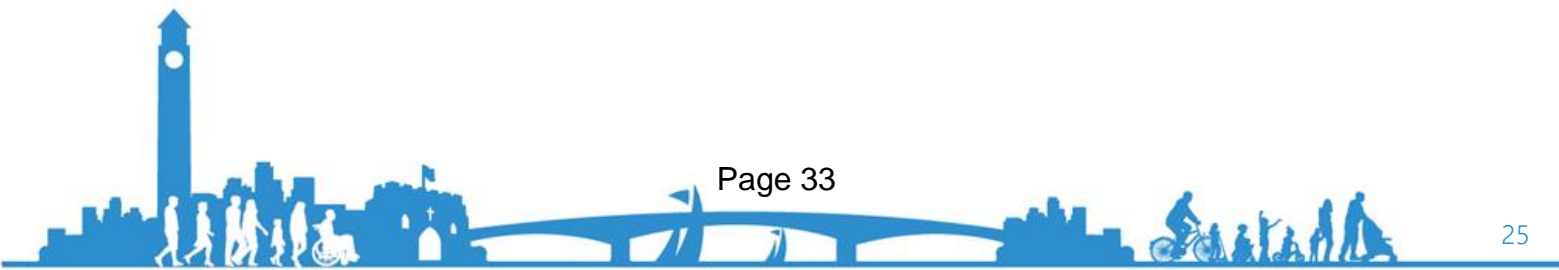
Health and care organisations in the city have committed to work together to deliver the strategy. The vision we share for health and care in the city has evolved out of strong and inclusive partnerships between commissioners, providers, communities and citizens, built painstakingly over a number of years.

How we'll work

- **Promoting independence.** Supporting self-care and strengths-based approaches.
- **Co-production.** Communicating and engaging with residents and encouraging participation.
- **Population health management.** Understanding our population and planning for the future.
- **Simplifying processes.** In other words, a complete reversal of a 'gatekeeping' approach to services, instead stripping out the steps that add no value to the 'patient/client'. Thus, 'right place, right contact, first time', enabling better productivity and efficiency in service provision.
- **Moving from urgent care, to planned care.** By putting better anticipatory care in place, we spend less time reacting to a problem and more time preventing it.
- **Tackling unwarranted variation.** Actively using benchmarking tools like Public Health Fingertips, Dr Foster, RightCare and Getting it Right First Time (GIRFT) to improve outcomes.
- **Getting the basics right.** Working in partnership is not a substitute for successful, efficient, well run organisations.
- **Financial Strategy, based on the following principles:**
 - Good planning, not heroic assumptions.
 - Risk reduction, not risk transfer. Reducing system cost, not cost shunting. Also, improving payment mechanisms but recognising they are not the answer.
 - Investment in change: recognising that change costs money and has to be funded.

Our values

 People first, every time	 Respect for others and their dignity	 Acting with honesty and integrity	 Relentless about the quality of care	 Courage to do the right thing
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Will Hancock, Chief Executive, SCAS
Dr Nigel Jones, Chief Executive, SMS
Jo Ash, Chief Executive, SVS
Sandeep Sesodia, Chair, Southampton Connect

29th May 2019

Dear Colleague,

**Transforming Health and Care for the People of Southampton:
Our five year strategic plan 2019-2023**

Further to our recent discussion at Southampton System Chiefs, I am writing to share with you the current version of our draft strategy for the City which we have developed in partnership. This version has been developed following the partnership conferences held on 29 March and 8 May. I would like to thank you all for the contributions you have made to getting us to this point.

I should be most grateful if you would now ensure that this document is taken through the appropriate internal governance processes to ensure your organisation owns the approach and is able to approve the strategic framework set out in Chapter 2.

The CCG Board considered the strategy at its meeting on 22 May and I have been asked to write to our key partners accordingly. The covering paper for the CCG Board is also attached for your information.

We will also need to consider how best to secure the buy-in of other key partners, including schools, communities, independent providers of social care and the wider voluntary sector. This could be a topic for Southampton Connect to consider.

Clearly, there is still further work needed to develop high level plans, a roadmap and supporting documents (such as the primary care and social care plans, for example). Once the high level plans for each segment have been developed, the system will then need to look at how best to ensure oversight of delivery. I believe that we should ensure that such oversight is streamlined and unbureaucratic, as annual operating plans will contain specific actions and resource plans for implementation. I want to thank you in advance for the contributions your organisation will make to these and, of course to the successful delivery of the strategy.

We intend this strategy for Southampton will be a key component of the overall Hampshire and Isle of Wight response later this year to the NHS Long Term Plan, and hope you will be able to join me in commending this approach to our STP colleagues.

We would be most grateful to receive your confirmation that the strategy has been considered by your Board and interested to receive any feedback. Please link with Clare Young to close this loop: clare.young4@nhs.net

With best wishes,

Yours sincerely



John Richards

Cc:

David French, David Noyes, Barry Day, Richard Crouch, Jane Hayward, Richard Samuel, Lena Samuels. Maggie Macisaac, Cllr Chris Hammond, Cllr Lorna Fielker, Cllr Dave Shields, Cllr Darren Paffey. Heather Hauschild.

