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Hampshire County Council

NOTICE OF MEETING

Meeting Health and Adult Social Care Select Committee

Date and Time Thursday, 17th May, 2018 at 10.00 am

Place Ashburton Hall, Elizabeth II Court, The Castle, Winchester

Enquires to members.services@hants.gov.uk

John Coughlan CBE
Chief Executive
The Castle, Winchester SO23 8UJ

FILMING AND BROADCAST NOTIFICATION
This meeting may be recorded and broadcast live on the County Council's website. The meeting may also be recorded and broadcast by the press and members of the public – please see the Filming Protocol available on the County Council's website.

AGENDA

Approx. Timings

1. APOLOGIES FOR ABSENCE

To receive any apologies for absence.

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS MEETING (Pages 5 - 10)

To confirm the minutes of the previous meeting.

4. DEPUTATIONS

To receive any deputations notified under Standing Order 12.

		Approx. Timings
5.	**CHAIRMAN'S ANNOUNCEMENTS** To receive any announcements the Chairman may wish to make.	
6.	**PROPOSALS TO VARY SERVICES** (Pages 11 - 66) To consider the report of the Director of Transformation and Governance on proposals from the NHS or providers of health services to vary or develop health services in the area of the Committee.	
	Items for Action	
	• Hampshire Hospitals: Outpatient, X-ray and community midwifery services in Whitehill & Bordon: Reprovision of services from alternative locations or by an alternative provider	40 mins
	• Southern Health: Plans to develop Secure Forensic Mental Health and Learning Disabilities Services	20 mins
	Items for Monitoring	
	• North Hampshire CCG and West Hampshire CCGG: Transforming Care Services in North and Mid Hampshire	30 mins
	Short Break	
7.	**ISSUES RELATING TO THE PLANNING, PROVISION AND/OR OPERATION OF HEALTH SERVICES** (Pages 67 - 104) To consider a report of the Director of Transformation and Governance on issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population.	
	• Portsmouth Hospitals NHS Trust: Care Quality Commission Re-Inspection – Monitoring of Quality Improvement Plan	40 mins
8.	**PUBLIC HEALTH: SUBSTANCE MISUSE SERVICES** To receive a presentation regarding the future model of care for Substance Misuse services in Hampshire.	15 mins

9. WORK PROGRAMME (Pages 105 - 114)

To consider and approve the Health and Adult Social Care Select Committee Work Programme.

ABOUT THIS AGENDA:

On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.

ABOUT THIS MEETING:

The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact members.services@hants.gov.uk for assistance.

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

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AT A MEETING of the Health and Adult Social Care Select Committee of HAMPSHIRE COUNTY COUNCIL held at The Castle, Winchester on Tuesday, 27th February, 2018

PRESENT

Chairman:
p Councillor Roger Huxstep

Vice-Chairman:
p Councillor David Keast

p Councillor Martin Boiles
p Councillor Ann Briggs
p Councillor Adam Carew
p Councillor Fran Carpenter
p Councillor Charles Choudhary
a Councillor Tonia Craig
p Councillor Alan Dowden
a Councillor Steve Forster
a Councillor Jane Frankum
p Councillor David Harrison
p Councillor Marge Harvey
p Councillor Pal Hayre
p Councillor Mike Thornton
p Councillor Jan Warwick

Substitute Members:
p Councillor Neville Penman

Co-opted Members:
a Councillor Tina Campbell
p Councillor Trevor Cartwright
p Councillor Barbara Hurst
p Councillor Alison Finlay

In attendance at the invitation of the Chairman:
p Councillor Liz Fairhurst, Executive Member for Adult Social Care and Health

51. **APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Steve Forster. Councillor Neville Penman, as the conservative standing deputy, was in attendance in his place.

Apologies were also received from Councillor Jane Frankum and co-opted member Councillor Tina Campbell.

52. **DECLARATIONS OF INTEREST**

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

5, Paragraph 2 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

No declarations were made.

53. **MINUTES OF PREVIOUS MEETING**

The Minutes of the meeting of the Health and Adult Social Care Select Committee (HASC) held on 17 January 2018 were confirmed as a correct record and signed by the Chairman.

