



NOTICE OF MEETING

HEALTH OVERVIEW & SCRUTINY PANEL

TUESDAY, 3 NOVEMBER 2015 AT 9.30 AM

THE EXECUTIVE MEETING ROOM - THIRD FLOOR, THE GUILDHALL

Telephone enquiries to Jane Di Dino 023 9283 4060 or Lisa Gallacher 023 9283 4056
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Membership

Councillor John Ferrett (Chair)
Councillor Phil Smith (Vice-Chair)
Councillor Jennie Brent
Councillor Alicia Denny
Councillor Gemma New
Councillor Lynne Stagg

Councillor Brian Bayford
Councillor Gwen Blackett
Councillor Peter Edgar
Councillor David Keast
Councillor Mike Read

Standing Deputies

Councillor Ryan Brent
Councillor Margaret Foster
Councillor Aiden Gray
Councillor Hannah Hockaday

Councillor Lee Hunt
Councillor Ian Lyon
Councillor Sandra Stockdale

(NB This agenda should be retained for future reference with the minutes of this meeting.)

Please note that the agenda, minutes and non-exempt reports are available to view online on the Portsmouth City Council website: www.portsmouth.gov.uk

AGENDA

- 1 **Welcome and Apologies for Absence**
- 2 **Declarations of Members' Interests**
- 3 **Minutes of the Previous Meeting (Pages 1 - 6)**

RECOMMENDED that the minutes of the previous meeting on 18

September be confirmed as a correct record.

4 Reconfiguration of Vascular Services (Pages 7 - 18)

Dr Liz Mearns, Medical Director will provide a verbal update.

5 NHS England - update. (Pages 19 - 32)

Dominic Hardy, Director of Commissioning Operations will answer questions on the attached report.

6 Portsmouth Hospitals' NHS Trust - update. (Pages 33 - 36)

Peter Mellor, Director of Corporate Affairs and Business Development, will attend to answer questions on the attached report.

7 Care Quality Commission - update.

Moira Black, CQC Inspections Manager (Hospitals Directorate) will attend to give a verbal update.

8 Southern Health - update (Pages 37 - 54)

Dr Chris Gordon (Chief Operating Officer and Director of Performance, Quality and Safety) will attend to answer questions on the attached report.

9 Portsmouth Clinical Commissioning Group (CCG) - update. (Pages 55 - 60)

Dr Tim Wilkinson (Clinical Executive) and Innes Richens (Chief Operating Officer) will answer questions on the attached report.

10 2016 Meeting Dates.

For members of the Panel to note the proposed dates for 2016. All meetings will start at 9:30am.

2 February
15 March
21 June
26 July
4 October

Members of the public are now permitted to use both audio visual recording devices and social media during this meeting, on the understanding that it neither disrupts the meeting or records those stating explicitly that they do not wish to be recorded. Guidance on the use of devices at meetings open to the public is available on the Council's website and posters on the wall of the meeting's venue.

Agenda Item 3

HEALTH OVERVIEW & SCRUTINY PANEL

MINUTES OF THE MEETING of the Health Overview & Scrutiny Panel held on Friday, 18 September 2015 at 9.30am in the Executive Meeting Room - Third Floor, the Guildhall

Present

Councillor John Ferrett (Chair)
Phil Smith
Jennie Brent
Alicia Denny
Lynne Stagg
Gwen Blackett, Havant Borough Council
Peter Edgar, Gosport Borough Council
David Keast, Hampshire County Council
Mike Read, Winchester City Council

- 1. Welcome and Apologies for Absence (AI 1)**
Apologies had been received from Councillor Gemma New.
- 2. Declarations of Members' Interests (AI 2)**
There were no declarations of interest.
- 3. Minutes of the Previous Meeting (AI 3)**

RESOLVED that the minutes of the meeting held on 22 July 2015 be confirmed as a correct record subject to the following amendments:

Page 1 - under the list of councillors present, Councillor Mike Read was the representative from Winchester City Council.

Page 9 - The spelling of the Tamarine Respite Unit be amended.

- 4. Adult Social Care - update. (AI 4)**
Justin Wallace-Cook, Assistant Head of Adult Social Care introduced the report and added that since opening five months ago, the Victory Unit has helped 120 people move on to independent living.

In response to questions from the panel, the following points were clarified:

- Last year's overspend was due to increased demand, much of which is unpredictable. Although people are living longer, they tend to have more severe health needs. There has been a 7% increase year on year in demand for services to support people with learning disabilities. Last year, three new clients moved to Portsmouth with severe disabilities; their support costs £350,000/ year. It is extremely challenging to keep to the budgets.
- The council is looking three ahead when financial planning.
- MASH is located on the fourth floor of the Civic Offices, with Children's Services and is headed by Brian Stevenson.
- Support for carers is tailored to their needs and circumstances. Many request a sitting service for a couple of hours to allow them to go shopping

or simply have a break. Others make use of the respite facilities at Russets.

5. South Central Ambulance Service NHS Foundation Trust - update. (AI 5)
Rob Kemp, Area Manager for South West Hampshire included the following points in his introduction:

- Although SCAS is currently meeting the red 8 target to respond to 75% of serious incidents within 8 minutes, work is under way to understand what happened in the other 25% of cases.
- SCAS manages both 111 and 999 and can transfer calls between the two when necessary.
- From October, paramedics will need a full degree rather than a foundation degree and can specialise in fields such as urgent care, critical care, trauma and frailty.
- There is a 50% non-conveyance to hospital rate. Patients are either transferred to a GP's care or left at home with a friend or relative.
- The peak periods are Saturday mornings and linked to the night time economy. Some call outs are not appropriate but have a response is required to determine that.
- Detailed planning is carried out to map resources for the expected demand on an hourly basis.
- There is an increase in calls from patients with COPD when there has been a cold spell followed by a warm one.
- Communication between organisations is key to ensure that the most appropriate care pathway is available to patients. A dedicated member of the team liaises with the Safety Advisory Group regarding event planning. Visits are made to care homes to ensure that residents' plans can be made immediately available to ambulance staff. Work is carried out with Community Matrons regarding high intensity users who often have substance misuse and mental health issues.

In response to questions from the panel, the following points were clarified:

- One of the key risks to the service is staff retention. The reasons for staff moving on are discussed at exit meetings and include: pay; the work patterns not being very family-friendly; health (it is quite physical work and this can be more difficult for older staff) and other life circumstances. Recently, more family-friendly rotas were introduced with evening or 9.30-2.30pm shifts. The provision of more in-house development is being looked into.
- The availability of alternative pathways is key to non-conveyance. If a patient could stay at home, but there is no-one to sit with them, they have to be conveyed to hospital.
- Demand can vary between 30% from one day to the next.
- The University of Portsmouth is the key promoter for the new full degree. There are sufficient places available. SCAS encourages students to join the local ambulance service.
- London is reporting 700 clinical shortages. SCAS currently is short of 15 clinicians and 5 emergency care assistants out of 254 staff.
- The ambulances convey patients to the Minor Injuries Units when appropriate.

- It is essential that all information be made available to the 111 and 999 teams. SCAS recently trialled a new initiative where it used a directory of services to signpost patients to the most appropriate place.
- Sometimes patients are conveyed to hospital when they could have been more appropriately treated elsewhere. Handover delays can also contribute to pressures on the Emergency Department. Talks are underway with all key stakeholders to understand patients flow.
- There are no plans to discuss with charitable agencies about the possibility of a sitting service for patients at home.
- There is a recruitment drive to encourage people from Poland and Australia to apply for jobs in SCAS.
- Full support is offered to staff in cases of abuse at work. Training on managing conflict has also been increased.

Councillor Edgar welcomed the acknowledgement of the importance of the paramedic with the full qualification being required.

RESOLVED that the report be noted.

6. Director of Public Health - update. (AI 6)

Janet Maxwell, Director of Public Health introduced her report and in response to questions from the panel, added that:

- The government is very vague about the introduction of a possible sugar tax.
- A significant amount of work is being done to tackle childhood obesity including creating an environment that encourages activity and changing the food environment e.g. selling cheap fresh fruit and vegetables to deprived areas.
- People often smoke as a means to cope with mental health or substance misuse issues. Staff who work with people with mental health issues also have high levels of smoking. Although it is important to look at long term nicotine replacement therapy, care must be taken not to replace one addiction with another. The focus will be on preventing the next generation from taking up smoking by pushing for smoke-free places in the city.
- Everyone should feel angry and join the social revolution to put health back into people's control.
- The panel commended the Director of Public Health for the outstanding report and agreed that an in depth look into the public health agenda come to a future meeting.

RESOLVED that the report be noted.

7. Solent Health NHS Foundation Trust - update (AI 7)

Hilary Todd, Associate Director of Contracts and Procurement introduced the report and in response to questions from the panel, clarified the following points:

- The possibility of building a multi-storey car park at the St Mary's site is included in phase 2 of the business case that will be considered by the boards of Solent NHS Trust, NHS Property Trust and the CCG. Planning

permission would also be required. She didn't know if one was at the site previously.

- Staff can currently park at the former prison site.
- It would not be practical for staff to use the NHS parking at Portsdown Hill.
- Staff parking is retained at the St James's site for staff at St Mary's.

Action

An update on the business case will be given to the panel.

RESOLVED that the report be noted.

8. Urgent Care and Walk in Centres. (AI 8)

Katie Hovenden, Director of Professional and Clinical Development and Innes Richens, Chief Operating Officer introduced the report and informed the panel that the proposed consultation would be carried out over 12 weeks, subject to the decision of the board the following week.

At the Chair's request, Patrick Fowler, Healthwatch Portsmouth Consultant summarised the feedback that Healthwatch had received from the public:

- More than two thirds of the 300 people who responded said that they had been unaware of the proposals.
- Most people expressed concern about capacity and access at St Mary's.
- Marginalised groups might not be aware of the proposals or implications.
- Some people questioned whether their feedback would affect the decision.
- Concern was also raised about the continuity of excellent service.

In response to questions from the panel, the following points were clarified:

- This review was started following the government concern that urgent care nationally is too complicated. The intention was not to seek savings. The CCG is seeking to procure the same level of service.
- Feedback shows that people value the walk-in facility at Guildhall Walk for registered patients. The CCG can specify that in the tender this be provided. It can also specify that the provider carry out work to understand what opening hours patients require and then see what can be offered.
- The somerstown hub and the John Pounds Centre are approximately half a mile from the Guildhall Walk.
- The CCG is talking with the university about how to encourage first year students to register with their local GP as soon as they arrive.
- Many people are not aware of all the services that pharmacies can offer.
- There is a move towards practices working together to provide out of hours' services. The new IT system that is being implemented would assist this.
- The aim of option 3 is to bring together a walk-in service for minor illnesses, injuries, GPs and nurses alongside the diagnostic facilities.
- Phase two of the business plan includes proposals for a multi-storey care park at St Mary's.
- It is important that a question mark is not left hanging over a service for longer than necessary.
- If option 3 is implemented, the CCG would continue to support the homeless and work has been done with the public health team.

Dr Maxwell explained that she felt that this would be an opportunity to improve outcomes for homeless people with services working more closely together.

Some members expressed concern about how people would access St Mary's, particularly as many do not have cars and the buses run less frequently in the evenings and weekends. They also questioned the need for any change to the service.

Councillor Edgar noted that he had been impressed with the facilities at St Mary's.

The Chair summed up his view explaining that in ideal world in each ward. However, after visiting both premises it was clear that the service at St Mary's would benefit from having the GPs working there. His initial concerns regarding the dispersal of the 6,000 patients registered at Guildhall Walk would be addressed in option 3 with the re-procurement of a practice nearby. He was pleased that a 12 week consultation would be carried out to give an opportunity to fully understand the options.

RESOLVED that the panel was pleased to note the CCG's recommendation to its governing body that a 12 week public consultation be carried out regarding Urgent Care and Walk in Centres.

The formal meeting ended at 11.50am.

.....
Councillor John Ferrett
Chair

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Strategic Statement of Intent

"NHS England has received a report from the VS following the review in August. The VS reviewers found that the services currently available at University Hospital Southampton NHS Foundation Trust (UHS) and Portsmouth Hospital NHS Trust (PHT) were not fully compliant with the POVS¹ recommendations. The reviewers considered that a single hub at UHS would be the best way of assuring the long term quality and resilience of these services.

NHS England's strategic intention is to commission services which are compliant with our specialised service specification, which is based on the POVS recommendations for safe, high quality care for patients requiring vascular (arterial) surgery.

We are minded to further explore the strategic objective of developing a single vascular surgical hub for Southern Hampshire, based at UHS (adding to the current network arrangements for Hampshire and IOW) and including PHT as another spoke. These arrangements maximise the benefits of other networking arrangements such as that for major trauma.

NHS England is engaging with partners and stakeholders to further develop the clinical network for vascular surgery in Southern Hampshire. It is this group, led by senior surgeons in Hampshire, which will develop the detailed plans to provide these vital services for the whole of Hampshire."

Background

Vascular services are for people with disorders of the arteries and veins. These include narrowing or widening of arteries, blocked vessels and veins, but not diseases of the heart and vessels in the chest. These disorders can reduce the amount of blood reaching the limbs or brain, or cause sudden blood loss if an over-stretched artery bursts. Vascular specialists also support other medical treatments, such as major trauma, kidney dialysis and chemotherapy.

Complex Vascular surgery covers:

- Abdominal Aortic Aneurysms (AAA)
- Screening people for AAA
- Strokes (such as Carotid Endarterectomy (CEA) or Transient Ischaemic Attacks (TIAs or mini-strokes))
- Poor blood supply to the feet or legs

There are also roles for vascular surgery supporting other major specialities e.g. trauma, neurosurgery, cardiac surgery, dermatology, clinical laboratory services, nephrology, plastic surgery, and other disciplines.

The Vascular Society of Great Britain and Ireland (VSGBI) produced a POVS 2012 report² detailing recommendations for developing vascular services. The Executive Summary states:

"The Vascular Society of Great Britain and Ireland is actively engaged with driving down the mortality of patients undergoing vascular procedures in the UK and Ireland. Our primary objective is to provide all patients with vascular disease with the lowest possible elective and emergency morbidity and

¹ The Provision of Services for patients with Vascular disease 2012: The Vascular Society of Great Britain & Ireland

² VSGBI "The Provision of Services for Patients with Vascular Disease 2012"

mortality rates in the developed world. To achieve this we will need to modernise our service and deliver world class care from a smaller number of higher volume hospital sites....

A modern clinical network exists when two or more adjacent hospitals collaborate to provide patient care. Such networks should decide upon a single hospital which will provide both elective and emergency arterial vascular surgical care. Networks might be based on a local aortic aneurysm screening programme or aligned to a major trauma centre, but it is required that all major arterial intervention is performed on the designated arterial site. All vascular consultants involved in a modern clinical network should be timetabled to provide outpatient and ward specialist vascular care to patients within the non-arterial network hospitals. This may include a service to amputees and to patients with chronic venous insufficiency and diabetic feet....

In summary, the Vascular Society believes that every patient has the right to consult with a vascular specialist at their local hospital, but they may have to travel to obtain access to diagnostic and interventional facilities. Only in this way can equality of access and the patients' desire for a local service be delivered alongside the best possible elective and emergency outcomes for individual."

The VSGBI 2013 report³ on surgical outcomes identified that during the AAA Quality Improvement Programme, a collaboration with the Health Foundation, which ran from 2008 until 2013, the mortality rate for elective AAA repair fell from 7% to 2.4%.

In March 2013, the national service specification (NSS)⁴ for Specialised Vascular Services was issued for adoption from October 2013. The report states "There is a strong evidence base that suggests that mortality from elective aneurysm surgery is significantly less in centres with a high caseload than in units that perform a lower number of procedures". It goes on to say that "there is evidence that similar relationships affect the performance of other vascular procedures including lower limb arterial reconstruction and carotid endarterectomy".

All Trusts that provide a vascular service must belong to a vascular provider network and it is envisaged that all arterial surgery will be provided at a vascular centre. The network must:

- Work towards the aim of all leg amputations being undertaken in arterial centres by 2015
- Provide 24/7 in-patient arterial surgery and vascular interventional radiology with an on call rota for vascular emergencies covered by on site vascular surgeons and vascular interventional radiologists (requiring a minimum team of six of each)
- Cover a population to enable each surgeon to perform at least 10 AAA procedures per annum (guideline 800k).
- A 24/7 vascular interventional radiology rota may need to be organised on a network wide basis to ensure services for interdependent specialities are not destabilised.
- Have a specialist vascular multi-disciplinary team (MDT)
- Provide specialist infrastructure and facilities including Outpatient Clinics, Vascular Laboratory, Vascular Ward, operating theatres, Anaesthesia, Intensive treatment Unit and Limb Fitting Service
- Document care pathways

³ VSGBI National Vascular Registry "2013 Report on Surgical Outcomes: Consultant-level statistics"

⁴ A04/S/a 2013/14 NHS Standard contract for Specialised Vascular Services (Adults)

- Provide for co-dependent, interdependent and related services, and relevant networks and screening programmes e.g. AAA screening

In addition, The Royal College of Surgeons has designated vascular surgery as a speciality meaning general surgeons can no longer treat vascular patients.

History

Reviews of the reconfiguration of vascular services in Southern Hampshire began in 2008 and there have been various reports and recommendations since that date. The current configuration is that UHS acts as a hub in a network with Royal Hampshire County Hospital (RHCH) Winchester and Isle of Wight Trust (IOW) as spokes, and that PHT operates as an arterial centre in its own right with the provision of some services to St Richards, Chichester.

The latest recommendation in March 2014 was that all arterial services be centralised at UHS, with PHT becoming a spoke hospital in the network and with a phased transfer of procedures to UHS. When the proposal was presented to Portsmouth Health and Oversight Committee (HOSC) they identified it as a 'significant change' which would require full public consultation.

A strategic review undertaken following the HOSC presentations identified that further impact analysis was required before any option could be recommended. The NSS states that "All Trusts that provide a vascular service must belong to a vascular provider network and it is envisaged that all arterial surgery will be provided at a vascular centre"; it has been established that 'do nothing' is not a viable option.

Further, it has been established that 'world class' centres might be achieved by having a population in excess of 2 million to allow sub-specialisation, and so the optimum solution would be to centralise vascular services if the capacity exists to do so, interdependent services are not compromised and patients receive equitable service with emergency travel times not exceeding one hour.

UHS is a designated Major Trauma Centre (MTC) and, as determined by the NHS Standard Contract⁵, must provide vascular services; this obviates the consideration of PHT as the sole vascular hub of the network.

A Business case was developed to consider in detail to consider two key options:

- **Centralised Model:** All arterial services to be delivered at UHS, with PHT joining as a spoke the existing operational network which has UHS as a hub
- **Collaborative Model:** UHS and PHT continue as arterial centres in their own right, but collaborate to maximise efficiencies and resource utilisation

In recognition of the timeframe to date in attempting to resolve this matter, and of the fact that, if a collaborative model is the preferred solution then benefits could accrue immediately, UHS and PHT agreed to enter into a pilot collaboration and have established joint Multi-Disciplinary Teams (MDTs) to consider complex cases across the two sites. Both Trusts agree that there is a strategic vision of one vascular 'network'.

⁵ D15/S/a NHS Standard Contract for Major Trauma Service (All ages)

The impact analysis identified several key issues which informed the recommendation of strategic direction

- **Patient outcomes:** Historical data suggested that PHT outcomes were a cause for concern. Data for the last two years shows, however, that NSS target outcomes are met or exceeded and the mortality from AAA and CEA elective procedures is 0%. There is no longer a clinical evidence base that supports any urgent transfer of procedures, either emergency or elective, from PHT to UHS in terms of patient outcomes.
- **UHS Capacity:** UHS identify that additional capacity is not currently available to allow the transfer of vascular services from PHT to UHS and would require new funding to be put in place. UHS estimate a minimum of 24 months to build capacity required.
- **PHT interdependent services:** Both sites have services highly interdependent upon vascular services. UHS is a major trauma centre and major cardiac centre, whilst PHT hosts a regional renal and transplant centre and hyper acute stroke unit.
- **Workforce resilience and sustainability:** Without doubt, from the perspective only of resilience and sustainability, a single site operation would provide both, and a far less onerous on call ratio. Equally, both sites are currently at risk if a key member of the vascular team becomes incapacitated, not least PHT.

Following the second draft of the Business Case at the end of March 2015, UHS responded that a capacity re-modelling exercise had been undertaken and that certain services would be out-sourced, freeing up 170 beds over a 24 month period. UHS believe that this would provide capacity for a phased transfer of arterial services from PHT to UHS.

This effectively left a major clinical question to answer - did the interdependent services at PHT dictate that 24/7 emergency vascular services were required on site or could these be provided by UHS as a network hub with PHT as a spoke? The Trusts had differing views on the question and so NHS England asked the Vascular Society to undertake a review and provide recommendations.