Encs; covering paper and strategy document from 22 May board.

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	UPDATE ON PROGRESS – SOUTHERN HEALTH NHS FOUNDATION TRUST		
DATE OF DECISION:	27 JUNE 2019		
REPORT OF:	CHIEF EXECUTIVE – SOUTHERN HEALTH NHS FOUNDATION TRUST		
<u>CONTACT DETAILS</u>			
AUTHOR:	Name:	Jenny Renyard	Tel: 023 8087 4070
	E-mail:	Jenny.renyard@southernhealth.nhs.uk	
STATEMENT OF CONFIDENTIALITY			
None			
BRIEF SUMMARY			
<p>This report provides the Panel with an update on progress at Southern Health NHS Foundation Trust including information relating to:</p> <ul style="list-style-type: none"> • The re-opening of Beaulieu Ward at the Western Community Hospital • Progress against key findings within the October 2018 CQC report • Antelope House update • Southern Health’s organisational restructure • Romsey Hospital developments <p>The Panel are requested to consider the appendices and discuss the key issues with the invited representatives from Southern Health NHS Foundation Trust.</p>			
RECOMMENDATIONS:			
	(i)	That the Panel consider the attached updates on progress with representatives from Southern Health NHS Foundation Trust.	
REASONS FOR REPORT RECOMMENDATIONS			
1.	To enable the Panel to effectively scrutinise the issues impacting on health services in Southampton.		
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED			
2.	None.		
DETAIL (Including consultation carried out)			
3.	On 3 October 2018 the Care Quality Commission (CQC) published their comprehensive report into Southern Health NHS Foundation Trust. The key findings from the inspection were discussed at the December 2018 meeting of the HOSP. A Quality Improvement Plan (QIP) has been developed in response to the key inspection findings and an update on progress against the QIP, as well as an update on a number of important developments at Southern Health NHS Foundation Trust is attached in appendices 1-4.		
4.	The Panel are requested to consider the updates with representatives from Southern Health NHS Foundation Trust.		
RESOURCE IMPLICATIONS			

<u>Capital/Revenue</u>	
5.	N/A
<u>Property/Other</u>	
6.	N/A
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
7.	N/A
<u>Other Legal Implications:</u>	
8.	None
RISK MANAGEMENT IMPLICATIONS	
9.	None.
POLICY FRAMEWORK IMPLICATIONS	
10.	N/A
KEY DECISION	N/A
WARDS/COMMUNITIES AFFECTED:	All
<u>SUPPORTING DOCUMENTATION</u>	
Appendices	
1.	Southern Health NHS Foundation Trust Progress Update
2.	Quality Improvement Plan (QIP) - Dashboard
3.	Quality Improvement Plan (QIP) - Action Plan
4.	Organisational Structure – Map and contact details
Documents In Members' Rooms	
1.	None
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)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None

Southampton City Council
Health Overview and Scrutiny Panel
June 2019

Southern Health NHS Foundation Trust

This paper contains information about:

- **The re-opening of Beaulieu Ward at the Western Community Hospital**
- **CQC progress report**
- **Antelope House update**
- **Organisational restructure**
- **Romsey Hospital – improving privacy and dignity**

Opening of Beaulieu Ward at the Western Community Hospital

This paper provides an update on the re-opening of Beaulieu Ward, based at The Western Community Hospital in Southampton, which was temporarily closed for six months from November 2018 due to staffing issues and challenges with the environment.

We are pleased to inform you that Beaulieu Ward reopened on Monday 3 June 2019.

The ward was originally meant to re-open on 13 May and the building works were completed by this date. However, we wanted to ensure the ward had a deep clean and was clinically safe before accepting patients. We were dependent on external suppliers to complete a thorough deep clean of the ward to a high enough standard for our patients. We are aware that some companies have reduced hours over the bank holiday weekend and did not want this to cause any delay to the re-opening of the ward.

Refurbishing Beaulieu Ward

Throughout the temporary closure of Beaulieu Ward, we used this time to review our services to patients with dementia and worked with our system partners to redesign services that are appropriate for the future across Southampton and Hampshire. This is also supported by the Trust's new Dementia Strategy.

We have invested over £350,000 to improve the environment for our patients by making the ward dementia-friendly.

An overview of changes made to the ward:

- New dementia friendly flooring that has very low reflection and will therefore help to reduce falls and trips
- New furniture in all the rooms
- New staff room, meeting room, and family room to meet CQC requirements and national standards
- The patients will benefit from being single-sex compliant with the creation of a male and female area to maintain privacy and dignity for our patients

- New dementia-friendly furniture and activity equipment throughout
- New therapy equipment for art, music, exercise and much more. Equipment was also bought using a £500 donation from a patient's family
- A robust recruitment plan was put in place to ensure we can maintain safe staffing levels on the ward (more details below)
- To adhere to national regulations and become dementia friendly and single sex compliant, significant changes needed to be made to Beaulieu Ward's physical environment. As a result the ward now has 14 beds available to support older people with mental health needs. Previously there were 17 beds.

Please note, we have been carefully monitoring the availability of older people's mental health beds across Hampshire and, despite the temporarily closure of Beaulieu Ward, there has been a surplus of beds. We are confident that a small reduction in beds at Beaulieu Ward will not impact our ability to meet demand for hospital beds and will help us to focus on the patients residing on the ward that require more one-to-one specialist care.

Staffing on Beaulieu Ward

All staff had a one-to-one meeting with senior managers and HR representatives to discuss available placements and any individual requirements whilst Beaulieu Ward was closed. Following this, all staff were allocated to appropriate placements as agreed with them. The staffing numbers shift by shift for Berrywood Ward were temporarily increased to allow for the fact that the ward, as an Older Person's Mental Health (OPMH) ward, stands alone at the Western Community Hospital (WCH). The increase in staffing numbers enabled a substantial number of Health Care Support Workers to remain at the WCH.

The registered nurses on Beaulieu Ward transferred temporarily to Berrywood Ward. A small number of staff elected to develop their skills within other services for the duration of the closure. These include the Specialist Falls Team and secure mental health services.

Recruitment/staffing update for Beaulieu Ward

Using the recruitment processes, outlined below, we are delighted to inform you that we have recruited registered nurses and healthcare support workers for the ward. We are now confident we have the correct level and skill mix of nurses and other health care professionals to safely staff Beaulieu Ward from 3 June 2019.

Four registered staff have returned to work on the ward who previously worked on Beaulieu Ward and we have successfully recruited:

- Nine new registered staff
- Two student nurses that qualify in September
- 12 health care support workers
- Our first international member of staff.

Staff have attended a number of training sessions, away days and induction that will support them to work on Beaulieu Ward.

Patients on Beaulieu Ward

All patients and their families were informed, both verbally and in writing, by senior staff of the plan to temporarily close Beaulieu Ward on Friday 16 November. Patients requiring ongoing inpatient treatment were transferred to Poppy (Gosport War Memorial Hospital) and Elmwood (Parklands Hospital in Basingstoke)

wards. Patients requiring an appropriate discharge destination were identified and, with support from Adult Services and the CCG, were safely discharged. On Friday the 16 November, two patients remained on the ward who were transferred to Berrywood Ward. Both patients were then safely discharged. The staff that transferred to Berrywood from Beaulieu Ward had been able to support these patients to ensure continuity of care.

Since the temporary closure of Beaulieu Ward, 18 patients have required admission to our inpatient service on either Poppy Ward or Elmwood Ward. We have continued to collate and monitor this to ensure all patients and their families have been supported. For those patients requiring admission to either Poppy Ward or Elmwood Ward, we speak to individual families to offer support to cover additional transport needs they may have in order to visit loved ones.

As part of whole system working, we continue to focus on effective and safe discharge planning and have initiatives in place to support this process.

Admitting patients to the ward

Admitting patients onto Beaulieu Ward will be a gradual process and will be focused around the needs of our patients.

No patients who were previously being cared for on Beaulieu ward will be returning. They have all completed their care and assessment needs and no longer require treatment from our specialist teams. They have now been placed in an appropriate environment that best suits their needs – this could be care home or a nursing home.

New patients will be assessed and admitted onto Beaulieu Ward if clinically appropriate.

Recruitment/Staffing Update across our OPMH services

Our Recruitment Specialist has supported the development of a recruitment plan to focus on staffing Beaulieu Ward. There will be a continued focus to recruit to other vacancies across OPMH Services.

Recruitment events took place on the 28 January 2019 and the 5 February 2019.

A social media recruitment campaign is being supported by our Communications Team that includes Snapchat, Instagram, Twitter and Facebook. The campaign will work on showing the engagement and diversity of working within OPMH Services.

Workforce development plans have been formulated and an OPMH Workforce Strategy will be ratified shortly to reflect the skill mix required on the wards across OPMH. We are working to develop new career pathways and roles and a new care model for OPMH. This has included visiting other services in the country to learn about their successful models of care. This aims to deliver more effective care and make working in this service a more attractive proposition for clinicians.

Official opening

The opening of Beaulieu Ward took place on Thursday 30 May 2019. Guests had the opportunity to tour the new ward, see all the new facilities and chat to the staff. The ribbon was cut by the Mayor of Southampton who was joined by local MPs Alan Whitehead and Royston Smith.