Vascular Society (VS) Review: a summary

Paul Blair (President) and Rob Sayers (Vice President (elect)) of the VS undertook a review of Southern Hampshire on 19th and 20th August 2015, with a site visit to Portsmouth Hospital NHS Trust (PHT) on 19th and to University Hospital Southampton NHS Foundation Trust (UHS) on 20th. Consideration of vascular service provision at Chichester was included in scope, although time constraints precluded a site visit or discussions with BSUH or St Richards during this review.

The Vascular Society of Great Britain and Ireland (VS) produced "The Provision of Services for Patients with Vascular Disease 2012" (POVS 12) as the definitive standard for the provision of vascular services. An addendum was issued in 2014, and a further update is due in November 2015. POVS is the document upon which the National Service Specification⁶ (NSS) for Vascular Services is based.

⁶ A04/S/a 2013/14 NHS Standard contract for Specialised Vascular Services (Adults)

The VS review found that neither Portsmouth nor Southampton were POVS compliant, the main issues being the on call surgical rota at PHT and the lack of Vascular Radiology at UHS. This review is included as appendix (i).

Whilst both UHS and PHT provide 24/7 vascular emergency cover, this is not provided by 6 full time equivalent (FTE) vascular surgeons. This means that those involved in the emergency rota are providing cover in excess of a 1:6 rota which is not considered sustainable and which over stretches participants. This is neither in the interest of the surgeons nor the patients.

Neither site have been able to provide 24/7 emergency interventional radiologist cover with 4 vascular interventional radiologists (although PHT have recently appointed a fifth), which means that there are occasions where endovascular procedures, which can reduce the need for major surgery, with its associated risks, enable patients to recover more quickly, and reduce their length of stay in hospital, may not be available to emergency patients.

Taken as whole these shortfalls against national standards mean that the local NHS is not in a position to provide consistently the quality of care that patients should be entitled to expect. This is no reflection on the commitment of staff providing local vascular services. It does, however, highlight the need to change the way in which their services are organised. Elsewhere in the country, patients are already benefiting from changes which have been put in place to deliver the national standards.

A longer term sustainable high class vascular facility would be centralisation at Southampton, but would require capacity and resource issues to be addressed. It is recommended that a staggered merger should be avoided, and concurrent transfer of arterial services should be adopted.

The report suggests that it would be possible to make both sites POVS compliant and standalone. This would involve Portsmouth providing vascular services for Chichester and both units would require substantial investment with consultant appointments and development of facilities. The option of aligning Chichester in a network with Portsmouth has not been formally considered in the review and could have implications for the viability of services in West Sussex. In the longer term, however, this may not prove sustainable as both units may have difficulties recruiting consultants and trainees and 7 day working would require a minimum 1:8 rota.

In terms of the NSS for Renal Dialysis, dialysis patients could be hospitalised at the vascular hub if there were vascular complications, as long as the hub established a small dedicated unit for haemodialysis. On that basis, whilst PHT has busy and successful co-dependencies (diabetic foot services, nephrology and urology) which would require significant support, this could be provided by UHS as a hub, were PHT to become a spoke hospital.

Best advice would be to develop the infrastructure and capacity at UHS to accelerate implementation of a strategic solution with arterial services centralised at UHS and PHT as a spoke hospital within the network.

NHS England Response

The findings and recommendations of the report are being disseminated to stakeholders through a series of meetings and telephone conferences, and will be discussed at the Vascular Steering Group

(VSG) scheduled for 16th October 2015, together with recommendations on next steps. VSG recommendations will, in turn, be presented to the Wessex Clinical Senate, to Regional Assurance and to stakeholders, including HASC and HOSPs.

NHS England will want these discussions to inform the development of a preferred option for vascular services for Hampshire. These discussions will take place over the next four weeks. Once a preferred option has been confirmed it will be subject to formal consultation.

Of the key issues which have to date proven a stumbling block for the strategic centralisation of services at UHS

- UHS have now identified a potential capability to provide capacity in a 24 month period
- The VS review has identified that, whilst PHT has busy and successful co-dependencies, these could be provided from a hub with PHT as a spoke
- Workforce resilience and sustainability is already an issue at both sites and future trends indicate that both remaining as vascular hubs is unlikely to prove sustainable.

The challenges which will face vascular networks in terms of seven day working, workforce sustainability and sub-specialisation (and the migration from open surgery to endovascular), together with infrastructure investment, are likely to prove prohibitive for smaller networks to provide a world class service and remain financially viable. Other strategic considerations include the development of trauma networks and the need for the major trauma centres to have a full range of vascular specialist services.

Current trends show reductions in ruptured aneurysms through the (AAA) screening programme. The reduction in smoking, and improvements in diabetic care, are also seeing reductions in vascular procedures, with fewer strokes and gratifying improvements in amputation rates.

Technological advances, and the concomitant investment in supporting technologies has seen a trend towards the vast majority of elective AAA procedures (85%) being EVAR rather than open procedures. This, in itself, requires a different workforce skill set of complex endovascular techniques, with even more complex endovascular and minimally invasive procedures being undertaken, in addition to emergencies being increasingly endovascular procedures.

A key technological advance is the 'hybrid' theatre. This is a combined operating theatre and interventional radiology suite which can function either as a conventional operating theatre, or as a radiology facility. Crucially, it allows intra- and post-operative on-table imaging and intervention. Current facilities are either focused around the adaptation of angiography suites to allow limited open access surgery, or the utilisation of portable imaging equipment in a standard operating theatre; both of these solutions provide limitations. The hybrid theatre is a significant investment (circa £2.5 million), but is seen as a key element of vascular services provision, equipped to meet the challenges of complex endovascular procedures and improve patient service and safety.

With the future likely to see a seven day week requiring on call rotas to increase from 1:6 to 1:8, together with the increasing sub-specialisations, not only will smaller units find it financially not viable, but will experience increasing difficulties in staff recruitment.

It is recognised that in the context of these challenges, and the recommendations of the VS, a strategic solution for Southern Hampshire must be developed which takes these challenges into account. In terms of options, 'do nothing' has already been ruled out as current services are not compliant. The options identified by the VS are to make both sites POVS compliant and standalone or to create a longer term sustainable high class vascular facility by centralising services at UHS.

We recognise that stakeholders will find it helpful to understand NHS England's initial response to the VS report. We find the VS case for moving to a sustainable long term solution of a single hub with a strong network integrating clinical pathways across Hampshire to be persuasive.

The challenges which will face vascular networks in terms of seven day working, workforce sustainability and sub-specialisation (and the migration from open surgery to endovascular), together with infrastructure investment, will prove prohibitive for smaller networks to provide a world class service and remain financially viable.

In addition, trends suggest that there will be insufficient procedures to maintain the currency of skills for the larger numbers of vascular surgeons and vascular interventional radiologists if services are not centralised to a smaller number of units .

Other strategic considerations include the development of trauma networks and the need for the major trauma centres to have a full range of vascular specialist services.

- We are minded to support the VS recommendation that a strategic solution would involve UHS as the hub and PHT joining the network as a spoke. This would involve UHS investing where necessary to become POVS compliant for existing vascular services provision, particularly as UHS is a Major Trauma Centre.
- We would support UHS developing a strategic proposal and a detailed infrastructure, capacity and transfer plan identifying the minimum timescale to transfer all PHT arterial services. The capacity plan should include consideration of the potential to release capacity by maximising the use of Hampshire health economy capacity as a whole.
- Consideration will be given to a 'prime contractor model' being developed with UHS for network vascular services

For an integrated network to succeed, all stakeholders (clinical and management) from all providers must engage to develop a shared vision. The existing Vascular Network should be further supported to develop plans, (including care pathways) for the detailed implementation of the preferred option. NHS England, as commissioner, will act in partnership to assure the process.

Immediate issues

The VS review identified that UHS, a Major Trauma Centre, does not currently provide an adequate vascular service as a network hub and, in particular, does not provide 1:6 24/7 vascular Interventional Radiologist (IR) rota. Whilst advanced discussions are understood to have taken place with Siemens, UHS has no immediate plan to fund the build of a hybrid theatre. UHS has also acknowledged capacity issues, and has identified a two year plan to outsource services to free up capacity; this is believed to be seen to facilitate a phased transfer of procedures from PHT. The VS have strongly advised against this approach, and recommend a concurrent transfer of all procedures.

There would also be a need for UHS to develop a small dedicated haemodialysis unit to cater for renal patients who are hospitalised with vascular complications.

UHS, as a matter of urgency, must commit to address these shortcomings, and develop a realistic capacity and transfer plan. This may result in further remodelling of services to prioritising vascular in order to minimise timescales.

In terms of outsourcing services, every consideration should be given to working with network partners.

PHT will continue to act as an arterial centre until a strategic solution is agreed and implemented. PHT do not currently have a sustainable workforce and should address this issue in the short term. This should be facilitated by the network identifying the optimum solution and recruiting resource with the understanding that the strategic solution will be a UHS-based hub.

While the VS team did not visit Chichester, which is covered by the vascular service provided by BSUH, it did note concerns that had been raised with it about the service. The NHS England South East team are looking into these concerns. NHS England does not believe that vascular services for Chichester have a bearing on long-term sustainable solutions for vascular services for Hampshire.

APPENDIX (i) VASCULAR SOCIETY REVIEW OF SOUTH
HAMPSHIRE VASCULAR SERVICES
AUGUST 19-20 2015

Mr Paul Blair, President VS
Professor Rob Sayers, Vice President-elect VS

We were asked by the commissioners to conduct a review of vascular services in South Hampshire. Our findings and recommendations are set out below-

1. There have been several previous reviews that have failed to make progress. The workforce are now demoralised and frustrated by lack of decisions making and action.
2. There are difficulties with geographical boundaries but the catchment population seems adequate.
3. A wider review of the Central South Coast may be necessary in the future. This should include Brighton and Bournemouth.
4. Chichester should be considered in this present review. Concerns were raised about the safety of current vascular support to Chichester. These concerns should be investigated and if confirmed then patient safety issues may need to be addressed as a matter of urgency. We have escalated our concerns via the commissioners.
5. We were given conflicting information and opinion within and between Trusts regarding current working practices and there was a degree of mistrust on both sides.
6. Both sides concentrated on the deficiencies of the other side rather than the positive aspects of their own bid.
7. There were significant differences between the two trusts regarding a willingness to invest in vascular services.

We were able to visit both units (Southampton and Portsmouth) and travel between them. Some specific views about each unit are as follows-

Portsmouth

1. The current practice is probably not sustainable in the long term due to overall low case volume, marked disparity in distribution of cases between surgeons and very low volume of major arterial cases for two surgeons.
2. There was lack of clear clinical leadership in Vascular Surgery.
3. There was an excellent vascular laboratory but no dedicated hybrid room and no dedicated vascular ward (shared with urology).
4. Portsmouth and Southampton currently undertake regular MDT for complex cases with transfer of some cases for treatment in Southampton.
5. There will shortly be 5 vascular radiologists in Portsmouth, all will be on the on call rota and 4 out of 5 are trained in EVAR. There is Trust Board approval for appointment of the 6th. We made considerable efforts to clarify this situation and were re-assured that Portsmouth can provide a full on-call vascular radiology rota.
6. There are busy and successful co-dependencies (diabetic foot services, nephrology and urology) that would require significant support if Portsmouth was to become a spoke hospital.
7. The vascular surgical rota at Portsmouth is poor. They have 6 surgeons but one does no on call and one is also on the transplant rota at the same time. We have since learned that one surgeon will shortly be leaving. The majority of the vascular work at Portsmouth is done by 1-2 surgeons and according to the National Vascular Registry (NVR) one surgeon does no aortic work and another did no aortas in a 5 year period.

Southampton

1. We were concerned about potential lack of capacity at Southampton.
2. The Senior Management Team did not appear keen to invest in Vascular Services unless there was centralisation on the Southampton site.
3. There are appropriate surgical services for an arterial hub currently on site including cardiothoracic and trauma
4. In patients requiring chronic haemodialysis require admission to HDU/ICU, the development of a small dedicated area for intermittent use should be considered.
5. There are 7 consultant vascular surgeons however 2 no longer take part in out of hours on call at weekends.
6. There are only 4 IR consultants.
7. There is no hybrid room but plans to develop one.
8. There is no VSU.
9. There is an active complex EVAR programme.

Currently both units are not POVS compliant – Portsmouth have problems with the on call surgical rota and Southampton lack Vascular Radiology

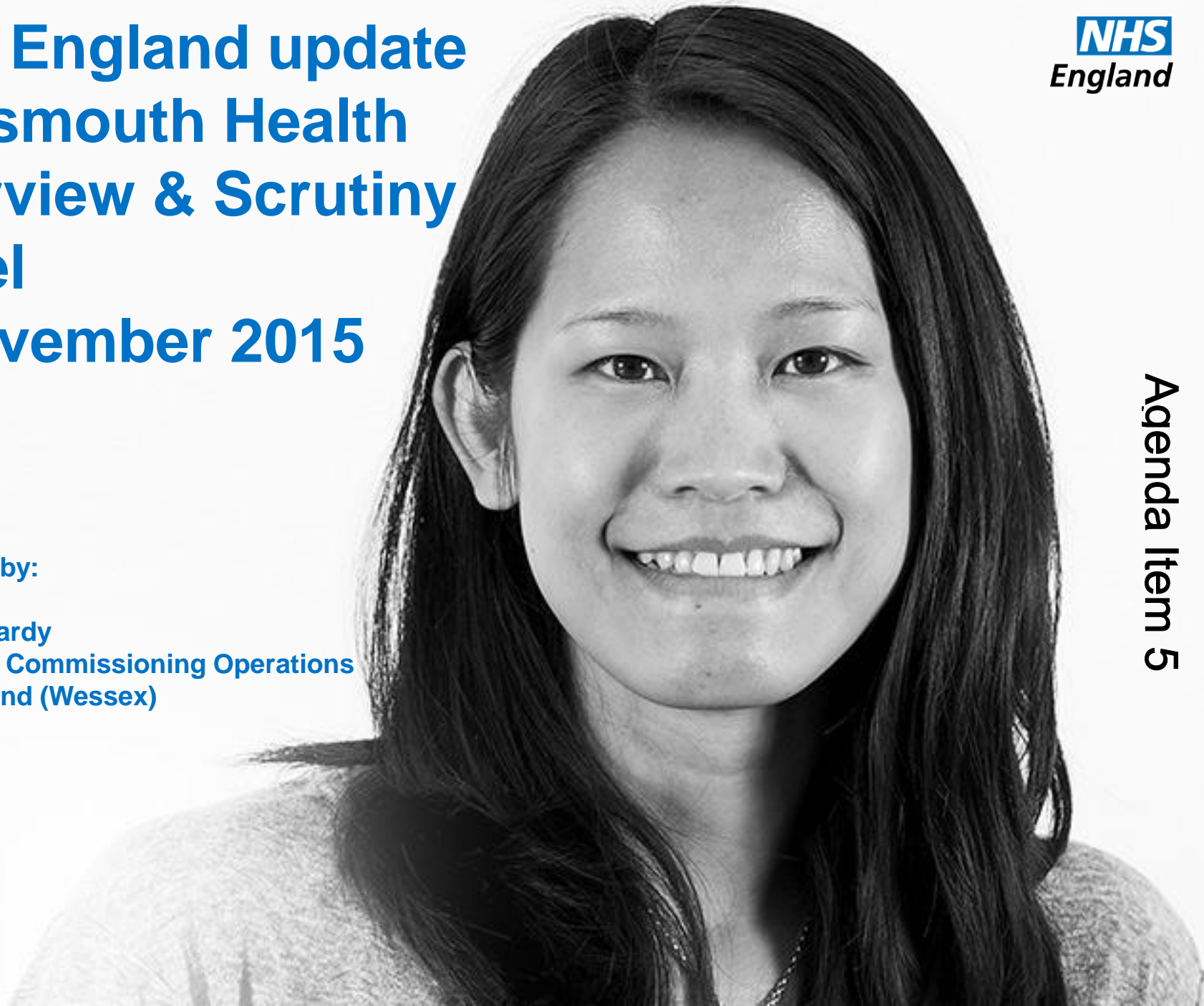
In terms of the future – it would be possible to make both units POVS compliant and stand alone. This would involve Portsmouth providing vascular services for Chichester and both units would require substantial investment with consultant appointments and development of facilities. However this model would probably only be sustainable in the short term. In the long term both units may have difficulty in recruiting consultants and trainees and 7 day working would need more consultants on a 1 in 8 rota or greater.

The alternative and more appropriate long term sustainable option would be centralisation of services on the Southampton site. This option would likely lead to a high class vascular facility but would require capacity and resource issues to be addressed. The success of this centralised model would require-

1. Significant cooperation from the vascular surgeons to provide adequate services at the hub and spoke hospitals.
2. Capacity issues at Southampton to be addressed.
3. A clinical lead to be agreed and appointed.
4. Clear demonstration by Southampton Trust of a willingness to invest and develop vascular services.
5. A staggered merger should be avoided.
6. Reconfiguration of services is difficult and can be prone to misinformation therefore early engagement between local politicians and professional bodies should take place as soon as possible in order to provide accurate information for the public through local media

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NHS England update Portsmouth Health Overview & Scrutiny Panel 3 November 2015



Agenda Item 5

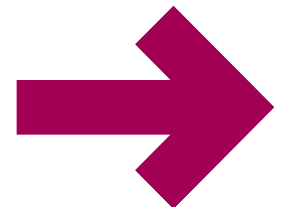
Presented by:
Page 19

Dominic Hardy
Director of Commissioning Operations
NHS England (Wessex)

Contents

- 5YFV New models of care
- Finance
- Performance
- Mental health
- Clinical Commissioning Groups Co-commissioning
- Public health messages
- Workforce - shape of caring review.
- Nursing revalidation

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NHS Five Year Forward View

- Published in October 2014
- A shared vision across seven national bodies
- New care models programme key to delivery
- Focuses on both NHS and care services

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Public Health
England

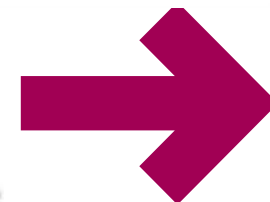
 *Health Education England*

 *Trust Development Authority*


England

Monitor

NICE National Institute for
Health and Care Excellence



Five new care models

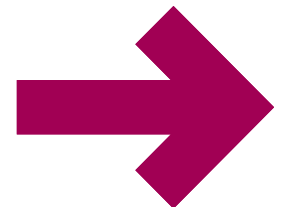
**Multispecialty
community providers**
*moving specialist care out
of hospitals into the
community*

**Enhanced health in
care homes**
*offering older people
better, joined up health,
care and rehabilitation
services*

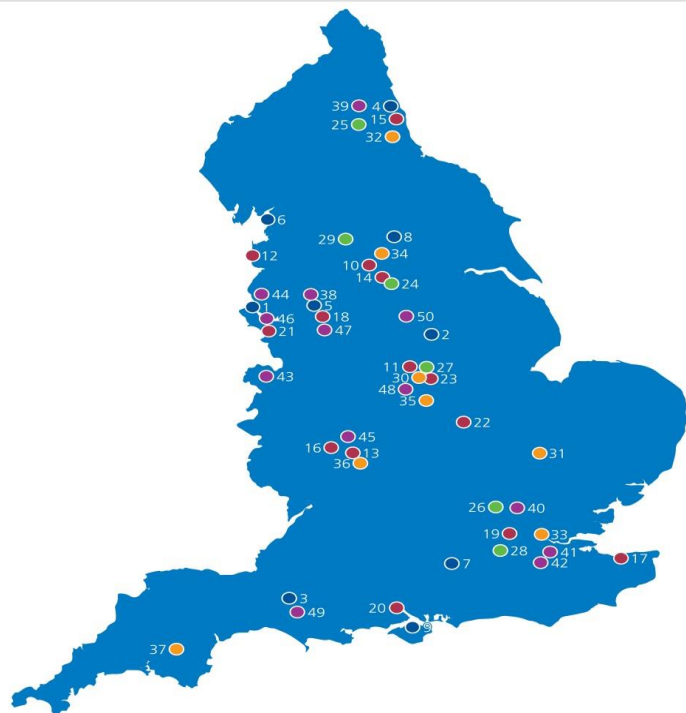
**Integrated primary and
acute care systems**
*joining up GP, hospital,
community and mental
health services*

**Acute care
collaboration**
*local hospitals working
together to enhance
clinical and financial
viability*

**Urgent and emergency
care**
*new approaches to improve
the coordination of services
and reduce pressure on A&E
departments*



50 vanguards developing their visions locally



Page 23

Acute care collaboration (ACC) vanguards	
38	Salford and Wigan Foundation Chain
39	Northumbria Foundation Group
40	Royal Free London
41	Dartford and Gravesham
42	Moorfields
43	National Orthopaedic Alliance
44	The Neuro Network (The Walton Centre, Liverpool)
45	MERIT (Mental Health Alliance for Excellence, Resilience, Innovation and Training) (West Midlands)
46	Cheshire and Merseyside Women's and Children Services
47	The Royal Marsden, Manchester Cancer and UCLH
48	East Midlands Radiology Consortium (EMRAD)
49	Developing One NHS in Dorset
50	Working Together Partnership (South Yorkshire, North Derbyshire and Mid Yorkshire)

Integrated primary and acute care systems (PACS) vanguards	
1	Wirral Partners
2	Mid Nottinghamshire Better Together
3	South Somerset Symphony Programme
4	Northumberland Accountable Care Organisation
5	Salford Together
6	Better Care Together (Morecambe Bay Health Community)
7	North East Hampshire and Farnham
8	Harrogate and Rural District Clinical Commissioning Group
9	My Life a Full Life (Isle of Wight)
Multispecialty community providers (MCPs) vanguards	
10	Calderdale Health and Social Care Economy
11	Erewash Multispecialty Community Provider
12	Fylde Coast Local Health Economy
13	Vitality (Birmingham and Sandwell)
14	West Wakefield Health and Wellbeing Ltd
15	Better Health and Care for Sunderland
16	Dudley Multispecialty Community Provider
17	Whitstable Medical Practice
18	Stockport Together
19	Tower Hamlets Integrated Provider Partnership
20	Better Local Care (Southern Hampshire)
21	West Cheshire Way
22	Lakeside Surgeries (Northamptonshire)
23	Principia Partners in Health (Southern Nottinghamshire)
Enhanced health in care home vanguards	
24	Connecting Care – Wakefield District
25	Gateshead Care Home Project
26	East and North Hertfordshire Clinical Commissioning Group
27	Nottingham City Clinical Commissioning Group
28	Sutton Homes of Care
29	Airedale and partners
Urgent and emergency care (UEC) vanguards	
30	Greater Nottingham Strategic Resilience Group
31	Cambridgeshire and Peterborough Clinical Commissioning Group
32	North East Urgent Care Network
33	Barking & Dagenham, Havering & Redbridge System Resilience Group
34	West Yorkshire Urgent and Emergency Care Network
35	Leicester, Leicestershire & Rutland System Resilience Group
36	Solihull Together for Better Lives
37	South Devon and Torbay System Resilience Group

Further information...