For more information please contact Kathy Jackson, OPMH Service Manager via kathy.jackson@southernhealth.nhs.uk

Update on progress against our CQC Report

Overview

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

The CQC report

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

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

The report also reflects the significant strides the Trust has made to improve its relationship and involvement with patients/service users and their families and carers, with the CQC feedback showing that: *‘Staff had made a genuine commitment to engaging with patients. We saw that they were patient and diligent in helping patients express their views, and liaised with them in all aspects of their care. The feedback from patients and carers was clear that they felt they were not only listened to, but included and involved in their care.’*

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

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

CQC ratings summary table

On the next page are the Trust CQC summary rating tables which show ratings for each domain (safe, effective, caring, responsive, well-led, and overall) against each core service from 2014 and the latest report from October 2018 (note, I=inadequate, RI=requires improvement, G=good, O=outstanding) – as a point of comparison:

CORE SERVICE	Safe	Effective	Caring	Responsive	Well-led	Overall
	2014					
OVERALL PROVIDER RATING	RI	RI	G	G	RI	RI
Community health services - adults	RI	G	G	RI	G	RI
Community health services for children & young people	G	G	G	G	G	G
Community health inpatient services	RI	G	G	G	G	G
Community end of life care	RI	RI	G	G	G	RI



Urgent care	RI	RI	G	RI	RI	RI
Acute wards for adults of working age & PICUs	RI	RI	G	RI	RI	RI
Long-stay/rehab mental health wards	G	G	G	G	G	G
Forensic inpatient or secure wards	I	G	G	G	RI	RI
Child/adolescent mental health wards	RI	RI	G	G	G	RI
Wards for older people with MH problems	RI	G	G	G	G	G
Wards for people with a learning disability/autism	RI	RI	G	G	RI	RI
Community mental health services	G	G	G	G	G	G
MH crisis services / health-based places of safety	RI	RI	G	RI	RI	RI
Community mental health services for older people	G	G	G	G	G	G
Community services for people with a learning disability/autism	G	G	G	G	RI	G
Eating Disorder service (not inspected in 2018) *	G	G	G	G	G	G
Perinatal services (not inspected in 2018) *	O	O	O	O	O	O

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

CORE SERVICE	Safe	Effective	Caring	Responsive	Well-led	Overall
	2018					
OVERALL PROVIDER RATING	RI	RI	G	G	RI	RI
Community health services for adults	G	G	O	G	G	G
Community health services for children & young people	G	G	G	G	G	G
Community health inpatient services	G	G	G	G	G	G
Community end of life care	G	RI	G	G	G	G
Urgent care	G	G	G	G	G	G
Acute wards for adults of working age & PICUs	RI	G	G	G	RI	RI
Long-stay/rehab mental health wards	G	G	G	O	O	O
Forensic inpatient or secure wards	G	G	G	G	G	G



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

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

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

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

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

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

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

Progress

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

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

The seven themes are:

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

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

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

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

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

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

Quality Improvement Plan (CQC) 2018 Dashboard																				
RAGs status	Overdue (PO): 3% 8%				At risk (PO): 0% 1%				On track (PO): 25% 48%				Unvalidated (PO): 13% 14%				Completed (PO): 59% 28%			
	Nov18		Dec18		Jan19		Feb19		Mar19		Apr19		May19		Jun19		Jul19		Aug19	
	Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome	
Overdue	0	0	1	1	4	2	5	3	4	2	3	6	2	6	2	6				
At risk	0	0	0	0	0	0	0	0	2	2	1	0	0	1	0	1				
On track	64	67	56	61	48	60	40	55	38	53	26	45	19	35	18	34				
Complete-unvalidated	0	0	7	5	8	4	13	7	10	7	14	9	15	12	9	10				
Completed	7	4	7	4	11	5	13	6	17	7	27	11	35	17	42	20				
TOTAL	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	0	0	0	0

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

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

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

Southampton's Antelope House

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

Engagement and next steps

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

Patients

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

Commissioners

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

Staff

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

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

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

For further information please contact Briony Cooper, Programme Lead Quality Governance, on 023 8087 4009 or email: briony.cooper@southernhealth.nhs.uk.

Antelope House update

Learning from deaths

There were two inpatient suicides in 2017 at Antelope house. Inquests into these deaths have been held and lessons have been learnt by the Trust.

The first inquest into the death of Ellie Brabant has led to some significant changes in our inpatient units. The first of these was in relation to our observation policies for patients on the inpatient units. This has led to a revision of our competency framework which all staff are assessed against.

The next action was in relation to staff knowledge of safeguarding. There has been a review of the safeguarding training delivered in the Trust to ensure staff have a clearer understanding – particularly of sharing information when a patient does not consent. This was closely aligned with another action about involving families when patients have withdrawn consent to share information about their care plans. This has led to developments around communication plans with carers and also the employment of Carer leads.

The final action from this case was around the use of section 5(4) of the mental health act, and specific training was delivered to nursing staff to ensure they understood their powers and responsibilities.

The second inquest into the death Maria Duarte did not highlight significant concerns, however there were still areas which could clearly be improved upon. The most important of these was around better involvement of the families of our patients in discussions about their care. This has led to reflection amongst staff in our service as to how we do this now. We will shortly be implementing the 'triangle of care' to ensure there is more structure and support about how we involve our patients' families and carers in their journey through our services. It is also worth noting that the coroner was pleased with the progress made with actions from Ellie's inquest.

Over the last 12 months we have also installed electronic door sensors to Trinity Ward. These sensors alert staff to pressure being applied to bedroom doors, which could indicate an attempt at self-harm. This enables a swifter response from staff. Since being installed, the door sensors have been triggered on a number of occasions and in each case staff have been able to respond and prevent any harm from occurring. Staff have also reported that they have greater peace of mind knowing that the door sensors are in place.