More details can be found on the NHS England website:

www.england.nhs.uk/vanguards

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Or join the conversation on Twitter using the hashtag:

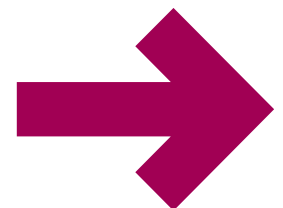
#futureNHS



Public Health
England

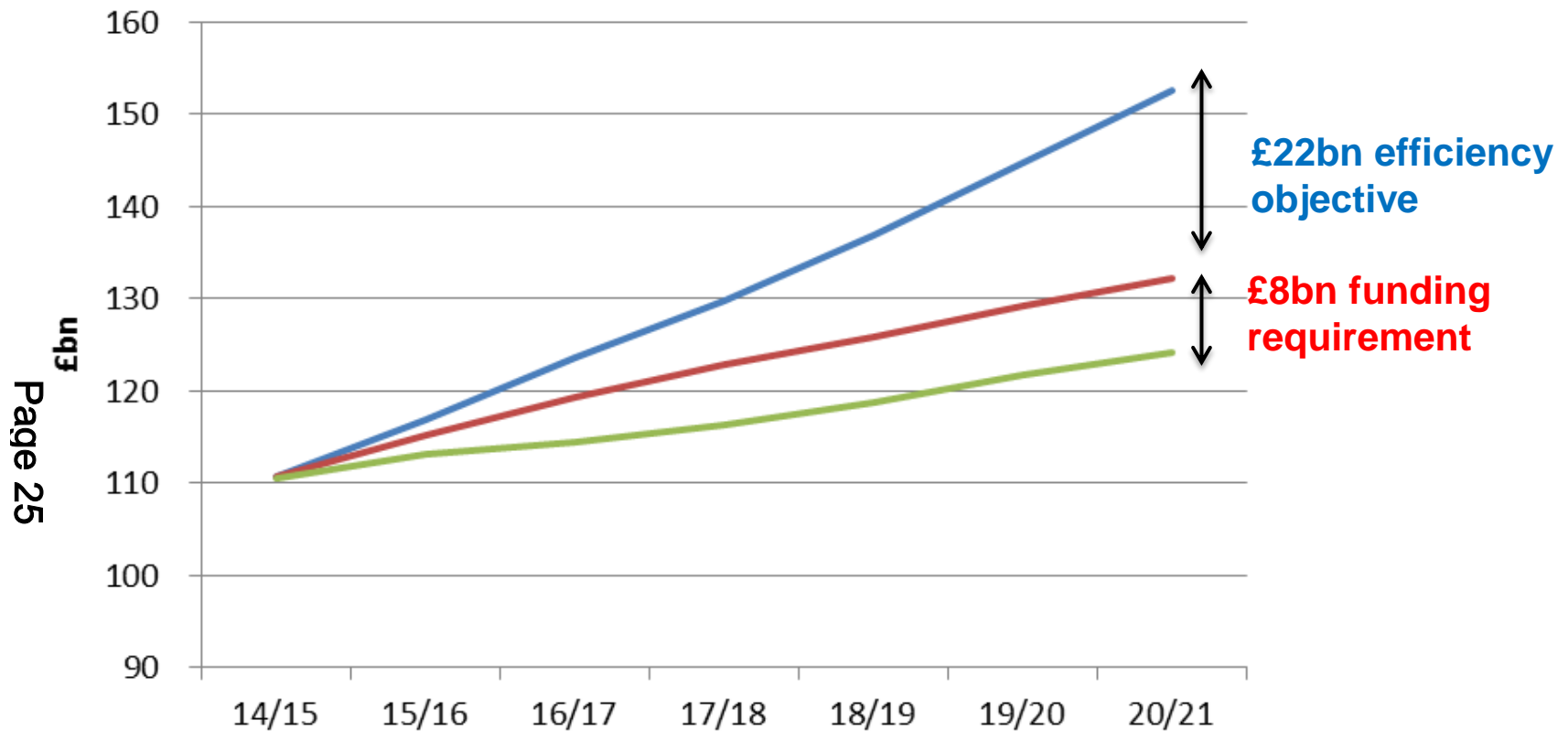


www.england.nhs.uk

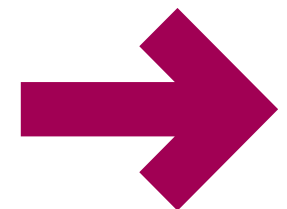


The Financial Challenge

Health Expenditure Projections to 2020/21



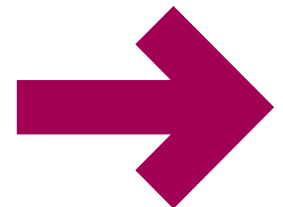
The NHS has to deliver efficiency savings of £22bn by 2020/21 in order to close the gap between funding (red line) and resources required (blue line).



Performance

NHS Constitutional standards remain an NHS England priority. We continue to add challenge and support where standards fall below expectations, particularly in relation to access targets including:

- Page 26
- Consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions.
 - Waiting times for more urgent conditions such as cancer in line with NHS Pledges.
 - The maximum four-hour wait in A&E from arrival to admission, transfer or discharge.
 - Ambulance response times when dealing with emergencies.



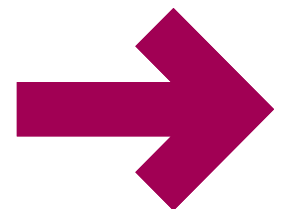
Focus on access to services

- Dementia diagnosis
- I A Psychological Therapy uptake
- Early intervention for psychosis
- Eating disorders

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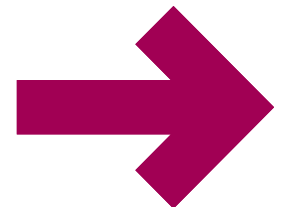
funding for transformation

- CAMHS funding for programme working across boundaries
- Liaison services



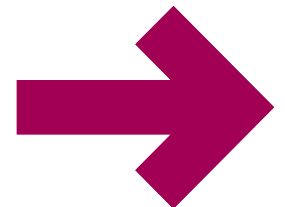
Co-commissioning programme

- CCGs who are not currently delegated commissioners of Primary Medical Care encouraged to apply by 6th November
- 4 CCGs in Wessex already delegated
- NHS England is working with CCGs to develop capacity and capability in:
 - Contracting with GPs
 - Quality improvement
 - GP premises and estate planning
- Challenges:
 - Managing conflicts of interest at all levels
 - Clarity for practices and patients about responsibilities
 - Supporting staff to support CCGs
- NHS England retains responsibility for:
 - Clinical performance of individuals
 - Managing complaints



Public Health messages

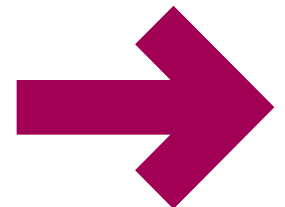
- NHS England increasingly working with public health to ensure healthy messages beginning to be heard in communities:
 - Stay well this winter
 - Flu vaccine
 - Use your pharmacist
 - Keep warm
 - Oral health matters
 - Prevention
 - Screening
 - Immunisation



Workforce

Working with Health Education England re the review of nursing education 'Shape of Caring'

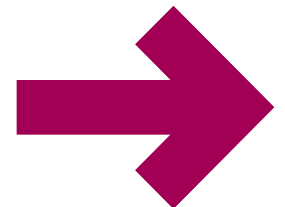
- Page 30
- Effective use of staff we have- recruitment
 - Progression
 - Development of healthcare assistants and progression pathways for careers
 - Multi-professional working



Revalidation of nurses

To commence in April 2016 -All nurses required to revalidate every 3 years

- Patient feedback
- Reflective practice
- 450 Hours of practice over 3 years
- Attendance at continuous professional development
- Good character /good health
- Indemnity insurance
- Sign off



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Ursula Ward MSc MA
Chief Executive

Trust Headquarters
F Level, Queen Alexandra Hospital
Southwick Hill Road
Cosham
PORTSMOUTH, PO6 3LY
Tel: 023 9228 6877

Chair, Health Overview & Scrutiny Panel
Customer, Community & Democratic Services
Portsmouth City Council
Civic Offices
Guildhall Square
Portsmouth
PO1 2AL

20 October 2015

Dear Chair

Update letter from Portsmouth Hospitals NHS Trust

I write to provide the Health Overview Scrutiny Panel with an update from Portsmouth Hospitals NHS Trust. The NHS is a challenging environment just now and whilst the Trust continues to be extremely busy we continue to provide the full range of services and to further build upon many of our success to date.

The ongoing pressures in the workplace are clearly seen in our workforce. This is compounded by some staffing shortages which we continue to supplement with bank and agency staff as necessary to continue to provide safe and effective care for our patients. That said we have been extremely proactive with recruitment campaigns including overseas, particularly nursing staff. We have had great success in recruiting from abroad and it was a relief to have confirmation that nursing is to be included in the shortage occupation list with immediate effect. We continue to work with the Universities in ensuring our workforce requirements for the future are being met. Our strategy is to continue to recruit substantial staff thus reducing our reliance on temporary and agency staff. Our staff as ever are truly committed and continue to work over and above the call of duty.

The unscheduled care pathway performance remains challenging. We continue to see a rise in attendances and increasing demand for services for the frail elderly population. The hospital is running at occupancy rates frequently well in excess of 94% and that is even with additional escalation beds opened. Despite these pressures performance improved from 82.3% in July to 86.95% in August. The key area within the Trust for further improvement is delivery of the ward standards and discharge targets set by our Clinical Service Centres in their 'Safer' bundles. This will require an improvement in the number of 'simple' discharges achieved by clinical teams and good progress is being made.

The key area for improvement for partners is the sustainable reduction in the number of patients that do not need to be in an acute bed for their continuing health or social care. The number of patients in this group is frequently in excess of 130 at any given time, the equivalent of 4 wards. It was agreed several months ago, as part of the system wide Accountability Framework that there would be no more than 64 patients in the first instance in a hospital bed who did not need to be there. This issue is particularly acute on the Medicine for Older People wards and is being escalated with partners and the CCG to resolve.

We remain very focused on other key national standards, for example referral to treatment times, cancer waiting times and access to imaging. By and large we are holding well on these standards but continually seeking ways to improve.

Our track record on safety and quality remains central to what we do and as the challenges become ever more difficult, we will be vigilant on our monitoring of these standards.

We continue to make good progress with our Care Quality Commission (CQC) Quality Improvement Plan. Members will remember that the Trust was inspected by the Care Quality Commission in February 2015, with additional unannounced visits on 25 and 26 February and 2 March 2015. We were delighted that the CQC rated the overall care that our staff provides as outstanding.

Our detailed action plan that has been agreed with the CQC is being implemented and monitored by both the Board and our Regulator monthly. We continue to work with our colleagues within the local health and social care system to effect the system wide changes that were identified as essential by the CQC during the inspection. You can view detailed updates about our performance, finance and other key operating data each month in our [Board Reports](#) at www.porthosp.nhs.uk.

I am proud that we have again been recognised at a national level for our innovation. We won at the EHI Awards in the Best Use of IT to Promote Patient Safety and were also highly commended for our entry in the Best Use of IT to Support Healthcare Business Efficiency.

Our winning project was for the implementation of the Nervecentre Software Hospital@Night solution. Ward requests are entered onto the online software and sent electronically to the hospital at night coordinators who assign tasks to relevant doctors or nurses with a single click. Since the implementation of Hospital@Night our results have shown huge improvements to patient care. Notably, the system has significantly reduced wasted time allowing nurses and doctors to spend more time on the wards with the patients. The latest results show that there has been 100% reduction in out of hours adverse deaths and a 50% reduction in red and amber incidents.

Our other EHI Award success was led by our Procurement team who have undertaken a major project to implement a best-practice inventory management system fully utilising GS1 standards. We are one of the first hospital Trusts in the UK to roll out a single inventory management system across the entire organisation. As an industry best practice example, we are already heralded as the NHS benchmark for inventory management success. Our ultimate long-term goal at the start of the implementation was to have the ability to track all products through to point of use, at patient level; something which few hospitals have accomplished, which we have achieved and will now be rolled out to all areas.

We have also been recognised for a prestigious national HSJ Award working together with colleagues at Wessex AHSN. We won in the Value in Healthcare Awards: Value and Improvement in the use of Diagnostics. The winning project is: MISSION Severe Asthma – Modern Innovative Solutions to Improve Outcomes in Severe Asthma.

MISSION Severe Asthma is a project that recognises the benefits to be made in supporting self-care and enabling patients to manage their own conditions. This project uses a model of asthma assessment and care that aims to reduce the length of time before uncontrolled asthma is recognised. MISSION supports two clinics, one rapid access asthma clinic and one severe asthma assessment clinic.

At the beginning of the sessions 64% of people who responded to a patient survey said that they felt confident or very confident in managing their asthma; at the end of the sessions this increased to 93%. Data from three participating surgeries also show a 24% reduction in oral steroid courses and a 25% reduction in non-routine GP appointments. This work is being led by Professor Anoop Chauhan who is a Respiratory Consultant here in the Trust. We are looking to see how this way of caring for patients with asthma could be applied across a number of other chronic disease areas. Feedback for General Practitioners and patients has been hugely positive.

As I said above the hospital continues to be extremely busy with high numbers of patients accessing the complete range of our services. It is ever important that we maintain the standards that we have been achieving to minimise patient exposure to infections.

Research published in the journal BMJ Quality and Safety shows how our combination of simple clinical measures and computer-based surveillance promptly identifies and manages patients who had been infected with Norovirus. This has meant that Norovirus outbreaks in our hospital dropped by 91% between 2009-10 and 2010-14. The drop was much larger than the reduction in outbreaks reported by other hospitals in the Wessex region and across England.

Norovirus is the most common cause of epidemic gastroenteritis and outbreaks in hospitals are frequent, particularly during winter. The virus causes diarrhoea and vomiting, and can cause fatal complications. When a Norovirus outbreak is identified, affected wards may be closed to admissions resulting in a loss of bed capacity, often during the winter months when bed pressures are at their highest. Outbreaks also result in a loss of productivity, as many staff may be affected.

We worked with The Learning Clinic to develop computer software called VitalPAC Infection Prevention Manager. It uses an existing hospital-wide electronic vital signs system (VitalPAC), which uses Apple iPods to record patient observations such as nausea and vomiting, to create a series of alerts that highlight potential cases of norovirus infection. It speeds up notification of the infection prevention and control team, who can then respond faster by instituting simple bedside measures. Where appropriate, patients were moved into isolation, hand hygiene measures were enhanced and bed areas, crockery and utensils were intensively cleaned to prevent infection spread.

This innovation sets us apart from other hospitals in England. By application of simple measures we have significantly reduced the number of cases of Norovirus and other gastrointestinal viruses which can cause serious and unpleasant symptoms in patients and massively disrupt the operational capacity of the hospital. The combination of new technology and better training and organisation of our staff has contributed hugely to our successful results in this field.

Our relationship with our military colleagues is as important as ever. We are delighted to have received an Employer Recognition Scheme Silver Award in recognition of our support of reservists. We work closely with our Military Defence Unit South colleagues, employing a number of reservists whom we support by allowing them time to undertake the necessary training and deployments to fulfil both their military and NHS commitments.

As our elderly population increases we need to be innovative in considering different ways of working to support this vulnerable part of our society. Thus we have launched a new service called Home from Hospital. Older people's charity, Royal Voluntary Service, supported by funding from Legal & General has allowed this to happen. The service means volunteers are working alongside hospital staff to prepare older patients for going home and supporting them following their discharge with up to six weeks of regular home visits to help them settle back in their own environment.

As part of the service, the volunteer will prepare the person's home, making sure the heating and lights are on and that the kitchen is stocked with essentials. Once home, they offer companionship and simple tasks such as helping with shopping, collecting prescriptions and medication and providing transport to follow-up medical appointments. In addition, they can refer onto other services if required by the individual and help plan longer-term social and practical help.

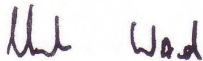
This support can make a huge difference to patient recovery. Previous research conducted by the charity, assisted by the Kings Fund, identified that older people returning home from hospital without enough support are more than twice as likely to be readmitted within three months.

We continue to work as part of the wider community across the city and are committed to making our contribution beyond healthcare. Our commitment to the apprentice scheme remains and the benefits on both sides have been enormous.

As the second largest employer in the city, we have much to offer and are committed to making a wider contribution.

Finally, I am pleased that our 2014/15 annual report is now available following our Annual General Meeting on 24 September 2015. Copies have been sent out, but you can also view [online](#) at www.porthosp.nhs.uk

Yours sincerely

Handwritten signature of Ursula Ward in black ink.

Ursula Ward MSc MA
Chief Executive

Agenda Item 8

SOUTHERN HEALTH NHS FOUNDATION TRUST

Report

Committee:	Portsmouth Health Overview and Scrutiny Panel
Date:	3 November 2015
Title:	Care Quality Commission Comprehensive Inspection Action Plan Progress Update
Presented by:	Dr Chris Gordon, Chief Operating Officer and Director of Performance, Quality and Safety

Contact name: Tracey McKenzie

Tel: 02380 874288

Email: tracey.mckenzie@southernhealth.nhs.uk

1. Executive Summary

1.1 This report seeks to update the Portsmouth Health Overview and Scrutiny Panel regarding progress against the Care Quality Commission (CQC) action plan which was implemented following the comprehensive inspection of Southern Health NHS Foundation Trust in October 2014.

1.2 Following the publication of the CQC comprehensive inspection reports in February 2015, Southern Health submitted an action plan containing 129 actions which it agreed to undertake to address the areas for improvement identified.

1.3 As of 31 July 2015, 106 of these actions have been completed and the Trust is on track to complete the other 23 actions within their target dates.

2. Recommendations

2.1 That the Portsmouth Health Overview and Scrutiny Panel notes and discusses the report

3. Care Quality Commission (CQC) Comprehensive Inspection Action Plan Progress Update

3.1 Background

CQC defines areas for improvement within their comprehensive inspection reports as either 'must do' or 'should do'. A total of 129 areas for improvement were highlighted within the 18 reports received by Southern Health NHS Foundation Trust in February 2015 and the Trust has treated these all as 'must do' actions. Existing action plans were reviewed further to the inspection reports being received and a comprehensive plan of actions was put into place to deliver required improvements.

The Trust is driving delivery of these improvements through its Quality Programme which is led by Chris Gordon, Director of Performance, Quality & Safety and Chief Operating Officer, with support from Tracey McKenzie as the Quality Programme Manager.

All action plans were agreed with Commissioners and approved by the Strategic Oversight Group and Trust Board - Quality & Safety Committee prior to submission to the CQC on 25 March 2015. Actions were split into 'Internal' – those which the Trust is able to deliver and 'External' – those which require support from Commissioners to deliver.

The Head of Compliance is responsible for highlighting to the action leads when CQC actions are due to be completed and gaining assurance of completion. They are responsible for holding the CQC action owners to account and securitising evidence supplied to ensure compliance.