CQC

CQC visited Antelope House earlier this year and a report was published in April. Since that time we have been working on an action plan to address the issues raised.

The first area identified was the level of staffing in the unit. As with the NHS as a whole, Antelope House is under-recruited. There have been efforts made to recruit new staff and a recent recruitment open day led to three trained and 11 untrained staff being recruited.

We have also implemented new methods to review staffing prior to each day to ensure we have the correct staff mix and that any gaps can be effectively escalated. We have also looked to improve the experience of staff and the quality of care to patients by recruiting two practice development nurses, the first of whom is due to start in July.

Physical health care of patients on the unit was also highlighted as a concern, this has been addressed in a variety of ways. We have rolled out NEWS2 (National Early Warning Score cards) as a method of monitoring the physical healthcare of patients on the ward. NEWS2 is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients.

We are also looking to employ a RGN (physical health nurse) alongside our RMN's (mental health nurse) to improve healthcare, and have medical assistants starting shortly to help with tasks such as bloods and ECG's.

The final concerns were about the fabric of the building including graffiti in some places. We have reviewed our process for managing this. We have also been working on other projects to support this including a new garden area for the unit.

Providing a therapeutic environment

We have recognised that in order to provide the highest quality care and therapeutic environment to our patients it has been necessary to reduce the number of beds at Antelope House. Across the three wards (Saxon, Trinity and Hamtun) we have reduced the beds by 10.

The beds on Hamtun Ward (Psychiatric Intensive Care Unit) were reduced by two in order to support single sex accommodation. There are now eight beds on this ward. Saxon and Trinity Wards have each been reduced by four beds and now have 16 and 18 beds for patients.

Our staff are now able to support our patients in the best possible way and we have already seen improvements in the quality of care and the flow of patients through the unit. We will be monitoring the use of the beds and the recruitment of staff so that a decision can be made on when the beds can be reopened.

For more information please contact Dr Adam Cox, Clinical Director, on 023 8083 5565.

Organisational restructure

The most recent mandate given by the Government to NHS England includes increasing integration with social care so that care is more joined up to meet physical health, mental health and social care needs. More recently, the House of Commons Health and Social Care Committee has expressed its support for improving integration of care, highlighting its potential to improve patient experience.

What we are doing

We are restructuring our organisation to create clinically led, integrated mental health and physical health services across Hampshire. The restructure will also enable more effective population based care, better aligned to local integrated care partnerships. We are clear that joint working with primary care colleagues is crucial to the success of these changes and will bring the greatest benefits to the people we support. National evidence suggests very tangible benefits have been reported for our patients as a result of health and care partners working together more effectively, these include:

- 1% reduced emergency admissions compared to an average of 3.5% growth nationally
- New models of care are successfully managing and treating people more effectively in the community, reducing potentially “avoidable” emergency admissions by 10% on last year
- 4% reduction in GP referrals on last year
- Reduction in the number of people experiencing mental health crisis/emergency admission to acute mental health beds as a result of enhanced support in the community.

Update

Please find a map and contact details for our new operational organisational structure attached.

Our new structure has five divisions:

- Four integrated geographical Divisions aligned to the developing Integrated Care Partnerships across the county and one specialist Division with a county-wide remit
- Our physical specialist services (such as diabetes, MSK, tissue viability and heart failure) are now integrated within three geographical Divisions.

- Our specialised forensic services, Learning Disabilities service, children’s services and public health services (such as Quit4life, our smoking cessation service) now also sit under the Specialist Division.

Alongside this, we have also appointed five strong senior operational leadership teams who formally started their roles from 1 April. Each leadership team consists of a Clinical Director, Director of Operations, Medical Director and Director Nursing and Allied Health Professionals. Teams are currently developing robust and effective next-in-line structures that will sit within their divisions. We have asked these leadership teams to prioritise their relationships with local primary care networks going forward.

This new structure will help facilitate the overarching goals set out previously and with the NHS 10 year plan. It will help:

- support the local population to have access to high quality consistent care, as close to home as possible and for it to be delivered in the most integrated way so service users and their carers have the right care at the right time by the right person
- support the development of a more effective and integrated approach with physical, mental health and social care teams. Helping staff work more flexibly, making full use of the range of skills available, and making the most of the community resource that surrounds the service user
- enable cluster working to improve outcomes, patient experience, satisfaction and the quality of care people receive
- improve performance, financial sustainability and help address our workforce challenges through reduced duplication, partnership working and improved working networks and conditions.

The Southampton Division consists of the adult mental health services in the city (Community Mental Health Teams, Early Intervention in Psychosis, Assertive Outreach Team , Antelope House) and the Older Persons Mental Health services as well (CMHT’s and Western Community Hospital inpatient beds).