Each of the 129 actions are also allocated to one of the eight quality workstreams within the Quality Programme. The actions within the CQC action plan are specific to the service where CQC identified an issue. The remit of the workstreams is to review the issue across all services and put in place quality improvement processes in order to ensure that the issue would not occur elsewhere.

The Quality Programme Steering Group meets monthly and reports progress against the CQC action plan and other quality improvement objectives up to the Quality and Safety Committee via the Quality Improvement and Development Forum.

3.2 Current position

Good progress has been made against the CQC action plan. Status as of end July 2015 – of the 129 actions identified by CQC:

- 106 completed
- 23 on track to be completed by the target date
- None at risk of slippage

- None overdue

Appendix 1 gives a summary of the progress against each action.

Assurance has been gained against each action and plans are in place to validate actions via peer review visits to sites. During July & August 2015 eight units were visited to review progress against the ligature related actions as part of a thematic peer review.

CQC visited three sites during August to carry out a re-inspection – Ravenswood near Fareham a medium-secure unit for adults with serious mental illness, The Ridgeway Centre in High Wycombe and Southfield, a low-secure specialist mental health inpatient service in Calmore. At the time of writing the Trust was still awaiting the draft reports. Once received, the reports will be reviewed and any learning will be shared across the trust to ensure all other services are delivering the standards expected by CQC at their re-visits.

In order to ensure on-going compliance, divisions need to ensure they have processes in place to monitor the effectiveness of the actions they have taken. This should be built into their routine quality assurance processes and validated via their peer review programme.

Action Plan for:

CQC inspection Oct 14 - Internal Actions

Version No: FINAL V1.0	Date: 25/03/15	Approved by: Trust Board - Quality & Safety Committee - 23/03/15 Commissioners - Strategic Oversight Group - 24/03/15	Produced by: Tracey McKenzie - Head of Compliance / CQC Programme Manager
Progress last updated: 27/08/2015 - TM			

Ref No	Core Service	Sites within core service that action is relevant to	CQC actions required	Action/s to be taken	Who is responsible for completing the action	Who is accountable for ensuring the action is completed?	Date action must be completed	Action Progress	Progress - to include position statement, risks, obstacles, action taken etc.	Quality Programme workstream
					Name & Job Title	Name & Job Title	dd/mm/yyyy	Blue=Complete Green= Begun/On Track Amber= Risk of slippage Red=Overdue		
1	Acute Wards/ PICU	Elmleigh	Ensure appropriate and safe staffing levels are consistently maintained	A staffing uplift has been completed to ensure safe levels of staffing on the unit in line with recent configuration of services. Ongoing: 1.1 Continuing daily meetings to discuss staffing 1.2 Rota to be managed by Ward managers to address clinical skill mix 1.3 Ongoing advertisement of posts and actively pursuing recruitment of staff 1.4 Matron to ensure input into weekly safer staffing teleconference across the Trust to report staffing levels 1.5 AMHT Manager to report to monthly performance slot and Quality and Safety Meeting any issues regarding staffing levels	Ward managers- Ben lihou, Holly Whiteley	Naomi Edge Acute Care Pathway Manager	31/12/2014 Monthly performance slots ongoing	Blue	Progress to date: COMPLETED	WORKFORCE
2	Acute Wards/ PICU	Elmleigh	Ensure emergency equipment including resus equipment and defibrillator is located on or close to the wards	2.1 The equipment has been moved to a central point within Elmleigh Unit 2.2 The Resus lead will ensure all policies on equipment are followed and up to date in line with recent Trust wide audit of equipment needs	Emma Mallard Resus Lead	Susan Hampton Modern Matron	30/01/2015	Blue	Progress to date: January 2015 Emma Mallard recently completed training and taking lead. COMPLETED 17/04/2015 Elmleigh Emma Mallard: moved emergency bag to the middle of the hospital and we have evidence that the checks are completed monthly as per policy.	PATIENT SAFETY, REPORTING & LEARNING
3	Acute Wards/ PICU	Elmleigh	Ensure high quality clinical supervision and performance appraisal be provided to staff at regular intervals and staff are supported	3.1 Action plan in place to ensure any outstanding appraisal is completed 3.2 Supervision structure in place with additional Band 6 posts to be filled 3.3 Band 6 staff rotated onto nights to spread supervision to all staff throughout 24hours 3.4 Monthly supervision spreadsheet provided by Ward Managers to Modern Matron for sign off.	Ben Lihou and Holly Whiteley -ward managers	Naomi Edge Acute Care Pathway Manager	30/04/2015	Blue	Progress to date: 2014/15 Appraisals completed, action tracker produced to monitor completion of 2015/16 Appraisals. Supervision strategy in place for monthly managerial supervision and weekly clinical supervision (encompassing group supervision, reflective practice and skills training). Band 6 nurse recruited to work permanent nights, and all other Band 6 staff working a rotation to cover the remaining night shifts. Spreadsheet to monitor supervision in use.	WORKFORCE
4	Acute Wards/ PICU	Elmleigh	Address shortfalls in BLS and ILS training (shown on Sept14 dashboards)	4.1 Organise training locally for ILS/BLS for staff at Elmleigh 4.2 LEaD and Elmleigh working on dates 4.3 Suitable premises identified 4.4 Area Lead Nurse to monitor all training compliance as Area Lead for Training. 4.5 Ward Managers to report compliance at Monthly Performance Slot	Holly Whiteley and Ben Lihou ward managers	Susan Hampton Modern Matron and Nikki Duffin, Area Lead Nurse	29/05/2015	Blue	Progress to date BLS: Male Ward – All staff are complete or booked on to attend, with the exemption of 1 member of staff who DNA'd- this is being investigated and rebooked Female Ward: All staff are complete or booked to attend. ILS: Male ward – all staff are complete Female Ward – all staff are complete or booked to attend	WORKFORCE
5	Acute Wards/ PICU	Elmleigh	Address shortfalls in PRISS training	5.1 Organise local training for PRISS inc. sourcing venue 5.2 Work with LEaD to organise suitable dates 5.3 Area Lead Nurse to monitor all training compliance as Area Lead for Training 5.4 Ward Managers to report compliance at Monthly Performance Slot	Ben Lihou and Holly Whiteley -ward managers	Susan Hampton Modern Matron, Nikki Duffin, Area Lead Nurse.	29/05/2015	Blue	Progress to date Male Ward – all staff are complete or booked on to attend with the exception of 2 members of staff who are currently medically exempt and 1 other who is on long term sick. Female Ward – all staff are complete or booked on to attend. The vast majority of those booked onto courses are those that have started in the last 3 months which is why some of the dates are after the deadline	WORKFORCE
6	Acute Wards/ PICU	Elmleigh	Ensure ligature risks identified for removal, are removed	6.1 Door stops were removed in November 2014	Ben Lihou and Holly Whiteley -ward managers	Susan Hampton Modern Matron	28/11/2015	Green	Progress to date: All door stops have been replaced and this action complete. Other anti-ligature risks at Elmleigh will form part of the Anti-ligature task and finish programme of works.	ESTATES
7	Acute Wards/ PICU	Elmleigh	Ensure systems in place to assess and monitor quality of service are effective in bringing about improvement	7.1 Quality and safety report to be shared with staff 7.2 Improvement plans to be shared via business meeting to all staff 7.3 Data warehouse to be used to plan improvements and shared during supervision with ward managers and team leads. 7.4 Audit programme to be utilised to support overall quality and performance elements of the service	Ben Lihou and Holly Whiteley -ward managers with support from ACPM and Modern Matron	ACPM Naomi Edge and Susan Hampton Modern Matron	01/05/2015	Blue	Progress to date 20.05.15 There is a planned fortnightly Quality and Safety meeting with ward managers and band 6 staff where audit action plans will be managed and reviewed. The Care Navigators at Elmleigh will also do ongoing audit against service standards which will also feed into the Quality and Safety meeting. Evidence supplied	GOVERNANCE

8	Acute Wards/ PICU	Antelope House	Ensure seclusion facility complies with MHA CoP and allows continuous observation of people by staff.	8.1 Undertake an option appraisal and agree a preferred option with capital funding to ensure seclusion room is fit for purpose. 8.2 This will include consideration to fix the bed in a static position, and add mirrors within the room to where required to reduce blind spots.	Fiona Hartfree, Acute Pathway Manager	Joe Jackson General Manager	31/03/2016	Green	Progress to date: This action is being led by acute pathway manager and general manager once they have agreed what needs to be done a case for change needs to be submitted to the Trust infrastructure group for funding. 8.2 responsibility for delivering this action is being led by the on site clinical team who advised bellrock 2 weeks ago of the requirement , mirrors and fixed bed being implemented by bellrock the approved Lift co in house estate service and there is a 10 week lead time for the bed	ESTATES
9	Acute Wards/ PICU	Parklands	Ensure women do not have to walk past male bedrooms to use bathrooms and toilets	9.1 Review ward environment with Estates Project Manager to identify potential solution to existing single sex accommodation concerns. 9.2 Submit Case for Change documentation 9.3 Complete Works. 9.4 Ensure risk documentation is complete to address potential risks prior to works being completed.	Nick Seargent, ACP Manager, Estates Project Manager	Graham Webb General Manager	31/03/2016	Green	Progress to date: CP 1 has been submitted to Capital Group for consideration as priority. CQC Requirement was for two rooms to be changed from a bathroom to a shower room. Clinical service has expanded the brief to include 9 rooms which is outside of the CQC requirement and not within the current financial funding source. Decision to proceed resides with clinical manager and Trust infrastructure group.	ESTATES
10	Acute Wards /PICU	All inspected	Ensure there is sufficient & detailed recording of mental capacity and consent to treatment in people's care records.	Capacity and Consent are part of the MDT template. Discussion about decision-specific assessments will be recorded in patients notes on RiO. All using the service to receive as a minimum a weekly capacity and consent to treatment assessment (based on individual decision-specific matters), or when capacity changes or consent to treatment is withdrawn, these will either be incorporated into the Weekly Multidisciplinary Team meeting that is then recorded on RiO or added to RiO as required. This will include key actions: 10.1 the wards are to introduce a template as part of the supervision process to review capacity and consent, and this will be used with all staff. 10.2 the assessment of capacity and consent will be reviewed in relation to decision specific matters and recorded as a minimum each ward round/ weekly and recorded on RiO.	Acute Care Pathway Managers working with ward managers	Acute Care Pathway Managers/ Modern Matrons	30/04/2015	Blue	Progress to date: Updated 27/4/15 10.1 The supervision template for Antelope House has been updated to reflect the need to review capacity and consent, and is now currently in service. 10.2 Capacity and consent is captured in the weekly ward review, using the below template. This is now in use. New Form to be implemented from the 1/5/15 to be the same for all areas	CAREPLANNING / RECORDKEEPING
11	Acute Wards /PICU	All inspected	Ensure people using the service are involved in discussions and decisions about their care and this is consistently recorded in their care records.	11.1 To complete an action learning set to identify ideas and approaches that will strengthen involvement of service users in their care within inpatient units. 11.2 Hold a service user engagement event to help identify some solutions and ideas to supporting care planning processes in inpatient areas 11.3 Undertake quality improvement initiatives using PDSA to trial new ideas 11.4 Complete a piece of work to evaluate and progress the most effective solutions	Kate Sault- Trust Care Planning Lead working with the Acute Care Pathway Managers/ Service user groups	Tim Coupland Associate Director of Nursing	30/06/2015	Blue	Progress to date: Implementing Hope, Agency and Opportunity Care Plan Pilot implemented in May. Will be reviewed as part of PDSA cycle in July and then rolled out to other teams COMPLETED	CAREPLANNING / RECORDKEEPING
12	Acute Wards /PICU	All inspected	Make clear plans or invest and improve maintenance in the existing buildings.	12.1 Work with estates to complete environmental audits/PLACE and identify priority programmes to improve existing buildings and estates 12.2 Oversee via programme management an estates programme 12.3 Identify key risks and mitigation via the risk register, reviewed at monthly Quality & Safety Meeting.	Nina Davies (Service Improvement Lead) working with Modern Matrons and Estates	Sally Banister Associate Director of Business Development	30/09/2015	Green	Progress to date: This action is being led via the anti-ligature task and finish group.	ESTATES
13	Acute Wards /PICU	Elmleigh	Ensure staff are appropriately trained and actively support people to stop smoking	13.1 Smoking cessation programme to be developed for all inpatient areas including: -Smoking cessation training (May 2015) with Quit for Life trainer to start -to agree link worker approach in each inpatient area to support stop smoking initiative -to undertake environmental review in each area to resolve practical challenges in supporting service users regarding smoking cessation	Acute Care Pathway Managers working with ward managers/service users	Tim Coupland Associate Director of Nursing	01/01/2016	Green		WORKFORCE
14	Acute Wards /PICU	Elmleigh	Ensure there are sufficient opportunities for physical exercise for people on PICU	14.1 PICU decommissioned in November 2014	N/A	N/A	N/A	Blue	Progress to date: COMPLETED - PICU decommissioned in November 2014. Action will be considered in relation to other PICUs as part of activity of patient experience workstream	PATIENT EXPERIENCE & ENGAGEMENT
15	Acute Wards /PICU	Melbury	Ensure bedroom doors provide sufficient privacy for people whilst enabling staff to maintain adequate observations	15.1 Case for change has been completed and submitted to replace doors with ones that allow adequate observation.	ACP Manager, Estates Project Manager	Graham Webb General Manager	31/03/2016	Green	Progress to date: Case for change has been completed and submitted	ESTATES
16	Acute Wards /PICU	Melbury	Ensure recording of people's mental capacity is detailed & includes evidence underpinning the judgement	16.1 Clinical staff will be reminded/supervised and supported in the requirement to meet CoP requirements in relation to recording of informed consent of mental capacity. 16.2 All clinical reviews will include consideration and documentation of capacity & consent within RiO. (see ref 10)	ACP manager working with Ward Manager	Graham Webb General Manager	30/04/2015	Blue	Progress to date: Updated 27/4/15 Dr's include an assessment of capacity and consent on their weekly MDT review meeting template and these will then be recorded weekly.	CAREPLANNING / RECORDKEEPING

17	Acute Wards /PICU	Melbury	Ensure explanations of people's rights under S132 are consistently documented	17.1 All staff to be reminded of the CoP. It will be the responsibility of the admitting nurse that when the patient is read his/her rights that it is documented in the diary when this needs to be repeated. 17.2 Undertake reflective practice session for those staff where audits identify deficits in practice 17.3 Use clinical audit of notes to identify and spot manage any times where S132 is not explained	ACP manager working with Ward Manager	Graham Webb General Manager	30/04/2015	Blue	Progress to date: Updated 27/4/15 This was recorded as complete in February 2015, The MHA team now provide the ward staff with an updated daily list as to who needs to have their rights given. Charge nurse also carries out weekly checks. As of february 2015 the team have been tasked with completing incident forms for every breach	CAREPLANNING / RECORDKEEPING	
18	Acute Wards /PICU	Melbury	Ensure on-going & planned work to improve environment, in terms of removal of ligature risks, is completed	18.1 The 2 bathrooms and shower rooms will be fitted with anti-ligature furniture, work is scheduled to commence 16/02/2015	Estates	Estates	31/12/2015	Green	Progress to date: Bathroom, showers and toilets are ligature friendly final changes to the bathroom environment still outstanding and will be complete by end of June due to the lead time for delivery of items such as radiator covers.	ESTATES	
19	Acute Wards /PICU	Antelope House	Ensure individual risk assessments are completed for people prior to going on S17 leave	19.1 Ensure the policy and procedure including associated procedures relating to risk assessment adequately supports staff in clear methodical decision-making around S17 leave 19.2 Review using appreciative enquiry, approaches to risk assessing S17 leave and identify themes and perspectives that we can improve on through quality improvement approaches 19.3 Link quality improvement ideas to the development of new consistent tools and checklists to support safe S17 leave 19.4 Engage in AHSN Patient Safety Collaborative to share learning and pilot new ideas using improvement methodology	Acute Care Pathway Managers/ Matrons	Tim Coupland Associate Director of Nursing	30/06/2015	Blue	Progress to date: The section 17 leave policy has been revised to include a specific section (section 7) on risk assessment. This pulls the relevant parts of SH CP 27 and 28 policies on risk management into the section 17 policy itself and reminds staff that the risk assessment of section 17 leave needs to be done in conjunction with the principles/practice outlined in those documents.	CAREPLANNING / RECORDKEEPING	
20	Acute Wards /PICU	Antelope House	Ensure episodes of restraint are not carried out in 'face down' position	20.1 The Trust to integrate DH guidance into training and policies/procedures 20.2 Trust to employ a Consultant Practitioner for Patient Safety to lead and oversee the programme on driving down episodes of prone restraint 20.3 Trust to use its annual programme of work via the SAFER forum to support services to find other methods of least restrictive practice	Consultant Practitioner for SAFER services (tbc)	Tim Coupland Associate Director of Nursing	31/12/2015	Green	Progress to date: Excluding Bluebird we are under the national average for prone restraint (0.23 restraints per 10 beds, national mean is 0.5 per 10beds). Current position for Bluebird House shows a marked reduction use of overall restraint and in particular prone restraint. 17/04/2015 We have a bi-monthly report to QID now in the diary highlighting key issues and the latest report presented covers all the key plans and proposals for (2015/16)	PATIENT SAFETY, REPORTING & LEARNING	
21	Acute Wards /PICU	Antelope House	Ensure enhanced observations of people are recorded	21.1 The observation recording sheets will be amended to allow more accurate recording of observations on all MH wards across the Trust 21.2 The observation training will be refined and revised where appropriate to ensure more accurate recording of MH observations	Acute Care Pathway Managers/ Matrons	Tim Coupland Associate Director of Nursing	30/04/2015	Blue	Progress to date: Updated 24/4/15 - COMPLETED observation paperwork agreed policy and training matrix has been updated, email matrons to say has training been implemented	CAREPLANNING / RECORDKEEPING	
22	Acute Wards /PICU	Antelope House	Ensure, on Hamtun, blanket restrictions in place in respect of two telephone calls a day, no baths after 10.00pm and availability of snacks/drinks are reviewed to make sure individual needs are met.	22.1 The ward is to remove all notices with regard to bathroom use. (completed) 22.2 There will be no restriction of phone use. All patients will be able to use their mobile phones. Access to a telephone can also gained via the public pay phone on the ward, or staff mobile phones. (completed) 22.3 Care plan's will be implemented, where required, should the use of a mobile phone constitute a clinical risk 22.4 A capital bid has been made for a drinks machine to allow patients to make drinks at any time they wish In the interim, a dedicated members of has the responsibility of providing drinks to patients. (Currently awaiting outcome)	Brendan O'Reilly - Area Lead Nurse	Joe Jackson General Manager	30/04/2015	Blue	Progress to date: 22.1 & 22.2 have been completed updated 27/4/15 22.1, 22.2, 22.3 : Evidence provided to confirm that the actions have been completed on the ward. 22.4 The capital bid has been approved, and items have been delivered	CAREPLANNING / RECORDKEEPING	
23	Acute Wards /PICU	Parklands	Ensure where CCTV cameras are used in communal areas and on wards that people using the service are informed of this	23.1 Place signage on the wards informing SU and visitors to make aware that CCTV is in use within the ward area 23.2 To include information regarding the use of CCTV is included in the Welcome Pack. Note: A wider review is underway to ensure Trust wide guidance on use of CCTV reflects published CQC guidance	ACP Manager, Ward Mangers and SU Involvement Manager.	ACP Manager	09/02/2015	Blue	Progress to date: COMPLETED - Temporary signage in place and permanent signage on order. Additional action to review of Trust wide guidance to be actioned via Quality Programme as CQC guidance as only just been published Updated 27/4/15 Permanent signs are on order and will replace the existing ones put in place post inspection visit. Details about the use of CCTV has also been added to patient information given to patients on admission.	PATIENT EXPERIENCE & ENGAGEMENT	
24	REMOVED BY CQC FOLLOWING FACTUAL ACCURACY CHANGES										
25	Acute Wards /PICU	Parklands	Ensure environmental risk assessments are completed clearly, action taken to remove risks, and a record made of arrangements in place to manage or mitigate the risks.	25.1 Complete environmental assessment in line with Trust policy, including action taken to mitigate risk. 25.2 Identify works programme to address risks identified in environmental risk assessment. Note: See ref 12	Nina Davies (Service Improvement Lead) working with Modern Matrons and Estates	Sally Banister Associate Director of Business Development	31/03/2016	Green	Progress to date: Awaiting completion of environmental assessment. CP1's have been submitted where environmental risk has already been identified.	ESTATES	
26	Acute Wards /PICU	Parklands	Ensure at Parklands Hospital the dirty utility facilities are not in the laundry room because of the risk of cross contamination.	26.1 Consider option to create separate dirty/clean utility - this might require removal of the macerator from laundry room preventing further use. Estates / Infection Control lead to visit ward and advise.	Ward Manager	ACP Manager	30/04/2015	Blue	Progress to date: COMPLETED The Macerator has been removed from the PICU	ESTATES	
27	REMOVED BY CQC FOLLOWING FACTUAL ACCURACY CHANGES										
28	REMOVED BY CQC FOLLOWING FACTUAL ACCURACY CHANGES										

29	Community-based Mental Health Services for Adults of Working Age	All inspected	Work with local commissioners of services to improve access to local acute psychiatric admission beds.	29.1 Area Bed protocol has been developed to ensure that there is a more robust process for access and discharge from acute beds. Protocol has been shared with both Hampshire and Soton commissioners. 29.2 Undertake a broader review of bed provision into the medium to longer term to ensure sustainability and availability of beds within Hampshire.	Area Managers	Kate Brooker-Associate Director MH	30/06/2015	Blue	Progress to date: Area protocol has been implemented, pathways and access to acute beds are not currently consistent across all 4 units. This is part of MH Service strategy for 15- 16 Internal actions completed	PATIENT EXPERIENCE
30	Community-based Mental Health Services for Adults of Working Age	Southampton CMHT	Monitor the caseload to assess the impact of the proposed new staffing structure.	30.1 Monitor the overall caseload size of the CTT, against the baseline of the old staffing structure. 30.2 Monitor the size of individual practitioners' caseload three months after the appointment of the new staffing structure. 30.3 Link work around caseloads to national work on caseload modelling for community mental health teams	Marie Finn - Southampton CTT Team Manager	Joe Jackson General Manager/Tim Coupland Associate Director of Nursing	30/06/2015	Blue	Progress to date: Event taking place in April ISD-wide to challenge model of caseload management - to include MH Caseload review completed.	WORKFORCE
31	Community-based Mental Health Services for Adults of Working Age	Winchester & Andover CMHT	Winchester community team base was in poor repair in some places and staff were unclear about whether there were plans to move or improved facilities	31.1 The premises has been highlighted as a priority within the local Estates Project Board and the Trust Estates Rationalisation Plan there are discussions around potential moves from the building to more suitable accommodation	Service Manager / Estates Business Partner	Graham Webb General Manager	31/08/2015	Green	Progress to date: There are plans to move from Connaught House to Avalon House from September 15. IP&C update - all Housekeeping staff have been reminded of the need to wear PPE when cleaning toilet areas in line with national guidance Mops are washed at Melbury Lodge and transported in different buckets for clean and dirty	ESTATES
32	Community-based Mental Health Services for Adults of Working Age	New Forest CMHT	New Milton community team base was in poor repair in some places and staff were unclear about whether there were plans to move or improved facilities	32.1 There are no current plans to move from the New Milton base, repairs and actions arising from this will be part of the Estates Project Group. Where appropriate capital bid applications will be submitted	Service Manager / Estates Business Partner	Service Manager	31/08/2015	Green	Progress to date: Team are unlikely to move for 18months so estates to visit and identify short term measures	ESTATES
33	Crisis Service / S136 Health Based Place of Safety	All inspected	AMHT service must have operational procedures which inform staff how to provide services which include risk assessment, care planning and sharing information and protect people using the service and staff	33.1 The AMHT Service Manager and the AMHT Lead Consultant will draft an operational policy that is to include how to provide services, risk planning, care planning, and also cover how to protect people and staff using the services. 33.2 The draft document will be submitted to the Southampton Area Integrated Governance and will be considered more widely across all Crisis Services for consistency checking and externally in terms of alignment with the Crisis Concordat Hampshire Action Plan. Meeting for review, and onward progression.	Emma Bekefi - Interim Team Manager, South AMHT	Joe Jackson General Manager	30/06/2015	Blue	Progress to date: 18-6-2015: Approved at AIGM in Southampton virtually in April 2015, then approved at the AMH Service Board in May 2015.	CAREPLANNING / RECORDKEEPING
34	Crisis Service / S136 Health Based Place of Safety	Elmleigh S136 suite	Ensure there are sufficient appropriately trained staff available to provide care to S136 suite when in use, so that safe staffing levels on PICU and wards are not compromised and people put at risk of unsafe care	34.1 A work programme is advanced to commission a new S136 POS service across the county in partnership with Medisec. This will include: - Further work is being undertaken to match competencies with PRISS - Staffing levels will not be compromised on the PICU wards once Medisec undertake observations within the s136 suites - Trust is compiling a training programme for NIC with regards to the delegation of responsibilities - Trust is compiling a training package for Medisec and Trust staff in the Management of children in Crisis	Nina Davies (Service Improvement Lead) working with Modern Matrons and Estates	Tim Coupland Associate Director of Nursing	31/04/2015	Blue	Progress to date: Updated 24/4/15 completed and service in place, monitored under a governance and assurance group which meets monthly	WORKFORCE
35	Crisis Service / S136 Health Based Place of Safety	Elmleigh S136 suite	Ensure that staff working in or covering the S136 suite have up to date training in restraint, break away and de-escalation techniques and BLS/ILS	35.1 A work programme is advanced to commission a new S136 POS service across the county in partnership with Medisec. This will include: - All Medisec staff undertake restraint training - Further work is being undertaken to match competencies with PRISS - All Medisec staff are trained in BLS/ILS - Organise training locally for ILS/BLS for staff at Elmleigh.	ward managers- Ben Lihou, Holly Whiteley . Nina Davies	Tim Coupland Associate Director of Nursing	30/04/2015	Blue	Progress to date: Updated 24/4/15 training for ILS and Priss for Elmleigh is picked up in another action 415 which has completion date 29/05. This action specifically relates to the use and function of the 136 Suite and is complete in terms of specific actions in 35.1	WORKFORCE
36	Crisis Service / S136 Health Based Place of Safety	All inspected	Review S136 policy and consider how those detained under S136 are assessed in more timely manner by a doctor in the first instance.	36.1 The Policy is being reviewed as part of the revised Code of Practice 36.2 The Trust will continue to undertake joint assessment between the Doctor and AMHP, as per the Royal College of Psychiatrists guidelines and best practice described within the CoP	Nina Davies (Service Improvement Lead) working with Modern Matrons and Estates	Tim Coupland Associate Director of Nursing	31/04/2015	Blue	Progress to date: Update 24/4/15 Complete - governance and oversight process in place and will be reviewing all standards related to the CoP via dashboard	CAREPLANNING / RECORDKEEPING
37	Crisis Service / S136 Health Based Place of Safety	All inspected	Ensure that AMHPs attend the S136 suite in a timely manner - 'Assessment by the doctor and AMHP should begin as soon as possible after the arrival of the individual at the place of safety'.	37.1 The Trust is working with the commissioners and Local Authority to improve partnership working and timely attendance of AMHP 37.2 We will develop a 136 dashboard to cover the key components of waiting times for both AMPH and medic response for those detained under section 136. Review of this dashboard will be completed by the 136 quality and governance group to identify the scale of the problem and to drive action to ensure medical and AMHP delays are minimised.	Nina Davies (Service Improvement Lead) working with Modern Matrons and Estates	Tim Coupland Associate Director of Nursing	31/04/2015	Blue	Progress to date: Updated 24/4/15 Complete	CAREPLANNING / RECORDKEEPING
38	Crisis Service / S136 Health Based Place of Safety	All inspected	Ensure all staff involved in implementation of S136 receives necessary training	See ref 34	See ref 34	See ref 34	30/04/2015	Blue	Progress to date: Updated 24/4/15 Complete - medisec now provide this service and have also received training in terms of provision to children	WORKFORCE

39	Crisis Service / S136 Health Based Place of Safety	All inspected	Review lone working procedures, and ensure they adequately protect staff in the S136 suite and the hospital at home service.	39.1 A work programme is advanced to commission a new S136 POS service across the county in partnership with Medisec. This will ensure: -no lone working situations within the s136 suites, as each service user will be observed by 2 members of Medisec staff -Where exceptionally Lone Working procedure (SH NCP 24) is implemented it will include risk assessment/visit planning, PRISS / conflict resolution training, issue of safety equipment, awareness of incident reporting procedures, checking in with base to include a "safe" password or phrase if visit unsafe.	Nina Davies (Service Improvement Lead) working with Modern Matrons and Estates/ working with AMHT Team Managers	Tim Coupland Associate Director of Nursing	30/04/2015	Blue	Progress to date: Updated 24/4/15 COMPLETED	WORKFORCE
40	Long Stay / Rehab Mental Health Wards	All inspected	The programme of activities should be reviewed to ensure that people have access to enough activities to keep them occupied.	40.1 The activities programme will be reviewed regularly to ensure that all people using the services will have a variety of activities to keep them occupied. Hollybank will continue to review activities every 3 months following the patient questionnaire. The activities poster and the OT leaflet are already available in all patients packs.	Carol Barnard, Clinical Manager, Hollybank Alison Vasey, Ward manager, Forest Lodge	Carol Barnard, Clinical Manager, Hollybank Alison Vasey, Ward Manager, Forest Lodge	30/04/2015	Blue	Progress to date: COMPLETED	PATIENT EXPERIENCE & ENGAGEMENT
41	Long Stay / Rehab Mental Health Wards	All inspected	People using the service should be supported to have access to a copy of their care plan.	41.1 All people using the service will be given a copy of their care plan, if they do not want a copy, then it will be clearly documented on RIO as to why they declined. The monthly care plan audit will continue to demonstrate compliance.	Carol Barnard, Clinical Manager, Hollybank Alison Vasey, Ward manager, Forest Lodge	Carol Barnard, Clinical Manager, Hollybank Alison Vasey, Ward Manager, Forest Lodge	30/04/2015	Blue	Progress to date: COMPLETED	CAREPLANNING / RECORDKEEPING
42	Long Stay / Rehab Mental Health Wards	All inspected	The trust should consider if staff working in these services could have more opportunities to meet senior staff.	42.2 Area Manager and Service Managers to actively encourage visits to Rehab units to meet staff by creating opportunities and pulling together a programme of visits with the senior team	Carol Barnard, Clinical Manager, Hollybank Alison Vasey, Ward manager, Forest Lodge	Carol Barnard, Clinical Manager, Hollybank Alison Vasey, Ward manager, Forest Lodge	30/04/2015	Blue	Progress to date: COMPLETED - Kate Brooker & Mary Kloer visited the following units on the following dates and met with staff and service users: Forest Lodge Wed 4th March Crowlin Friday 13th March Hollybank Wed 25th March	WORKFORCE
43	Long Stay / Rehab Mental Health Wards	Forest Lodge	The findings from the ligature audit at Forest Lodge should be used to ensure a risk based plan of works is in place.	43.1 Forest Lodge service manager and Southampton General Manager will review all outstanding work deemed urgent regarding ligature risk, and raise these as part of the Trust wide programme the work required will be prioritised in line with other divisional ligature work streams	Alison Vasey, Ward Manager Forest Lodge & Joe Jackson, Area Manager	Joe Jackson, General Manager	31/03/2016	Green	Progress to date: The original CQC identified works have been completed. Further issues may be identified via the anti-ligature task and finish group	ESTATES
44	MH Secure/Forensic	All inspected	Appropriate measures must be taken to mitigate and manage environmental ligature risks on wards at Ravenswood House and Southfield.	44.1 All patients to have care plans specifically addressing risk of ligature. 44.2 These care plans must be reviewed regularly at times of change of ward or mental state. 44.3 All rooms near the nursing office will have minimised ligatures. 44.4 Work to reduce ligatures across the whole unit. One ward to decant to enable work to be carried out safely. 44.5 review of location of parabolic mirrors 44.6 Development of a full business case for re-provision of Ravenswood	1. CSM, 2. CSM, MM 3. Director of Estates 4. Estates 5. Exec Team	Associate Director & CD & Director of estates	Some completed. Major work 31/12/2015 44.6 30/06/2015	Green	Progress to date: 44.1 & 44.2 MINOR WORKS COMPLETED Ligature risk poster in place at Ravenswood MAJOR WORKS IN PROGRESS	CAREPLANNING / RECORDKEEPING
45	MH Secure/Forensic	All inspected	Staff on wards at Ravenswood House and Southfield must ensure they are familiar with the procedure for checking and replacing ligature cutters.	45.1 All staff to complete ligature training using scenarios and ligature packs. Agency staff are included. E learning package to be developed. Scenarios are in place where there are particular concerns. Meeting held with training dept. 12.12.14 to look at resources available for training. 45.2 Standardised ligature pack agreed (16.12.14) 45.3 All clinical staff have easy access to information of the ligature risks within their environment and how these are managed. 45.4 Checking of ligature packs and cutters to be added to Security Checklist and	1. LEaD & ward managers 2. CSM & MM 3. MM	LEaD & CSM	30/06/2015	Blue	Progress to date: Date of 30/06/15 confirmed by LEaD for development of e-learning package to support current learning/training in place	WORKFORCE
46	MH Secure/Forensic	All inspected	The provider must record all incidents of restraint and seclusion in line with the Mental Health Act Code of Practice.	46.1 Policy for Seclusion to be reviewed. 46.2 Trust wide review of restraint policy and procedures.	Siven Rungien/Mayura Despande/Nicki Duffin	Tim Coupland Associate Director of Nursing	46.1 completed 46.2 underway to complete 30/04/2015	Blue	Progress to date: 46.1 COMPLETED Seclusion policy will be reviewed again in March 2015 to incorporate the provisions within the revised MHA Code of Practice 46.2 complete - Updated 24/4/15 UPDATED POLICY PUBLISHED	PATIENT SAFETY, REPORTING & LEARNING
47	MH Secure/Forensic	Southfield	All staff at Southfield must ensure they are familiar with the trust's Seclusion and Segregation Policy as some patients at Southfield were not afforded the safeguards of the Mental Health Act Code of Practice when being "de-escalated" in the units seclusion area.	47.1 Southfield have used Trust wide seclusion documentation on every occasion the high care suite is used in accordance with the Code of Practice and the policy. Ward manager has been monitoring this. 47.2 Policy for Seclusion to be reviewed.	Seclusion paperwork audited by MHA administration team/ Policy review: Siven Rungien/Mayura Despande	Tim Coupland Associate Director of Nursing	Completed.	Blue	Progress to date: Seclusion policy will be reviewed again in March 2015 to incorporate the provisions within the revised MHA Code of Practice We have also achieved a reduction (to date) of use of seclusion by 20%. 17/04/2015: Seclusion audit completed and reported to QID. Policy updated COMPLETED	PATIENT SAFETY, REPORTING & LEARNING
48	MH Secure/Forensic	All inspected	The majority of staff at ward level at Ravenswood House and Southfield did not feel that the forensic directorate leaders or senior trust managers were visible and approachable.	48.1 All senior staff are doing nursing shifts across the services. There is a regular patient and staff forum which is advertised. 48.2 The service management structures are being redesigned in accordance with the new divisional structures. 48.3 New Clinical Director for services to provide a more visible and effective leadership	Nicki Brown Associate director Specialised Services & Amanda Taylor CD	Nicki Brown Associate director Specialised Services & Amanda Taylor CD	30/04/2015	Blue	Progress to date: Updates 24/4/15 New CSD's to be appointed on April 29th Matron appointed for southfield	WORKFORCE

49	MH Secure/Forensic	All inspected	Whilst the provider had a governance structure in place they could not be confident about its efficacy as a significant number of staff were not familiar with it.	49.1 Divisional Structures are being reorganised and the service structures will be redesigned to match these. This will be communicated to all staff. 49.2 The learning from incidents will be better embedded into the team meetings and teaching programmes	Nicki Brown Associate director Specialised Services & Amanda Taylor CD	Nicki Brown Associate director Specialised Services & Amanda Taylor CD	30/04/2015	Blue	Progress to date: Updated 24/4/15 New structure to be introduced in May 2015	GOVERNANCE
50	MH Secure/Forensic	All inspected	Some staff at Ravenswood House and Southfield were not familiar with safeguarding procedures or their responsibilities should they be concerned that a patient was at risk of abuse.	50.1 All staff to complete safeguarding as part of mandatory training. 50.2 Junior medical staff also complete this and systems are in place for this to be monitored through the postgraduate education dept and the director of education. Junior Medical staff are not able to engage with other training unless this has been completed. 50.3 Run patient scenarios to test out learning in practice and record learning on team meeting notes	Rachel Coltart Performance lead Jane Hazelgrove Director of Education	Nicki Brown Associate director Specialised Services	50.1/50.2 completed 50.3 30/04/2015	Blue	Progress to date: 17/04/2015: the summary of 17 medical staff 1 staff member is non-compliant with Safeguarding Children Level 2 training. The y are all compliant with Safeguarding Adults Level 2 training. 19/04/2015 update: 50.2 Junior medical staff unable to take study leave unless mandatory training completed. Monitored by DME (email 22nd January). Updated 24/4/15 - Induction checklist which goes to all junior doctors includes -section 6; - training and development requirements For trainees who are in the trust and rotating to a new post a reminder goes to them at each rotation	PATIENT SAFETY, REPORTING & LEARNING
51	MH Secure/Forensic	All inspected	Staffing levels on some wards at Ravenswood House and Southfield meant that patients were not able to take Section 17 escorted leave.	51.1 Staffing is under review, recruitment is being reviewed by the Trust. There is a rolling programme of recruitment locally and an annual recruitment programme will be agreed. 51.2 Appointed a member of workforce team to address this specifically for Specialised services. 51.3 Senior staff working in clinical roles to support safer staffing	Nicky Bennet, Clinical Services Manager	Nicki Brown Associate director Specialised Services	30/04/2015	Blue	Progress to date: Updated 24/4/15 Internal actions completed - further work will continue to maintain levels	WORKFORCE
52	Child and Adolescent Mental Health	All inspected	There was no policy for the use of restraint and the lack of recording in relation to this did not demonstrate this was carried out appropriately.	52.1 Trust wide review of restraint policy and procedures.	Nicki Duffin, Lead Nurse	Tim Coupland Associate Director of Nursing	30/04/2015	Blue	Progress to date: Updated 24/4/15 seclusion policy reviewed again in March 2015 to incorporate the provisions within the revised MHA Code of Practice 46.2 complete COMPLETED - POLICY PUBLISHED	PATIENT SAFETY, REPORTING & LEARNING
53	Child and Adolescent Mental Health	All inspected	The policy for seclusion did not comply with the Code of Practice: Mental Health Act 1983, and there was a lack of sufficient records to demonstrate this had been managed appropriately.	53.1 Policy for Seclusion to be reviewed.	Siven Rungien/Mayura Despande	Tim Coupland Associate Director of Nursing	Completed .	Blue	Progress to date: We now have better definitions of time out, seclusion and longer term segregation with associated practice guidance and consistent paperwork Seclusion policy will be reviewed again in March 2015 to incorporate the provisions within the revised MHA Code of Practice We have also achieved a reduction (to date) of use of seclusion by 20%. COMPLETED - POLICY PUBLISHED	CAREPLANNING / RECORDKEEPING
54	Child and Adolescent Mental Health	All inspected	The management of young people nursed on close observations, and general observations were not robust or recorded appropriately to demonstrate that young people were appropriately monitored.	54.1 New Trust observation documentation has been issued and is being consulted widely to incorporate into the observation policy	Sarah Leonard, Acute Care Pathway Manager	Tim Coupland Associate Director of Nursing	30/04/2015	Blue	Progress to date: Updated 24/4/15 - COMPLETED observation paperwork agreed policy and training matrix has been updated, email matrons to say has training been implemented	CAREPLANNING / RECORDKEEPING
55	Child and Adolescent Mental Health	All inspected	There was no evidence in relation to capacity assessment and consent in relation to the requirement of the Mental Capacity Act 2005 and Gillick Competencies/ Fraser Guidelines.	55.1 Leigh House has incorporated within the template for weekly clinical meetings the review of capacity and consent of patients. 55.2 SHFT to formulate specific training on capacity and competence assessments in young people. 55.3 Documentation of assessments of capacity/competence in patient records when medication is prescribed. NOTE all patients in Bluebird House subject to detention under the MHA 1983.	Responsible Clinicians & CSD for each service Tim Coupland Associate Director of Nursing (training elements)	Nicki Brown Associate Director of Specialised Service/	30/04/2015	Blue	Progress to date: Updated 28/4/15 Capacity and consent has been added to the weekly ward round template and also to the medication agreement form for young people. Dr has also completed some in-house training around DOLS and capacity for the nursing team and with the arrival of new nurses, more are booked in for the future.	CAREPLANNING / RECORDKEEPING
56	Child and Adolescent Mental Health	Leigh House	Ligature risks within the environment were not always appropriately managed. In particular, the seclusion area at Leigh house had a number of ligature risks that had not been assessed or minimised to reduce risks to young people.	56.1 Ligature Risk Assessment completed in October 2014 and an agreed action plan is in place to deal with the risks identified	CSM, Modern Matron & Facilities Manager	Associate Director of Nursing, Associate Director of Specialised MH Services, Modern Matron	TBC, awaiting E&FM finalisation of works programme	Green	Progress to date: Note Assessment Completed and Action plan in place, works programme being agreed	ESTATES
57	Child and Adolescent Mental Health	Leigh House	During the night at Leigh House there were three staff on duty, which did not take into account the dependency needs of the young people, or of the management of incidents during this time.	57.1 Staffing has been reviewed and nurse staffing levels increased depending on clinical need. 57.2 The increased staffing required will be made permanent in April 2015.	Modern Matron & CSD	Nicki Brown Associate Director for Specialised Services	30/04/2015	Blue	Progress to date: Updated 24/4/15 57.1 Staff recruitment ongoing but otherwise completed Now have right staff levels.	WORKFORCE
58	Child and Adolescent Mental Health	Leigh House	The young people at Leigh House were not encouraged to be involved in the care planning or reviews about their care.	58.1 All young people now have a Collaborative Care Plan. 58.2 Service users have drawn up a ward round feedback document and will be invited to attend	Responsible Clinicians, Clinical Ward Manager & Primary Nurses	Nicki Brown Associate Director for Specialised Services	01/01/2015	Blue	Progress to date: Updated 24/4/15 patients are now invited to ward rounds and offered opportunity to comment on care plans Introduction of collaborated care plans and response prevention care plans.	CAREPLANNING / RECORDKEEPING