All key posts have been recruited to in this structure with the following directors:

- Dr Adam Cox – Clinical Director
- Dr Zaid Alabassi – Divisional Medical Director
- Laura Pemberton – Interim Associate Director of Nursing and AHPs
- Anne Middleton – Divisional Director of Nursing and AHP’s (due to start August 2019)
- Sarah Olley – Divisional Operations Director

The Division is currently finalising the next in line structures for the division with approval for this from the Trust Board in the next few weeks, and then we will recruit to any vacant posts. We are hoping to strengthen not only the clinical leadership in the division, but also improve the operational support allowing the team managers and team leaders to have more clinical input raising the quality of all services in the division. Importantly in this reorganisation we have left the team managers in place ensuring there is continuity of care in the division, whilst ensuring they are better supported and in the future able to deliver better care.

Romsey Hospital – Improving privacy and dignity

Background

In the summer of 2018 Southern Health received a Trust-wide inspection of its services by the Care Quality Commission (CQC). As part of the inspection report it was highlighted that immediate action was required to improve the privacy and dignity of inpatients in Romsey Hospital. It also stated that the layout of the Hospital did not support the safe care of patients during the night as a result of reduced visibility.

Current situation

Romsey Hospital inpatient facility comprises of 19 beds, primarily for the community of Romsey, Chandlers Ford, North Baddesley, Eastleigh corridor and Totton & Waterside residents. It has two bays (male and female) and three side rooms. The bays currently have eight beds in each. Two beds in each bay are up against the wall at the end of the bay. The recommended measurement between beds is 3.6m-3.7m. The current measurements at Romsey vary between 2.4m – 2.8m. Due to the physical layout of the hospital the only way to achieve this is to reduce the number of beds by four.

The beds at Romsey are used for medical rehabilitation, ensuring patients are medically fit enough to return home or into a care setting. However, the current layout places some restrictions on this and that means that we are unable to optimise a patient's stay.

The current layout, as identified by the CQC, also poses some risk for infection due to the proximity of the beds.

Action to be taken

In order to meet the standards required we need to increase the amount of space between beds on the ward. To do this we are proposing to move four beds through a phased transition, from 1 July 2019, from Romsey to Deerleap Ward at Lymington New Forest Hospital.

Due to the pressures faced during the winter months we retained the full number of beds in Romsey to help meet the demand on the local system. We also used this time to undertake some investigations to see how best to improve flow through our beds.

Benefits

Moving the beds from Romsey Community Hospital to Lymington New Forest Hospital will provide a number of benefits:

- greater privacy and dignity for patients on the ward
- greater room to provide rehabilitation services for patients, speeding up recovery times
- improvement in patient flow through the hospital and reduction in delayed transfers of care
- greater ratio of staff to patients
- less risk of infections spreading.

The four beds from Romsey will be situated in side rooms at Lymington. This will increase their flexibility for the local system as they will be able to take both male and female patients.

Mitigating actions

We completely recognise the value of the four medical rehabilitation beds at Romsey Hospital to the local community and to our partners in the health system. In December we began a programme of work with our acute partners to investigate and improve the flow of patients through our beds. This will enable more patients to have their care in the remaining beds at Romsey Hospital. Moving the four beds to Lymington will enable more patients to get the care they need in that setting as well as providing more flexibility for the wider health system. This in turn leaves more staff to care for rehabilitation patients in Romsey, helping them recover quicker and enabling them to get home sooner, freeing up beds for other patients.

Impact

The phased transition approach will ensure that patient disruption is minimal as there won't be a need to move any patients.

Key facts:

Between April 2018 and March 2019 there were 6,935 available bed days (577.9 average per month) of these 5,252 beds days were occupied (279 average per month) – 75.79% occupancy rate.

Average length of stay = 18.8 days per patient

Over the last 12 months the top five areas Romsey Hospital has discharged to are as follows:

Postcode area	Discharges	% of Total
SO51 – Romsey, Ampfield, Lockerly, Mottisfont, Wellow	87	27.02%
SO40 – Totton, Lyndhurst, Cadnam, Marchwood	54	16.77%
S045 – Hythe, Fawley, Blackfield, Calshot, Hardley	24	7.45%
SO50 – Eastleigh Town Centre	24	7.45%
SO53 – Chandler's Ford	24	7.45%

For further information please contact Laura Rothery, Divisional Director of Operations for South West Hampshire Integrated Care Partnership on 07500106071 or laura.rothery@southernhealth.nhs.uk

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Quality Improvement Plan (CQC) 2018

Version No. 5.2
Date 13.06.19
Lead(s) Paula Hull (Director of Nursing and AHPs)
 Briony Cooper (Programme Manager)

Quality Improvement Plan (CQC) 2018 Dashboard

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

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

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

Page 55

Agenda Item 9
Appendix 3

Plan

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

Page 56

Plan

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

Plan

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2.b	Should	Community mental health services for people with a learning disability or autism	The Trust should complete and document Mental Capacity Act assessments when they are required, for example, when making best interest decisions or providing treatment without a patient's consent.	see action 2.a				Duplicate						Duplicate
2.c	Should	Child and adolescent mental health wards	The Trust should ensure that staff are aware of how to assess mental capacity and are aware of Gillick Competency when working with young people.	see action 2.a To confirm that agencies providing staff for CAMHS include Gillick competency in their training programmes.	Mar-19		Bluebird House and Leigh House completed own training programme on Gillick Competency. MCA/Gillick competency in Level 2 and 3 safeguarding training within trust. Corporate safeguarding team have reviewed and confirmed all agencies supplying staff include Gillick competencies in their training and that it is to same standard as Trust training.	Completed	The Trust has assurance that agency staff are trained to the same level of competency as substantive staff.	Agency training programmes include Gillick competency. Audit use of Mental Capacity Act.	Aug-19		Spot check audit planned for July to ensure all staff in a set timeframe understand Gillick competency. Will include off framework agency staff.	Complete-Invalidated
2.d	Should	Wards for older people with mental health problems	The Trust should monitor the use of the Mental Capacity Act	To review the current governance structures for the oversight of the Mental Capacity Act. To develop and present for approval a proposal for the operational, governance and reporting processes for the Mental Capacity Act across the Trust. To develop and implement	Jun-19		Executive have approved proposal to have a separate MCA/DOLS team which is not part of the corporate safeguarding team as is the case at present. Scoping underway at present for MCA/DOLS team on similar basis to MHA admin team ie have a co-ordinator and administrator.	On track	There will be oversight of all patients assessed under the Mental Capacity Act with agreed reporting and monitoring processes across the Trust.	Proposal and implementation plan.	Sep-19		MCA/DOLS information often recorded on paper and analysis done manually. Electronic patient record (RiO) has elements that could be used to record MCA electronically which would make overview and analysis easier. Trust working with UHS and Solent to look at how we can have a more integrated model across trusts.	On track
2.e	Must	Wards for older people with mental health problems	The Trust must ensure safeguarding concerns are raised with the local authority	To amend systems to enable recording and oversight of safeguarding referrals to the Local Authority. To strengthen the operational use of the Safeguarding Policy and Procedures.	Mar-19		Electronic reporting system Ulysses amended so that safeguarding referrals to Local Authority can be recorded, including LADO and SAMA referrals (allegations against staff). Safeguarding team have provided additional support and training to staff at Western Hospital. Safeguarding 'hotspots' posters reminds staff re their responsibilities to refer if safeguarding concerns. Safeguarding Adults Policy v11 and Safeguarding Children's Policy v5 have been reviewed and updated to reflect any local and national changes.	Completed	The safety of patients is supported with safeguarding concerns identified and reported by staff who are knowledgeable and competent in applying the Safeguarding Policy and Procedures.	Sample case audit to ensure that changes to recording systems and knowledge are embedded and understood. Feedback from staff and local authority.	Mar-19	Sep-19	New reporting systems need to embed before appropriate to audit.	Overdue
2.f	Should	Community-based mental health services for adults of working age	The Trust should ensure that all staff adhere to the safeguarding policy and raise safeguarding concerns with the relevant local authority	See action 2.e				Duplicate						Duplicate
2.g	Should	Community-based mental health services for adults of working age	The Trust should ensure that the community mental health teams work with the local authorities to safeguard adults at risk.	See action 2.e				Duplicate						Duplicate
2.h	Should	Mental health crisis services and health based places of safety	Ensure managers monitor the number of safeguarding referrals to the local authority	See action 2.e				Duplicate						Duplicate
2.i	Should	Community-based mental health services for adults of working age	The Trust should ensure that the Southampton teams, who are due to re-integrate the team back with adult social services, clarify local	To clarify local safeguarding processes with Southampton City Council.			Action completed prior to development of QIP - evidence presented to Evidence of Improvement Panel.	Completed	There are agreed processes in place and staff are clear as to how to raise safeguarding concerns with the Local Authority.	Audit the use of Safeguarding standard operating procedures in Southampton teams.	Aug-19		Action completed prior to development of QIP - evidence presented to Evidence of Improvement Panel.	Completed