59	Child and Adolescent Mental Health	Leigh House	The majority of young people using the service of Leigh House felt that the service was planned around needs of the eating disorder specialism, and that those with mental health needs did not receive the same level of support for their needs.	59.1 The team are aware of the potential dynamics within the milieu and there is a system in place to consider and balance the differing diagnoses. 59.2 The service will maintain close links with the commissioners to ensure the patient mix is correct on a monthly basis.	Responsible Clinicians, CSD & Modern Matron	CSD & Modern Matron	01/01/2015	Blue	Progress to date: Updated 24/4/15 meeting held with commissioners and case managers to discuss case mix Discussed in the weekly business meeting, community meetings, with the advocacy service and attempt to redress the clinical balance whenever possible.	PATIENT EXPERIENCE & ENGAGEMENT	
60	Child and Adolescent Mental Health	All inspected	Health checks were not carried out routinely. Some care plans around physical health checks were lacking, whilst others were generic for the young people.	LEIGH HOUSE 60.1 Ensure health checks are carried out routinely on admission, ongoing as part of the care of all patients, following prescribing of medication, at the time of discharge and at any other time as required. 60.2 Ensure all physical observation charts are taken to the MDT handover 5 days per week for review. 60.3 Establish an ECG monitoring for all patients on the Eating Programme, on prescribing of psychotropic medication and if otherwise indicated. 60.4 Establish a liaison service with the local paediatrician to review ECG results. BLUEBIRD HOUSE 60.5 Review Physical health care plans for all patients were reviewed and amended where required. 60.6 Ensure Physical health care plans for all patients are reviewed upon admission, at each CPA and whenever clinically indicated.	Admitting Doctor, Responsible Clinicians, Nurse Practitioners, CSD and Modern Matron	CSD	01/01/2015	Blue	Progress to date: Updated 24/4/15 completed for BBH and Leigh House All young people have a physical assessment on admission. All have a nutritional care plan and are weighed regularly. Where a physical health issue is identified they will have a physical health care plan. The physical health folder containing the physical observations of young people is taken to the daily MDT handover and reviewed by medical staff.	CAREPLANNING / RECORDKEEPING	
61	Child and Adolescent Mental Health	All inspected	There was no trust transition policy to support young people transitioning into adult services, or clear care pathways for young people. The discharge of young people was not discussed or planned as part of the admission to the service.	61.1 The Trust has a Transition Protocol in place; work is underway to review and identify areas for improvement (involving Tier 3 community CAMHS (Sussex Partnership NHS Foundation Trust), Tier 4 CAMHS, adult mental health and EIP services (Southern Health NHS Foundation Trust)). BLUEBIRD 61.2 Potential discharge pathways are considered at the patient's first CPA, three months following admission, and this is evidenced in the CPA minutes.	Associate Director of SS	Associate Director of SS	30/06/2015	Blue	Progress to date: Updated 28/4/15 1. Transition policy for young people presenting with psychotic symptoms (CAMHS to E.I.P. services) in place 2. Protocol for transition from CAMHS to Adults services 3. study day on transition between services	CAREPLANNING / RECORDKEEPING	
62	Child and Adolescent Mental Health	All inspected	The majority of staff we spoke with felt there was a lack of senior management input and understanding as to what happened in the services. Some felt empowered by this, though others said it made them feel disconnected from the trust senior management.	62.1 To put in place a programme to ensure increased visibility and support of senior managers in the units and opportunities to meet with the staff team.	Associate Director of SS	Associate Director of SS	31/05/2015	Blue	Progress to date: Updated 28/4/15 Senior leadership programme in place to support visibility- evidenced by senior teams diary and programme of visits to service.	WORKFORCE	
63	Child and Adolescent Mental Health	All inspected	The staff we spoke with were not aware of any trustwide initiatives to seek feedback from young people/ other users of the services or staff.	63.1 Ensure the Trust Patient Experience survey is shared with all staff by the organisation once it has been returned by the young person 63.2 Ensure feedback from young people using the service is a standing item on the Integrated Governance meeting agenda, as is the monthly Voices 4 Choices meeting.	Modern Matron	CSM & CSD	30/04/2015	Blue	Progress to date: Updated 28/4/15 The awareness of Trust feedback mechanism from young people and staff to the staff induction pack has been added to the induction pack for all nurses and HCSWs.	PATIENT EXPERIENCE & ENGAGEMENT	
64	OPMH community	All inspected	Work with local authorities to ensure social services input is flexible, responsive and teams are facilitated to work closely to ensure best outcomes for patients & relatives.	64.1 Integrated rapid response project currently underway 64.2 CMHTs to continue to be actively involved in the Better Care process 64.3 To invite social services staff to health education opportunities 64.4 Via supervision ensure that referrals to social services are made in a timely manner 64.5 With colleagues in social services write a 2 sided sheet clearly stating eligibility for each other services 64.6 Offer hot desk facilities where possible in each others bases 64.7 Exec work currently underway regarding integration with adult services ensure presence at ICT meetings	Sharon Harwood Sharon Osterfield Matthew Sheehan Angela O'Brien	Laura Rothery Michelle Edwards Nicky Seargent	30/04/2015	Blue	Progress to date: Linked to joint working with Solent programme Linked to ICT ways of working ICT monthly Steering group joint chaired by SHFT and HCC. Update 24/4/15 Within Southampton every cluster meet monthly to further integration on a local level. 2 awaydays with adult services present have taken place Within the West of Hampshire monthly/bimonthly ICT meetings take place locally to support integration; CQUINS completed with support from adult services - including rapid response CQUIN.	WORKFORCE	
65	OPMH community	All inspected	Ensure patients have sufficient access to clinical psychology input if needs for talking therapies are too complex to be managed by IAPT.	65.1 Undertake a review of Psychology resources across all CMHTs with a view to creating an appropriate workforce plan. Recruit to plan	Laura Rothery Michelle Edwards Nicky Seargent	Gethin Hughes Chris Ash	31/07/2015	Blue	Progress to date: East - Contract signed and vacant post has been approved to be recruited to - recruitment process in progress. North - Psychology service in place.	WORKFORCE	
66	REMOVED BY CQC FOLLOWING FACTUAL ACCURACY CHANGES										
67	OPMH community	Fareham & Gosport OP CMHT	Systems in place to monitor caseloads need improvement to ensure the wellbeing of patients and staff	67.1 Completed during inspection week	Julie Edwards	Michelle Edwards	complete	Blue	Progress to date: Completed during the inspection Review Event planned for 17th April 2015	WORKFORCE	
68	OPMH inpatients	All inspected	Ensure that guidelines provided by the DH for same sex accommodation and the MHA CoP regarding same sex accommodation are adhered to and where there are breaches, that there are mechanisms in place within the division and the trust to report them.	68.1 Ward manager and Modern Matron to ensure ward is compliant with same sex accommodation requirements. 68.2 Any concerns to be escalated via ISD management team and appropriate actions agreed. 68.3 All breaches to be reported via Trust incident reporting system.	Ward manager, Modern Matron.	Michelle Edwards	complete	Blue	Progress to date: Completed escalation procedures put in place during the inspection week	PATIENT EXPERIENCE & ENGAGEMENT	

69	OPMH inpatients	All inspected	Ensure that robust plans exist on each ward to manage identified ligature risks, and where people are at risk that risk management plans relating to ligatures are identified in individual risk assessments and care plans	69.1 All wards have an up to date Ligature risk assessment and action plan. 69.2 All patients on and during admission to have up to date Risk assessment and care plan to support any risk identified. 69.3 All individual patient risk to be reviewed in MDT ward round on a minimum weekly basis adhering to Ward round template.	Ward Manager. Inpatient consultant.	Tracey Eddy - Inpatient Clinical Director OPMH inpatient Matrons	30/04/2015	Blue	Progress to date: All wards have updated their ligature risk assessments & action plans. All patients where risks of suicide are prevalent have an up to date risk assessment and care plan. Discussed in ward round.	CAREPLANNING / RECORDKEEPING
71	LD community	Ox/Bucks teams	The trust must ensure it supports staff working in the Oxfordshire and Buckinghamshire community services appropriately in order to facilitate them to perform their roles effectively	71.1 A scoping exercise/ survey will be completed for all staff across the LD Division to ascertain what additional development and training staff need to be able to perform their job which is not currently provided through our training department. 71.2 A scoping exercise/ survey will be completed for all staff across the LD Division to help ascertain what staff support staff need from the senior leadership team in order for staff to be able perform their roles effectively.	John Stagg: Lead for QI	Jennifer Dolman: Clinical Director	30/06/2015	Blue	Progress to date: 28.05.15 Survey was completed on 11th May and the information is being analysed now. The survey covered non Stat and Mandatory training and development needs as well as communication and support across all staff at all bands and had a 45% return. 10 focus groups were undertaken across all areas and this information is to be analysed. This action is on track. 30/06/15 - COMPLETED	WORKFORCE
72	LD community	All inspected	The trust should ensure that capacity assessments can be located and accessed with ease in the electronic patient records. they should also ensure that best interest meetings are structured in line with the mental capacity Act and staff are trained to be able to implement this.	72.1 The LD Service Specific Guidance finalised on 06.01.15 details the recording of capacity assessments. This will be disseminated to all staff and be available on the trust web site 72.2 The LD Clinical Records Group (CRG) will devise a short presentation to be utilised by all teams during governance and business meetings and for supervision purposes which provides information on the recording of capacity assessments in both the EPR and secondary care records.	John Stagg: Lead for QI Alistair Upton: Informatics Clinician	Jennifer Dolman: Clinical Director	30/05/2015	Blue	Progress to date: 28.05.15 SSG is in place and a final version is officially signed off. The LD Clinical Records Group have completed the guidance for recording in RIO for use in team meetings and supervision.	CAREPLANNING / RECORDKEEPING
73	LD community	All inspected	The trust should review the referrals to the community learning disability teams that have breached target timescales to ensure people's needs are met.	73.1 The change to how RIO is used to record referrals was completed in January 2015. The second stage to implement the Team Process in Oxon & Bucks is now in the second stage which relies on Team Managers and Clinicians to follow the guidance for entering referrals, implementing the Service Specific Guidance and for Team Managers to run their case load and manage referrals and MDT plans on completion of core assessment process 28 days after referral. Once the first appointment is booked the waiting time stops.	Heads of Service	John Stagg: Lead for QI Heath Gunn: Divisional Director	31/05/2015	Blue	Progress to date: 28.05.15 Reported in LD CRG 21.04.15 that CTLDs are following the guidance in terms of new referrals and waiting times. There had been a record of breaches in one Oxon team which was addressed by the HoS and the Team Manager. The guidance, training for clinicians and process are in place - COMPLETED	PATIENT EXPERIENCE & ENGAGEMENT
74	LD inpatients	Ox/Bucks units	The trust must ensure that all staff are aware of incidents that have taken place in the service and where relevant in other parts of the trust and the learning from these incidents	74.1 Quarterly report on incidents will be circulated to all teams services within the division. This will include analysis of incidents along with lessons learnt. This will be shared through Quality and Safety meetings and locality Governance meetings. 74.2 All chairs of County Governance Groups will add incident reporting and learning to the agenda for each governance meeting (Team & County meetings which will in turn be reported through the SPR)	CSD Heads of Service	John Stagg: Lead for QI	30/06/2015	Blue	Progress to date: 28.05.15. Discussed within LD QSM in April 2015. Templates for agendas, reports and minutes are to be standardised. Incident themes, trends and analysis is reported regularly to QSM and this information is cascaded by the QSM reps from different counties and their CSDs to local governance groups. 30/06/15 - COMPLETED	PATIENT SAFETY, REPORTING & LEARNING
75	LD inpatients	All inspected	The trust must ensure the environments where people are cared for are safe.	75.1 Environmental improvements to Evenlode will begin by March 2015. 75.2 A plan for reduction in ligature points, increase in observational mirrors and installation of anti-barricade doors will be submitted to the Trust Capital programme 75.3 A plan for further Anti-Ligature reduction in the Evenlode environment will be submitted to the Trust Capital programme 75.4 Individual risk assessments and safety plans will be put in place for all patients in Evenlode and the Ridgeway Centre	Heads of Service	Divisional Director	31/05/2016	Green	Progress to date: E&FM have agreed the first part and work to reduce ligatures at Evenlode started 17.02.15. The other plans are going into the capital bid for 2015/2016 financial year.	ESTATES
76	LD inpatients	Ox/Bucks units	The trust must ensure that all staff including support workers have training to enable them to meet the specific needs of people using the service.	See point 71 LEaD 76.1 A programme of training will initially commence in Oxfordshire and Buckinghamshire with initial topics to include Makaton and autism awareness. Programme will then roll out in Hampshire. 76.2 Programme of training to continue throughout 2015/16 and will include, although will not be limited to, training in mental health awareness, personality disorder and communication skills to meet identified needs. 76.3 Programme of training will be informed by scoping exercise/survey referred to in section 71.	John Stagg: Lead for QI	Jennifer Dolman: Clinical Director	31/05/2016	Green	IN PROGRESS	WORKFORCE
77	LD inpatients	Evenlode	The trust must ensure it supports staff working in the Oxfordshire service Evenlode so they have regular line management input, understand the changes that are taking place and receive support in an appropriate style to facilitate them to perform their roles.	77.1 Completed - new management structure in place, regular supervision in place and regular visits and communication with Head of Service	Head of Service	Jennifer Dolman: Clinical Director	01/04/2015	Blue	Progress to date: COMPLETED	WORKFORCE
78	LD inpatients	Westview/ Ashford	The trust must ensure on Woodhaven that emergency resuscitation equipment is easily accessible across the two units	78.1 Resuscitation Officer to review arrangements at Westview/ Ashford as to suitability of arrangements by 30.04.15. Completed. The equipment is available in under 2 minutes even with traversing locked doors	Simon Johnson	Head of Service	30/04/2015	Blue	Progress to date: COMPLETED	PATIENT SAFETY, REPORTING & LEARNING

79	LD inpatients		The trust should ensure that patients who are detained have their rights explained to them as frequently as needed and that this is recorded.	79.1 Each patient is written to upon admission, outlining the details of their section and their rights (Complete) 79.2 Each patient is reminded of their rights every three months in line with Trust policy (Complete) 79.3 A poster will be displayed on the ward asking patients if they understand their rights and to discuss with staff if they do not (28.04.2015) 79.4 The Trust's MHA Administration team will be monitoring more closely the provision of MHA information as required. In particular, this will include reporting each breach of the Trust's s.132/130D standard on the Ulysses' incident reporting system. Draft Ulysses pro-forma for MHA Administrators to report s.132/130D breaches (Complete)	Heads of Service John Stagg: Lead for QI	MHA Manager	01/05/2015	Blue	Progress to date: 21.04.15 There is evidence of reading of rights and the team will include diary of reading of rights and how this is done in a way which meets patient's requirements and is therefore timely in accordance with patient needs. Update 20/05/15 - ACTION COMPLETED	CAREPLANNING / RECORDKEEPING
80	LD inpatients	Evenlode	They should also ensure on Evenlode that the times of medical reviews are recorded.	80.1 The time the medic is informed of the seclusion is now recorded in the seclusion documentation and the time of the medical review will also be recorded on RiO.	Siven Rungien	Tim Coupland Associate Director of Nursing	Complete	Blue	Progress to date: COMPLETED	CAREPLANNING / RECORDKEEPING
81	LD inpatients	Evenlode	The window in the seclusion room in Evenlode should also be reviewed to ensure people's privacy is maintained.	81.1 Film will be added to the window - complete	Head of Service	Divisional Director	Complete	Blue	Progress to date: Works completed under PFI	ESTATES
82	LD inpatients	Evenlode	The trust should review the levels of psychology input available at Evenlode to ensure there are sufficient numbers of staff available to support people with complex needs in individual clinical sessions.	82.1 A review of the psychology service will be undertaken with the Consultant Psychologist and Head of Service 82.2 A plan for any changes to the levels of psychology services will be implemented	Head of Service Consultant Clinical Psychologist	Jennifer Dolman: Clinical Director	01/11/2015	Green	IN PROGRESS	WORKFORCE
83	LD inpatients	Evenlode	The trust should explore how people using the service at Evenlode can have access to a more user-friendly copy of their care plan.	83.1 The MDT at Evenlode will agree and implement a care plan format for use with patients (including consultation with the patient group)	Paul Tossi: Service Manager	Head of Service	31/07/2015	Blue	Progress to date: 28.05.15: Plans are in place to liaise with the low secure service to collaborate on accessible care plan use for patients. On track. Update from Linda Kent: Ward Manager Careplans implemented - to be monitored as part of ward governance processes	CAREPLANNING / RECORDKEEPING
84	LD inpatients	Evenlode	The trust should ensure that people using the service at Evenlode have sufficient activities available at the weekend.	84.1 The activity programme for the weekend will be reviewed through the patient meetings and patients will be invited to suggest activities they wish to be arranged at the weekends.	Paul Tossi: Service Manager	Head of Service	Complete	Blue	Progress to date: 21.04.15 There is evidence to support that community meetings have taken place and activities have been discussed. The patients have a meeting on a Saturday morning to plan activities. The evidence to support that these meetings are occurring is to be obtained by the team along with any evidence of samples of patient activities e.g. records of an activity. This also links to action 85.	PATIENT EXPERIENCE & ENGAGEMENT
85	LD inpatients	Evenlode	The trust should ensure that people using the service at Evenlode are satisfied with the lunchtime arrangements where they are served a buffet lunch where people stand up to eat and cutlery is not available.	85.1 Lunchtime arrangements will be discussed through patient meetings to review patient satisfaction and consider alternatives.	Paul Tossi: Service Manager	Head of Service	31/05/2015	Blue	Progress to date: 28.05.15: The arrangements have been reviewed and agreed with patients. This includes food at lunchtime and whether the patients wanted a sit down meal once per week. This is evidenced within the community meeting minutes.	PATIENT EXPERIENCE & ENGAGEMENT
86	LD inpatients	Ridgeway Centre	The trust should consider whether it is safe for staff to start working at the Ridgeway Centre prior to their disclosure and barring checks being in place.	86.1 The Ridgeway Centre will document the risk management plan and how it will be monitored for all staff who commence work prior to DBS checks being returned to ensure the safety of patients, carers and staff. 86.2 The risk management plans will be within the personal file of each member of staff and reviewed at each business meeting.	Paul Munday: Clinical Nurse Manager	Head of Service	01/07/2015	Blue	Recruitment processes in place as per trust policy	WORKFORCE
87	LD inpatients	Ridgeway Centre	The trust should record at the Ridgeway Centre what steps are taken to safeguard people who have been involved in a safeguarding alert to ensure that where needed a suitable protection plan is in place.	87.1. A Safeguarding lead will be in place within the Ridgeway Centre (complete) 87.2 A log of actions relating to safeguarding will be kept (complete) 87.3 Care plans and risk assessments will be updated on RiO to detail the protection plan.	Paul Munday: Clinical Nurse Manager	Head of Service	30/04/2015	Blue	Progress to date: 21.04.15 There has been good progress made by the team who have developed a method of tracking Adult safeguarding alerts. There is evidence of a protection plan (care plan) and the team have developed their MDT records for each patient to show progress for the patient in terms of A&T. The team are further defining these tools which will provide excellent evidence of the team's ability to track Safeguarding alerts, review of risk assessments, protection plans and MDT reviews of safeguarding issues which will include any safeguarding strategy with the LA team.	PATIENT SAFETY, REPORTING & LEARNING
88	LD inpatients	Ridgeway Centre	The trust should ensure that records of multidisciplinary meetings at the Ridgeway Centre contain a clear record of actions and the dates for these to be completed.	88.1 Individual actions are recorded in the progress notes in RiO 88.2 A rolling action log will be kept for the MDT, with agreed targets for completion	Paul Munday: Clinical Nurse Manager	Head of Service	30/04/2015	Blue	Progress to date: 21.04.15 The process of MDT records and identification of actions has been devised. This is progressing well and the team are refining the records to ensure that each patient MDT record has SMART actions and that actions are tracked and outcomed for each patient's MDT meeting record. COMPLETED	CAREPLANNING / RECORDKEEPING
89	LD inpatients	Westview/ Ashford	The trust should ensure on Woodhaven that blanket restrictions about the use of pens are kept under review.	89.1 Pens will no longer be restricted across the service, but will be risk assessed on individual need	Gavin Tulk: Senior Clinical Nurse	Head of Service	31/03/2015	Blue	Progress to date: COMPLETED	CAREPLANNING / RECORDKEEPING