Plan

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

Plan

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

Page 60

Plan

UIN	MUST / SHOULD actions	Core service	CQC action from the Inspection Report	Trust Action	Process date	Recovery date	Process progress update	Status (process)	Expected Outcome/Improvement	Evidence to show outcome completion	Outcome date	Recovery date	Outcome progress update	Status (outcome)
4.b	Must	Mental health crisis services and health based places of safety	The Trust must ensure that staff members in the crisis teams ensure patients have care plans that are up to date and comprehensive. ii) Staff members from the health and safety place of safety must ensure the ambulance provider working in the 136 suite has access to up to date, accurate and comprehensive information about patients in their care and treatment plans.	see action 4.a To clarify how care plans / 'immediate plan of care' for patients in 136 suites are developed and used consistently across the Trust. To ensure information is available to all services involved in the patients care.	Mar-19		NB: not all patients will be known to the trust in 136 suites. Irrespective of whether the patient is known to the Trust or not, there will be a discussion between the nurse in charge and secure care with an immediate plan of care completed. This will be an observation care plan and will also include any other requirements. Guidance is given in SH CP 163 Multi-agency Operational Policy for 136 suites.	Complete-Invalidated	Patients safety and care is supported by having up to date care/crisis plans and/or 'immediate plan of care' agreed and available to all services involved.	Guidance on 'immediate plan of care'. Sample audit of care plans. Service User feedback.	Sep-19		Audit and feedback to be planned.	On track
4.c	Should	Community-based mental health services for adults of working age	The Trust should ensure that staff always offer patients a copy of their care plan, and document they have done so	see action 4.a				Duplicate						Duplicate
4.d	Should	Community-based mental health services for adults of working age	The Trust should ensure that care plans are easily accessible and that staff save them in the correct place in the electronic systems. In addition, the Trust should ensure that when paper copies of patient records are used these are kept up to date.	see action 4.a				Duplicate						Duplicate
4.e	Should	Community mental health services for people with a learning disability or autism	The Trust should record whether or not patients have been offered a copy of their care plans	see action 4.a				Duplicate						Duplicate
4.f	Should	Community-based mental health services for older people	The Trust should ensure that staff always offer patients a copy of their care plan, and document they have done so	see action 4.a				Duplicate						Duplicate
4.g	Should	Forensic inpatient / secure wards	The Trust should ensure care plans are personalised and ensure that staff involve patients in the care planning process. Care plans should be based on the patient's goals and a copy should be given to the patient	see action 4.a				Duplicate						Duplicate
4.h	Should	Community-based mental health services for older people	The Trust should ensure that patient risk assessments are regularly updated in patient records	see action 4.a				Duplicate						Duplicate

Plan

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4.i	Must	Mental health crisis services and health based places of safety	The Trust must ensure that staff members from the health based place of safety service collect and uses information well to support all its activities. Senior Trust members should have full access to information concerning the 24 breaches (patients, who have been not been given an extension by an approved person must not be detained more than 24 hours in the health based place of safety) exceeding the maximum detention period in the health based place of safety. They must ensure there are effective governance systems in place.	To report all section 136 breaches reported as incident and discussed at IMA panel. To invite stakeholders (CCG, AMHP, police, secure care) for discussion of every breach. To report breaches to Mental Health Act Committee.			All 136 suite breaches are recorded as incidents and discussed at 48 hour IMA panel. External stakeholders e.g. police invited to IMA panels. IMA checks details of incident and adds narrative to incident and confirms whether a breach or not. All breaches are discussed at Pan Hampshire 136 suite meeting and also at divisional performance meetings.	Completed	Oversight and understanding of reasons for 136 breaches leads to improved practice and experience for the patient.	Audit of IMA panel evidence.	Mar-19		A monthly multi-agency S136 meeting reviews all the breaches. Meeting is attended by commissioners, secure care and the Trust. Quality Governance Business Partner reviews all reported breaches each month to review for themes and learning. Cluster serious incident investigation into 136 breaches is underway.	Complete- Unvalidated
4.j	Must	Community health inpatient services	The Trust must ensure all records are stored securely across all hospital sites.	To review records management across the Trust and establish why the Record Keeping Policy and Procedures are not always followed. To develop and implement plans to address issues based on the review findings.	May-19		All community hospitals have checked thier records storage on site meets standards and have ordered new equipment where needed eg put key code locks on office doors, amended records trollies so can be locked.	Complete- Unvalidated	Patient clinical records have up to date information, meet the quality standards set by the Trust and are stored safely.	Sample audit of records. Quality Assessment Tool and peer review results.	Sep-19		Audit to be planned.	On track
4.k	Should	Acute wards for adults of working age and psychiatric intensive care units (PICU)	The Trust should ensure that all the wards at Antelope House have clear seclusion records detailing which ward is using the seclusion room.	To revise guidance on recording the use of seclusion rooms and review seclusion information across the Trust.	Dec-18		Seclusion records reviewed weekly at safeguarding meetings/monthly at Key Quality Indicator meetings therefore oversight of use/trends is in place. Seclusion Trust Guidance SH CP 107 Seclusion Policy v8, Seclusion Flowchart SH CP 107 v8 in place.	Completed	Standard reporting on the use of seclusion will provide improved oversight of the use and trends in seclusion.	Review of seclusion records at Key Quality Indicator meetings. Review of seclusion data.	Mar-19		Seclusion records are reviewed at monthly Quality Governance MH meeting and overview of seclusion incidents and any trends is included in the MH divisional report to Quality and Safety Committee.	Completed
4.l	Should	Mental health crisis services and health based places of safety	Ensure that staff follow the requirements of the revised Mental Health Act 1983 Code of Practice 2015 and collect information about patient's ethnicity on monitoring forms. They should ensure staff members follow their own policy about the frequency of visits to the health based place of safety and complete a record of these visits to ensure patients safety	To add protected characteristics to monitoring form.			136 Task and Finish group added protected characteristics to monitoring form. Discussed at Pan Hampshire 136 meeting.	Completed	The Trust meets the requirements of the MHA Code of Practice.	Pan Hampshire 136 meeting minutes. Audit use of amended monitoring form.	Jun-19		Pan Hampshire 136 meeting reviews progress with protected characteristics.	On track

Page 6

Plan

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

Plan

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

Plan

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

Pages 55

Plan

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

Plan

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

Page 67

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

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

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