90	LD inpatients	Westview/ Ashford	The trust should ensure that when people are in seclusion on Woodhaven that they are medically reviewed at the correct time intervals.	90.1 A flow chart has been added to the Seclusion folder for Ashford and Westview, to ensure staff are reminded of the process. 90.2 A review of all seclusions will be undertaken by the Ward Manager/Clinical Services Manager in conjunction with the MHA team as part of their annual programme	Gavin Tulk: Senior Clinical Nurse	Head of Service	Complete	Blue	Progress to date: COMPLETED	CAREPLANNING / RECORDKEEPING
91	LD inpatients	Westview/ Ashford	The trust should review the physical environment in the seclusion room located in the Ashford Unit in Woodhaven to ensure peoples privacy and dignity is maintained if they use the toilet.	91.1 Film will be added to the window in the seclusion room to protect the privacy and dignity of patients, whilst ensuring observations are able to safely take place - complete	Head of Service	Paul Johnson E&FM	Complete	Blue	Progress to date: COMPLETED	PATIENT EXPERIENCE & ENGAGEMENT
92	LD inpatients	Westview/ Ashford	The trust should ensure on Woodhaven that care plans providing specific health related guidance such as how to support a person who has epilepsy are signed by the appropriate care professionals.	92.1 Care plans are recorded on RiO - they are not signed by professionals but RiO automatically records the name of the person who has devised the care plan and who reviewed the care plan. 92.2 Staff have received RiO training in December 2014.	Gavin Tulk: Senior Clinical Nurse	Head of Service	31/03/2015	Blue	Progress to date: 21.04.15 Evidence file includes a clear care plan for a patient who has needs related to epilepsy. RiO provides a date and time stamp of the care plan being devised and reviewed/changed along with the details of the person who has compiled the care plan. COMPLETED	CAREPLANNING / RECORDKEEPING
93	LD inpatients	Westview/ Ashford	The trust should try and hold regular community meetings on Woodhaven to support people using the service to be engaged in how the service is operating.	93.1 Community meetings will be in place with minutes available.	Gavin Tulk: Senior Clinical Nurse	Head of Service	30/05/2015	Blue	Progress to date: 28.05.15: These meetings are occurring and there are copies of community meeting minutes available as evidence. COMPLETED	PATIENT EXPERIENCE & ENGAGEMENT
94	LD inpatients	Westview/ Ashford	The trust should ensure the oven on the Ashford unit Woodhaven is replaced so that people can develop their skills in preparing food.	94.1 Service users will have access to cooking facilities to develop their skills	Paul Johnson E&FM	Head of Service	31/08/2015	Blue	Progress to date: 28.05.15: There are 2 cookers now available for patients to cook food during OT session etc.	ESTATES
95	Community inpatients	All inspected	the trust must ensure that controlled medicines are safely stored in accordance with legislation, trust polices and national guidance.	95.1 Estates have actioned the cupboards 95.2 Sites to be audited to check compliance 95.3 During matrons walkaround weekly checks are checked	Sarah Olley Sharon Osterfield Matthew Sheehan Fran Campbell	Laura Rothery Michelle Edwards Nicky Seargent	complete	Blue	Progress to date: COMPLETED Updated 24/4/15 Lymington has been reviewed and have risk assessments in place as can not secure to solid wall. Feel risk is mitigated as far as possible and on risk register	MEDICINES MANAGEMENT
96	Community inpatients	All inspected	The trust must ensure that it has accurate assurance that medicines are stored at a temperature that ensures their effectiveness.	96.1 Immediate action taken to ensure consistent use of the thermometers. 96.2 To develop and launch a SOP and record form for fridge temperatures. - Form to support staff to identify when temperatures are not within normal range. - To audit implementation and effectiveness of form in 6 months - To include escalation procedure	Ward Managers	Inpatient Matrons	complete	Blue	Progress to date: Completed on the week of the inspection	MEDICINES MANAGEMENT
97	Community inpatients	All inspected	The trust must ensure FP10 prescription pads are securely managed in accordance with trust policies and national guidance.	97.1 Ensure all FP10 orders are coordinated by named individuals who are lead for the division. 97.2 All received FP10 orders are logged inclusive of serial numbers 97.3 Ensure all FP10s are returned if staff member leaves or no longer requires FP10 97.4 Ensure that clinicians store FP10s in accordance with medicines management policy 97.5 Ensure that all medications prescribed on FP10 by NMP are recorded in accordance with medicines management policy 97.6 All staff administering medication to have access to adrenaline for treatment of anaphylaxis 97.7 Controlled drugs storage and transportation in accordance with medicines management policy (All the actions above will be supported by staff briefings/awareness)	Clinical Service Directors	Chief Pharmacist	SOPs in place 30/04/2015 Audit tool developed and rolled out by 01/06/2015	Blue	Progress 29/05/15 New SOPs in place and available to staff on trust website. Audit conducted on the usage of FP10s and action plan being developed to look at reducing the use of FP10s across the trust - action being picked up as part of CIP workplan and will be monitored via the Medicines Management Quality Programme Workstream	MEDICINES MANAGEMENT
98	Community inpatients	All inspected	The trust should ensure staff are aware of the descriptors for Never Events that relate to their area of working.	98.1 Locality Governance meetings to cover this in their next agenda - this can then be disseminated	Matrons	Helen Ludford SIRI team	30/04/2015	Blue	Progress to date: 15/04/2015 Example minutes of ISD E Locality meetings showing Never Events and Incident discussion, learning and sharing. ISD W Shared at inpatient governance meeting	PATIENT SAFETY, REPORTING & LEARNING
99	Community inpatients	Sultan / Rowan	The trust should ensure that the Mental Capacity Act 2005 is followed where the environment and locked doors could restrict patient's movement in and out of the wards/buildings.	99.1 OPMH wards posters need to be in place in community inpatient wards explaining that although the doors are locked they are free to leave. Rowan already has poster in place.	Ward Managers	Inpatient Ward Matrons	16/02/2015	Blue	Progress to date: COMPLETED	CAREPLANNING / RECORDKEEPING
100	Community inpatients	All inspected	The trust should ensure that where required food and fluid monitoring charts are fully completed.	100.1 Ward Managers checklist and Matron Walkabout - OPMH template to be shared with community inpatient matrons 100.2 As part of a handover SOP that is being developed it will be incorporate as part of daily bed side handover 100.3 To audit the SOP	Ward Managers	Inpatient Matrons	30/04/2015	Blue	Progress to date: Update 24/4/15 When a patient is identified as needing food/fluid monitoring, sheets are in place and discussed at handover using SBAR New Matrons walk around tool is being piloted and will audit food and fluid charts. COMPLETED	CAREPLANNING / RECORDKEEPING

101	Community inpatients	LNFH	The trust should ensure there is better communication between the surgeons and Lymington New Forest Hospital theatre team, to reduce risk of sudden cancellation of day surgery lists.	101.1 There is a policy in place, the division needs to ensure through SPR that when cancellations take place outside policy we raise formally with the surgeon and provider. 101.2 We are now collecting performance data around cancellations and the impact on patients which will be monitored via SPR	Sarah Olley	Laura Rothery	complete	Blue	Progress to date: COMPLETED	WORKFORCE
102	Community inpatients	LNFH	The trust should develop processes to effectively monitor outcomes for patients undergoing day surgery at Lymington New Forest Hospital.	102.1 To continue with the shared governance meeting with LNFH and UHS which enables two way communication in relation to sharing best practice and issues concerned. 102.2 The appointment of the Clinical Director based at LNFH has improved communication into safety issues directly. 102.3 Develop outcome measures for day surgery	Nimesh Patel Clinical lead	Peter Hockey	01/06/2015	Blue	Progress to date: Clinical service lead for surgery is providing information on Mortality and Mobility information that is discussed at UHS to be shared at Lymington New Forest Hospital. Commencing June 2015. Further work is in progress with UHS to strengthen closer ways of working across the sites to ensure maximum safety for patients. COMPLETED	PATIENT SAFETY, REPORTING & LEARNING
103	Community inpatients	LNFH	The trust should ensure that anaesthetists document their checks of anaesthetic machines prior to surgery.	103.1 Theatre staff to ensure anaesthetist comply with equipment checks 103.2 To audit in 3 months	Claire Bycroft	Nimesh Patel	Complete	Blue	Progress to date: COMPLETED	WORKFORCE
104	Community inpatients	LNFH	The trust should ensure pre-operative assessment processes are streamlined so patients only have to visit Lymington New Forest Hospital on one occasion.	104.1 Review of nursing staff with recruitment of a pre-operative nurse - this is part of a larger project around processes related to theatres 104.2 Review underway in relation to day surgery - to improve patient experience due to streamlining	Ann Catteau	Sarah Olley	01/06/2015	Blue	Progress to date: Recruitment completed and staff in post, staff employed have previous experience of pre assessment and streamlining of services is underway. Work will continue to embed processes. COMPLETED	PATIENT EXPERIENCE & ENGAGEMENT
105	Children	All inspected	The trust should develop a transition process for transfers from child to adult services.	105.1 newly commissioned 16-19 service in School Nursing Specification- project to raise awareness of SN service to colleges and children in this age group and signpost to health services (Project in progress) 105.2 Children in Care Service up to age 25 - Health are part of partnership approach to supporting care leavers transition to adult health services - also with transfer from area to area - maintaining health continuity (This is in place now with an APP and memory stick to 'hold' health records with care leaver as data controller) 105.3 Special School Nurses- Work in partnership with Health team Paediatrician to develop health transition for children with Disabilities/Physical and or Learning (This is in place now) going forward needs commissioner clarity 105.4 Family Nurse Partnership - transition of young parents into adult services- new project as newly commissioned 105.5 Develop guidance within Trust for transition of children (In progress)	1) Ginny Taylor Operational Service Lead 2) Caz Maclean AD Safeguarding 3) Ginny Taylor 4) Liz Taylor AD Nursing Children 5) Liz Taylor AD Nursing Children	Nicky Adamson- Young Director Children's Division and Safeguarding	1) Service spec runs from August 15 - March 16 2) In place now 3) In place now 4) New service starts March 15 Young parent transfer from service in 2-3 years 5) April 2015	Green	Progress to date: 1) work commenced with colleges and Young people exploring how they want information - contract does not start until August 2015 2) App and credit card memory stick to form health passport live. 3) This pathway sits in special schools with the paediatrician who are not our Trusts staff and our staff contribute. We are waiting for this service to be tendered with clearer guidance re pathways Update - 30/04/15 The CIC nurses link with Care Ambassadors who work with HCC as care leavers and represent views of Children in Care. Special School Nursing transition care plans are led by the Local Authority School Nursing 16-18 years - this service starts in August and we will undertake annual audit of 16-18 year old with regards to transition as above	CAREPLANNING / RECORDKEEPING
106	Community adults	All inspected	The trust must take action to ensure sufficient numbers of suitably qualified staff in all community teams and ensure safe caseload levels.	106.1 Maintain safer staffing programme for inpatients and ICT via weekly calls with HOP. 106.2 Daily recording of team status via SITREP. 3. 106.3 Explore Cassandra and identify pilot site. 106.4 Ensure all vacancies and absence are loaded onto NHSP platform 106.5 Access other agencies in discussion with LGM/Duty Manager/HOP	Community Matrons	Area Matrons	30/05/2015	Blue	Progress to date: 29/05/15 - all internal actions completed and now to be embedded 106.1 Winchester District has a rota set in advance for all team leads to call and join in with safer staffing call	WORKFORCE
107	Community adults	Therapy	The trust must take action to ensure sufficient numbers of suitably qualified staff and reduce the waiting time for therapy assessment and treatment in those community teams where waiting times are excessive.	107.1 To review how therapy manage referrals - standardised approach to be embedded 107.2 To implement a change in process on how therapy book appointments, using admin to support and releasing clinical time - audit the amount of clinical time this releases 107.3 To review therapy service spec with Commissioners 107.4 Increase use of clinics for therapy requirements 107.5 Therapy staffing gap analysis undertaken highlighting areas of vacancy and staff turnover. Recruitment paperwork developed and submitted to panel and recruitment underway with budget. 107.6 Best practice sharing of between sites and from other organisations	Therapy team leaders	Area Matrons	30/04/2015	Blue	Progress to date: Work underway with CCG as part of 2015/16 contract to review specification of Therpies and match resource to demand - due to be completed within 6 months. Service Spec being reviewed as part of the ICT change process 29/05/15 107.1 Winchester District Therapists have now undertaken training and is implementing a new application on RIO for managing AHP waits. The pathway was designed by the therapy staff. It enables a paperless system and an immediate way of managing the waiting list through RAG rating. 107.2 Winchester District has a therapy room within the New Avalon site we are working with other services to scope for equipment to enable the room to start to be used. COMPLETED	PATIENT EXPERIENCE & ENGAGEMENT

108	Community adults	All inspected	The trust must take action to ensure that medicines and prescription (FP10) pads are safely managed.	as 97 above	as 97 above	as 97 above	as 97 above	Blue	<p>Progress to date: Progress 29/05/15 New SOPs in place and available to staff on trust website. Audit conducted on the usage of FP10s and action plan being developed to look at reducing the use of FP10s across the trust - action being picked up as part of CIP workplan and will be monitored via the Medicines Management Quality Programme Workstream. COMPLETED</p>	MEDICINES MANAGEMENT
109	Community adults	All inspected	The trust must take action to ensure medication is available and relevant staff are trained in procedures when and where it may be required in a foreseeable emergency.	<p>109.1 Ensure all staff responsible for administration of medicines have access to adrenaline and issue is recorded in a log held by team lead. 109.2 Ensure training for BLS and anaphylaxis is available for all community staff 109.3 Monitor compliance of statutory and mandatory training via service performance reviews and record actions to be taken within management supervision 109.4 Demonstrate completion of clinical competencies for staff members in the treatment of anaphylaxis 109.5 Ensure that NMP complete portfolio of evidence</p> <p>Medicines Management 109.6 Across the Hampshire health economy all adrenaline pre-filled pens (Epi-pen, Jext and Emerade) are made on the medicines formulary and available at our supplying pharmacies. 109.7 The medicines policy (MCAPP) will include a statement on the requirement for nursing staff to carry adrenaline when administering higher risk medicines e.g. vaccine, IV iron preparations.</p>	Community Matrons Pharmacists Clinical Trainers	Chief Pharmacist	30/04/2015	Blue	<p>Progress to date: 29/05/15 109.1 Epipens for Winchester District have now been ordered as per instructions awaiting order and dispensing to all staff members however in interim ampoules of adrenaline are available as usual. 109.2 All staff in Winchester District have or are booked onto BLS. There are 2 members of staff on LTS and 1 on Mat Leave that cannot complete training until they have returned to work. COMPLETED</p>	MEDICINES MANAGEMENT
110	Community adults	All inspected	The trust must take action to ensure that when staff are administering medicines a risk assessment has been undertaken and if required appropriate arrangements are in place for the management of anaphylactic shock.	<p>110.1 Completion of risk assessment in process for administration of medication under the guidance of a Patient Group Directive specific to specialist nursing respiratory and for immunisations within ICTs 110.2 Ensure annual completion of medicines management risk assessment in association with Pharmacy Leads 110.3 Ensure all staff administering immunisations have adrenaline with them and are in date for BLS</p> <p>Medicines Management 110.4 Across the Hampshire health economy all adrenaline pre-filled pens (Epi-pen, Jext and Emerade) are available on the medicines formulary and available at our supplying pharmacies. 110.5 The medicines policy (MCAPP) will include a statement on the requirement for nursing staff to carry adrenaline when administering higher risk medicines e.g. vaccine, IV iron preparations.</p>	Community Matrons Pharmacists Clinical Trainers	Chief Pharmacist	30/04/2015	Blue	<p>Progress to date: 1. PGD for respiratory reviewed in November 14 and ICT immunisation PGD due for review and update by teams in September 15 2. Next due July 15 3. BLS compliance monitored through workforce reports, DPR, 1:1 and PDRs. All registered staff have access to adrenaline in ampoules COMPLETED</p>	MEDICINES MANAGEMENT
111	Community adults	All inspected	The trust should take action to ensure timely ordering and provision of specialised equipment. This is so that patients who require items such as mattresses, cushions or similar equipment which are to be used to prevent harm such as pressure ulcers receive the equipment in time to protect their health and welfare.	<p>111.1 Identify the equipment delays reported through Ulysses (Completed 12/3/15). In 2014 - 37 reports related to equipment supply from equipment store and 11 relate to wheelchair service provision. Thematic review being undertaken and will be shared with HCC at planned meeting 111.2 Ensure that all patients who are in receipt of care receive an assessment of risk in relation to development of pressure ulcers on admission and at weekly intervals thereafter if indicated, as well as on changes to condition (Matrons walkabout tool/Quality Assessment tool and twice yearly Pressure Ulcer audit all pick up exclusions to this regulation and report it to Divisions) 111.3 All staff able to access CEQuip training as part of induction as well as the electronic ordering system 111.4 Promote reporting of delays (and near misses) in provision of equipment through Ulysses as soon as they become apparent. 111.5 Ensure that delivery and provision of equipment is an integral part of handover of care and utilise admin resource to expedite delivery and audit annually 111.6 Once breadth and scale of issues are properly known, review whether there are any issues with contract delivery and discuss with HCC if appropriate. 111.7 If there are no issues with delivery of current contract but the terms of the contract are no longer suitable for the changes in activity level/new models of commissioned care, negotiations to commence with commissioners for support 111.8 Allocate enough time for record entry as part of the patient visit</p>	Patrick Carroll Susanna Preedy	Michelle Edwards Laura Rothery Nicky Seargent	30/04/2015	Blue	<p>Progress to date: 1. Reviewed as part of pre panel decisions around avoidable and unavoidable pressure ulcers. 2 All staff receive training in CEQuip as part of induction 3. No incidents reported on Ulysses of recent 4. Admin sit in on handover within ICTs and are also able to request pressure relieving equipment 5. Staff made aware at development day for band 7s that evidence will be used to challenge contract provision. will attend the NEXT HES User Group (17th June) to discuss the issue/s COMPLETED</p>	PATIENT EXPERIENCE
112	Community adults	All inspected	The trust should take action to ensure timely completion of patient records. Electronic patient record systems were found to be unreliable or difficult to use in the community setting. The trust should review and mitigate against the effects of this on patient safety, information governance and staff welfare.	<p>112.1 Ensure all staff aware of expectation detailed in SOP 112.2 Check all staff are aware/have ROVER downloaded 112.3 Check all staff have Vodafone/3G in rural areas 112.4 Monitor compliance at management supervision and through service performance reviews 112.5 Ensure all admin staff have access to data warehouse in order to ensure reports can be shared weekly with clinicians and exceptions are escalated to team lead 112.6 basis teams are audited on unoutcomed and unvalidated notes 112.7 Forums that have tested Open Rio, user groups which are prioritising the improvements to the system - those that are considered high risk for patient safety are actioned first 112.8 Allocate enough time for record entry as part of the patient visit</p>	Community Matrons	Area Matrons	30/06/2015	Blue	<p>Progress to date: 1. Staff made aware at induction and by exception of SOP and expectation 2 Staff aware of ROVER and poor receivers have loaded on laptops 3 3G authorised by line manager for use 4. Ongoing 5 Completed COMPLETED</p>	CAREPLANNING / RECORDKEEPING
113	Community adults	All inspected	The trust should take action to ensure relevant emergency resuscitation is regularly checked and available use, including in premises not belonging to the trust but where services are provided.	<p>113.1 Ensure all staff carry a pocket mask - and review on matrons walkaround 113.2 Review all sites to see what emergency equipment is required and suitable 113.3 When using sites that are not trust sites, clearly assess if appropriate equipment is available or if we should ensure we have our own, and what that needs to be</p>	All Staff	Inpatient and Area Matrons	30/04/2015	Blue	<p>Progress to date: 17/04/2015 (Resus Lead email) current policy (and practice) would support "chest compression only" cpr in the community, therefore we do not expect community staff to routinely carry a pocket mask, as this could delay the commencement of cpr. MH N/A (email)</p> <p>1. Chase to be assessed jointly with Basingstoke Hospital in order to review resus requirements and arrangements. COMPLETED</p>	PATIENT SAFETY, REPORTING & LEARNING
114	EOL	All inspected	The trust must improve the numbers of suitably	114.1 Maintain safer staffing programme for inpatients and ICT via weekly calls with	All staff	ICT Leads	30/05/2015	Blue	<p>Progress to date:</p>	WORKFORCE

117	EOL	All inspected	The trust should improve the processes for reporting and learning from incidents, accidents, near misses, complaints and safeguarding concerns.	117.1 Ensure learning is shared at team meetings from complaints and concerns. 117.2 Share wider learning through business and governance meetings held by LGM and ICT clinical leads 117.3 Promote debriefing with MDT where safeguarding or challenging EOL cases occur. 117.4 Share patient stories through quality and safety report through CQRM and SHFT quality committee. 117.5 Maintain MDT and clinical reflection amongst specialist palliative care team 117.6 Promote clinical discussion and reflection at ICT meetings in order to maximise learning opportunities 117.7 Completion of IMAs with ICT clinical leads 117.8 Encourage teams to report all clinical incidences which impact upon staff/ patient or family experience 117.9 Establish LOOC group in order to share learning	Gina Winter-Bates Rachel Wilkins	Della Warren	30/04/2015	Blue	Progress to date: 1 Feedback given at team meetings following complaints 2 Evidenced through minutes of governance meetings 3. Debrief facilitated with childrens services and SPC. Shared routinely with CCG at 6 monthly specialist nurse reports, quarterly quality and safety report and CQRM. 5. Weekly caseload review multidisciplinary in nature 6 Evidenced on RIO and careplanning documentation at point of admission and discussion 7 Embedded in practice 8 Evidenced on Ulysees and includes OOH contract discussions if issues arise within external stakeholder provision COMPLETED	PATIENT SAFETY, REPORTING & LEARNING
118	EOL	All inspected	The trust should improve the timeliness of the provision of equipment to patients receiving end of life care at home.	As 111 above	As 111 above	As 111 above	As 111 above	Blue	As action 111	PATIENT EXPERIENCE
119	Urgent care (MIU)	All inspected	The trust must ensure that appropriate arrangements are in place to support the administration of appropriate medicines to meet the needs of patients	119.1 External review currently taking place of MIU services 119.2 PGDs in place	MIU Team Lead	Gina WinterBates	completed during inspection week	Blue	Progress to date: completed during inspection week	MEDICINES MANAGEMENT
120	Urgent care (MIU)	All inspected	The trust must ensure that Patient Group Directions are authorised by the trust are agreed by staff and are aligned to the medicines stocked in the MIUs.	120.1 PGD review has been completed and all PGDs are now up to date. 120.2 Encouraging practitioners to complete their NMP courses	MIU Team Lead	Gina WinterBates	completed during inspection week	Blue	Progress to date: completed during inspection week	MEDICINES MANAGEMENT
121	Urgent care (MIU)	All inspected	The trust must improve the management of FP10s and ensure an audit trail for safe and appropriate use.	Actions as above - 108 and 97	MIU Team Lead MIU Pharmacists	Chief Pharmacist	in place	Blue	Progress to date: COMPLETED	MEDICINES MANAGEMENT
122	Urgent care (MIU)	LNFH MIU	The trust must review the storage and security of medicines held in the Lymington MIU.	122.1 This will form part of the external review	Chief Pharmacist Tracy England - PFI contracts manager - carrying out any work required	Chief Pharmacist Tracy England - PFI contracts manager - carrying out any work required	As early as practical within 2015/16 financial year, following approval of the capital programme.	Green	IN PROGRESS	MEDICINES MANAGEMENT
123	Urgent care (MIU)	All inspected	The trust should ensure that up to date treatment protocols that reflect NICE and evidence based practice guidance are in place and used by staff in MIUs	123.1 External review underway - will determine models of care 123.2 All treatment protocols to be updated and maintained by ENP's in accordance with current best practice.	MIU Team Leads	MIU Matrons Clinical Services Directors	in place	Blue	Progress to date: The staff all have access to the NICE guidance website and follow the pathways COMPLETED	GOVERNANCE
124	Urgent care (MIU)	All inspected	The trust should consider developing the use of technology and telemedicine to support the delivery of effective clinical care.	124.1 Included in the Trust wide MIU review and redesign. Recommendations to be taken forward with Commissioners	Inpatient Matrons	Sara Courtney and Paula Hull	review completes end Feb 15. Redesign workshop planned March 15	Green	Progress to date: All internal actions identified have been completed. External review commenced Jan 15. 17/04/2015 This is part of the MIU review and away day with the CCG - which will be arranged once the external review report has been received	PATIENT SAFETY / LEARNING
125	Urgent care (MIU)	Petersfield MIU	The trust should consider how X-ray services and fracture clinics can become more assessable to patients attending Lymington and Petersfield MIU's.	125.1 X-ray services at Petersfield currently provided by PHT who do not operate for the whole time that MIU is open 125.2 MIU external review to recommend model of care - including diagnostic support to units 125.3 Contracting negotiations to take forward review recommendations	Inpatient Matrons	Michelle Edwards Faye Prestleton	review completes end Feb 15. Redesign workshop planned March 15	Green	Progress to date: All internal actions identified have been completed. External review commenced Jan 15. 17/04/2015 This is part of the MIU review and away day with the CCG - which will be arranged once the external review report	PATIENT SAFETY, REPORTING & LEARNING
126	Urgent care (MIU)	All inspected	The trust should ensure that MIU staff have opportunities for training and development to enhance their clinical practice	126.1 To ensure use of LBR training includes all staff 126.2 To ensure staff development is discussed at Appraisals	MIU Team Leads	Inpatient Matrons	01/06/2015	Blue	Progress to date: 29/05/15 All appraisals are booked in line with the annual plan.	WORKFORCE
127	Urgent care (MIU)	All inspected	The trust should ensure that MIUs are able to support the needs of patients in vulnerable circumstances.	127.1 Ensure Level 3 Safeguarding training remains up to date; prevent training is ongoing to achieve compliance 127.2 All staff to receive Dementia awareness training. Need to ensure that when MIU at Petersfield is refurbished/relocated that Dementia friendly areas are incorporated 127.3 Develop easy read leaflets for patients with learning disabilities / dementia to aid understanding of the service provided.	MIU Team Leads	Inpatient Matrons	01/06/2015	Blue	Progress to date: 17/04/2015 127.1 Dates booked for all staff to attend PREVENT and Safeguarding Level 3 training (last one being 30/06/15) Also specific Safeguarding action plan for the department in place COMPLETED	PATIENT SAFETY, REPORTING & LEARNING
128	Urgent care (MIU)	All inspected	The trust should work with staff, patients and partner organisations to develop a service strategy and vision for the MIU's based on assessment of needs of the local population and health economy.	128.1 Regular meetings with CCG to discuss service level agreements and ensure we are addressing needs 128.2 Delivery of the external review recommendations	Inpatient matrons	Sara Courtney and Paula Hull	review completes end Feb 15. Redesign workshop planned March 15	Green	Progress to date: All internal actions identified have been completed. review commenced Jan 15 17/04/2015 This is part of the MIU review and away day with the CCG - which will be arranged once the external review report has been received	PATIENT SAFETY, REPORTING & LEARNING

129	Urgent care (MIU)	Petersfield MIU	The trust should consider how Petersfield MIU can access electronic systems of other emergency departments and accesses the child at risk register.	129.2 Awaiting outcome of Trust Safeguarding visit although Safeguarding team were satisfied that sufficient systems were in place to safeguard children despite not having access to at risk register	Inpatient matron for Petersfield and Lymington Hospitals	Sara Courtney and Paula Hull	review completes end Feb 15. Redesign workshop planned March 15	Green	<p>Progress to date: All internal actions identified have been completed. External review commenced Jan 15</p> <p>16/04/2015: This is part of the MIU review and away day with the CCG – which will be arranged once the external review report has been received</p> <p>The Safeguarding team inspected the unit after the CQC inspection and were happy with current state. The post review away day will review additional ICT requirements re Cedar unit</p>	PATIENT SAFETY, REPORTING & LEARNING	
27a NEW	Community-based Mental Health Services for Adults of Working Age	Winchester & Andover CMHT	Consider following infection control best practice to have a sink in the clinic room.	27.1 Work with estates project management team to identify options. When complete identify whether capital bid application would be required. If required install a clinical hand wash sink into the clinic room Winchester CMHT noting this will lead to a fully service wide review of CMHT clinic facilities.	Site Manager	Service Manager	11/06/2015	Blue	<p>Progress to date: Consideration should be given to the estates rationalisation programme which has identified that the CMHT base may be closing in the near future.</p> <p>Clinical staff continue to use effective hand hygiene practices utilising alcohol gel whilst the decision is being finalised. IP&C agreed provision is adequate for the service provided</p>	ESTATES	
70 *	OPMH inpatients	Dryad Ward	Improvement in understanding on Dryad of interplay between the MHA and MCA to ensure that people are protected from risk of unauthorised deprivations of liberty.	70.1 Ward Manager/Modern Matron to ensure team training compliance with MHA and MCA. 70.2 Ward manager to check with team/ individual understanding and action appropriately. 70.3 Modern matron/service manager to review MHA administration cover to ensure appropriate support is available for periods of Annual leave/unexpected leave. 70.4 Weekly MHA administrators spreadsheet to be implemented	Ward Manager. Karen Scott. Modern Matron Toni Scammell. OPMH Inpatient Service Manager. Kathy Jackson. MHA administrator.	Tracey Eddy - Inpatient Clinical Director OPMH inpatient Matrons	30/04/2015	Blue	<p>Progress to date: Ward staff completed training in appropriate aspects of mental health Act and mental capacity Act recognising that training will be ongoing for new starters & refresher training. Weekly spreadsheet now available and mental health act administrator cover being arranged for when current post holder on leave.</p>	CAREPLANNING / RECORDKEEPING	
70a *	OPMH inpatients	All inspected	Ensure that recruitment continues so that staffing levels and stability of staff teams can be embedded.	70a.1 All wards have agreed staffing establishments. 70a.2 Ward manager and modern matron review each vacancies and agree skill mix is appropriate. 70a.3 Administrator has been allocated to process all vacancy applications to fortnightly ISD panel. 70a.4 There are difficult geographical area's to recruit to, these have ongoing additional recruiting process.	Ward Manager. Modern Matron. Recruitment administrator. ISD panel.	Tracey Eddy - Inpatient Clinical Director OPMH inpatient Matrons	30/04/2015	Blue	<p>Progress to date: Some success with recruitment. Rolling adverts continue. OPMH Inpatients participating in recruitment initiatives. One administrator coordinating recruitment for five OPMH Wards. Bank & Agency fill rates being monitored weekly via flash reports, conference calls & trust wide meetings.</p>	WORKFORCE	
70b *	OPMH inpatients	All inspected	Ensure that relevant learning from the Mental Health division is not lost and the specialism within older people's mental health is retained on a ward level and that teams are aware of their responsibilities under the Mental Health Act.	70b.1 Modern matron's to continue to link with MH division PAG. Inpatient staff to continue to meet training requirements for mental health.	Ward manager. Modern Matron. Team members.	Tracey Eddy - Inpatient Clinical Director OPMH inpatient Matrons	30/04/2015	Blue	<p>Progress to date: OPMH Inpatients Modern Matron attending MH PAG for the East Division. All mental health staff complete relevant mental health training.</p>	PATIENT SAFETY, REPORTING & LEARNING	
70c	OPMH inpatients	All inspected	Ensure that there are systems in place to report and follow up safeguarding alerts which are raised with the local authority to ensure that learning from alerts and referrals can be brought back into the service.	Divisional Safeguarding lead Kathy Jackson to ensure regular liaison with corporate Safeguarding team to improve communication from the clinical teams through to safeguarding panels	Kathy Jackson	Sara Courtney	01/04/2015	Blue	<p>Progress to date: Divisional lead in place who meets a minimum of monthly with the named nurse for safeguarding. Lead attends Trustwide safeguarding forum. Structures being developed in East Division. Named nurse for safeguarding or representative will attend the OPMH Inpatients Operational/Patient Safety/Governance meeting on a monthly basis.</p>		
70d	REMOVED BY CQC FOLLOWING FACTUAL ACCURACY CHANGES										
Total = 129											
								Blue	106		
								Green	23		
								Amber	0		
								Red	0		
								Not begun	0		
									129		

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Agenda Item 9

CCG Headquarters
St James' Hospital
Locksway Road
Portsmouth
Hampshire
PO4 8LD

22 October 2015

Cllr J Ferrett
Member Services
The Civic Offices, Guildhall Square
Portsmouth
PO1 2AL

Dear Cllr Ferrett

This letter is intended to update you and the members of the Portsmouth Health Overview and Scrutiny Panel on some of work the Clinical Commissioning Group has been involved with since our last update in January.

I have set out a brief summary of a few key issues within this letter but please do contact me if you need more information about any of these.

Portsmouth Blueprint

Members will probably be aware that the document '*A Proposal for Portsmouth: A Blueprint for Health and Care in Portsmouth*' (September 2015) was presented to and endorsed by the Portsmouth Health and Wellbeing Board (as well as the CCG's Governing Board) in September and is due to be considered at the next Portsmouth City Council Cabinet meeting.

The document essentially sets out a strategic blueprint for how health and care could look in the city at the end of the next five years. It has been developed through the work of the Portsmouth Health and Care Executive (PHCE) comprising senior representatives from the following city partners:

- NHS Portsmouth Clinical Commissioning Group
- Portsmouth City Council
- Solent NHS Trust
- Portsmouth Hospitals NHS Trust
- Portsmouth Primary Care Alliance

Innes Richens has led the development of the document which considers how the city's health services can be sustained, improved and further developed in innovative, genuinely cooperative ways in future.

It is currently being taken to the city's main boards and forums for discussion and we believe that, if it gets the backing of our city partners, the CCG will have a pivotal role to play in

delivering this Blueprint, given our unique clinical commissioning insight, and our discussions and engagement with our GP members, local people, staff and partners.

Clearly further engagement and discussion must form part of the ongoing delivery, however we believe it is timely to set out our direction of travel in order to inform that engagement and ongoing service improvements.

We recognise the strength in working with existing providers of care to build this model, valuing the experience and expertise that exists within those who deliver care currently. With this in mind, we will focus our work, in the first instance, on bringing together community NHS and primary care (including GP) services to deliver this model of care. We will be able to draw on the progress made, and insight gained, from establishing the multi-organisational Better Care initiative over the past couple of years as we set about delivering this challenging, yet vital, strategy.

Guildhall Walk Healthcare Centre

As our plans and proposals for Guildhall Walk have been a regular agenda item for the Panel over the past few months, and will continue to be so in future, we are not proposing to provide a full update in this letter.

However we would like to reiterate our intention to undertake a full, formal consultation process on our plans and we are proposing to launch this in the week beginning Monday 9th November. Allowing for the Christmas/New Year period it will run until Friday 15th February 2016.

Whilst we had originally intended to start the consultation process in mid-October we felt it was important to seek the views of the Panel, Healthwatch and our NHS England colleagues on the documentation to ensure that our proposals were clearly set out and the associated consultation questions appropriate and this has meant a slightly extended 'lead-in' time.

Urgent care centre/national winter campaign

URGENT CARE CENTRE: We have been asked to provide an update in this letter in relation to the urgent care centre at QA Hospital. As you may recall this was launched in December 2013 when CCGs recognised, like everywhere else in the country, the number of patients presenting at the Emergency Department (ED) at Queen Alexandra Hospital had considerably increased over the years, putting, at times, a significant strain on the services and staff who work there.

Commissioners identified that up to 40% of patients who present at ED don't actually require any treatment and a high percentage of patients could be far more appropriately treated elsewhere by the NHS.

Initially open over the weekends the Urgent Care Centre expanded in December 2014 and now operates 7 days a week between 7.30am-10pm (with a GP available 10am-10pm).

There is an agreed objective across the stakeholders involved within this project to 'stream' patients to the right place and service to meet their needs first time. The objectives are to:

- Provide expert care for people with minor illnesses and injuries.
- Provide urgent advice and access to primary care to prevent unnecessary ED attendances and hospital admissions.

- Ensure appropriate referral pathways are in place to ensure the timely and safe transfer of seriously ill patients to ED.
- Improve links and working between primary and secondary care.
- Ensure the service is accessible no matter the age, gender, sexual orientation, disability or religion of the attendee.
- Provide information to patients at the time of using the service about how to use services.

Patients who self-present or are advised to attend ED enter the department and are streamed to the Urgent Care Centre provider according to their clinical needs.

The GPs and Primary Care /Emergency Nurse Practitioners ensure that patients are referred to the most appropriate practitioner/service to address their urgent healthcare needs as follows:

- Own GP, pharmacist or dentist where the patient's condition is not urgent or immediate.
- Urgent Care Centre for urgent and immediate primary care treatment.
- Community health and social care services.
- Emergency department if patient is seriously ill or injured.

Initial reviews have been encouraging and commissioners will be developing the model to create a 24/7 Urgent Care/PRiME hub model at the front door where patients will be assessed by the Primary Care team and advised where it is most appropriate to receive ongoing treatment for their healthcare need. This expanded model aligns with the Urgent Care Strategy vision.

NATIONAL WINTER CAMPAIGN: This month has seen the launch of a major national winter information campaign for patients and members of the public. Stay Well This Winter is run in partnership with Public Health England, the Trust Development Authority, Monitor and the Department of Health. It will run across a range of media including TV, radio, digital, press and poster sites and we will be supporting the key elements of the campaign locally, alongside our usual messaging about urgent care choices, and the promotion of our popular urgent care guide which has just topped 14,000 downloads.

An important theme for the national campaign this year is to urge people over 65 or those with long-term health conditions, such as diabetes, stroke, heart disease or respiratory illness, to prepare for winter with advice on how to ward off common illnesses. Its main messages will include:

- Make sure you get your flu jab if eligible.
- Keep yourself warm – heat your home to least 18 degrees C or (65F) if you can.
- If you start to feel unwell, even if it's just a cough or a cold, then get help from your pharmacist quickly before it gets more serious.
- Make sure you get your prescription medicines before pharmacies close on Christmas Eve.
- Always take your prescribed medicines as directed.
- Look out for other people who may need a bit of extra help over winter.

For more information please visit the website at www.nhs.uk/staywell.

Pharmacy minor ailments

The NHS in Portsmouth will be promoting a pharmacy minor ailments scheme in a number of Portsmouth pharmacists over the next few months. 'Pharmacy First' allows people who receive free prescriptions to go straight to their pharmacist to receive treatment, for selected minor ailments, without needing to visit their GP to get a prescription. The scheme is for people who live in Portsmouth and/or those who are registered with one of our Portsmouth GP practices. Many people who are entitled to free prescriptions will be able to receive medicine for free, if it is needed.

The scheme is particularly useful for those on low incomes including:

- Adults (and their children) who are entitled to free prescriptions on the grounds of low income
- People over the age of 60 on state pensions
- People aged 16-18 years in full time education.

More information, including a list of participating pharmacies, is available on our website:

www.portsmouthccg.nhs.uk/pharmacyfirst.htm

Long term conditions

More than 650 people throughout the Portsmouth and South east Hampshire area have completed a mini-survey we have been running over the summer to help us improve services for people with long-term conditions. Growing numbers of people live with a long-term condition, and we want to find new ways of supporting this group of people to stay healthy, and stay in control of their condition.

We have been working with our neighbouring CCGs in Fareham/Gosport and South Eastern Hampshire in both running the survey and considering how to improve support in future. Currently the health service is still too focused on providing a short-term response when someone's health is in crisis, rather than working with patients to stop them becoming acutely ill in the first place. Instead, the ambition is to help patients to know more about their condition, to be able to stay well, and to know what to do should their health deteriorate.

The current set-up is very varied - some groups of patients have easy access to staff and resources which can help them maintain good health, whereas others still have to rely on large numbers of hospital visits, or telling their story over and over again at numerous appointments with staff from different parts of the health and social care system.

We now want to find new ways of giving patients with long-term conditions more control over their health and better access to support.

The survey represents the first stage of our engagement work to find out how people view services at the moment. Our plan now is to seek support from voluntary organisations (with an interest in supporting people with long term conditions) to run some focus groups looking at some of the issues arising from the survey findings in more detail. We hope that this will then give us a broad picture of how people perceive the support they get now, as well as some suggestions for how things might be improved in future.

These ideas can then be fed into the appropriate clinical commissioning discussions so that we find the best ways of helping people to stay well, and stay in control of their condition which we see as by far the best option for them, and the best option for the NHS as well.

'Listening to our patients' report

Each year we publish a report into our engagement activity as a CCG so that we can highlight how people's feedback about the health care they receive is used to help our commissioning decisions.

The report is available on our website here: [Listening to Patients report](#) and has three sections – one looking at our activity over the past year, one with some recommendations for how we can engage more effectively with people locally in future and a third that reviews our *Your Health Your NHS* Guildhall Square event in June – a health engagement day that we ran in conjunction with other organisations that support the provision of health care and services in the city.

Yours sincerely



Dr Jim Hogan
Chief Clinical Officer and Clinical Leader, NHS Portsmouth CCG

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