54. **DEPUTATIONS**

The Committee received one deputation from John McGinty, a carer, who spoke in opposition to the recommendations set out in Item 6, 'Outcome of the consultation on the future of Bulmer House Day Service in Petersfield and Masters House Day Service in Petersfield'. The Chairman lifted Standing Orders to allow the deputation following a late request.

55. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman made one announcement:

Care Quality Commission (CQC) Local System Review

The Chairman noted the upcoming CQC Local System Review, which was an in-depth review of health and social care services across Hampshire available to the older population. The main visit would take place between 12 and 16 March, before which time a number of preparatory actions had taken place, including a two-day informal visit which took place on 20 and 21 February. As part of this visit, the Chairman, Cllr Warwick and Cllr Harrison were invited to take part in a small member focus group. The outcomes of the review would be published in the summer, which the HASC will receive and consider in the usual way.

Cllr Warwick commented on the positive focus of the group meeting.

56. **OUTCOME OF THE CONSULTATION ON THE FUTURE OF BULMER HOUSE DAY SERVICE IN PETERSFIELD AND MASTERS HOUSE DAY SERVICE IN ROMSEY**

The Director of Adults' Health and Care spoke to the report and presentation, which set out the outcomes of the consultation on the future of Bulmer House Day Services in Petersfield and Masters House Day Services in Romsey (see Item 6 in the Minute Book).

The Director provided an overview of the two separate day services, noting their utilisation both prior to, and following the conclusion of, the consultation. The two services under consideration were traditional in their nature, and overall interest in this type of service had declined across the County, with service users choosing more personalised options that meet their needs at the times that

suited them and their carers. Day opportunities should also enable independence and choice, and there were a range of alternatives in the vicinity of the two locations which would better meet the needs of service users, and meet these aims.

Currently 19 service users attend the locations in Petersfield and Romsey. A total of 12 staff would be affected by any decision the Executive Member may take. The cost of providing services, especially those that are underutilised, was significant, owing to the fixed cost of the building, staff and resources. The Department had a role to play in ensuring that day services are sustainable in future, and to ensure this felt that blending different forms of support from a range of public sector, voluntary and community providers was most appropriate. It was expected that after re-provision approximately £177k would be saved annually. This had been calculated on the basis of service users' needs being supported at an equivalent or higher level than they were currently.

The consultation had been robust, taking place over a period of eight weeks and closing in early January 2018. Both online and paper-based physical surveys were made available to service users, their families and carers, as well as to the general public. The Department had supported consultation events in Romsey and Petersfield, where officers were available to talk through the proposals and alternative options, and listen to feedback. The Department had ensured that there was designated 1-2-1 social work resource available to help identify alternatives for service users and their carers, and this would be available throughout the implementation period if the recommendations were agreed. In tandem, the Department had held a staff consultation for the 12 individuals affected.

The outcome of the consultation showed clear opposition to the proposed closures, with 53 out of the 65 responses answering in this way. A number of issues had been raised through the consultation which the Director had taken close account of, and his primary concern remained assuring service users and their carers that their ongoing needs would be met, but in an alternative way. The equalities impact of the proposed closures had also been measured, and this was detailed in the main report.

All staff employed within the two day services had been offered redeployment. Some had expressed a wish to take the opportunity to retire or leave Hampshire County Council's employment, and therefore an enhanced voluntary redundancy window had been opened in early February for those who wished to state an interest in taking up this option. Of the twelve staff members, four had opted for enhanced voluntary redundancy (should the service close), and one had found alternative employment and resigned. The seven who remained would become redeployees, and found appropriate alternative positions within the Department, making the best use of their skillset in day activities for service users where possible.

The recommendations after this HASC meeting would go forward to the Executive Member for Adult Social Care and Health Decision Day on 13 March, and service users would continue to receive support leading up to and following this meeting. If the decision was taken to close both day services, the Director

was committed to maintaining services until all service users have identified and decided which alternatives would best meet their needs.

In responding to questions, Members heard:

- That there had been a decrease in attendance by services users to all day opportunities County-wide; this wasn't an issue solely seen in Petersfield and Romsey. This decrease was believed to be due to a lessening in demand for traditional types of day services, with more individuals electing to attend alternative types of provision.
- Referrals were open to the Petersfield and Romsey day services up to the start of the consultation. Three referrals had been received in the week immediately prior to the consultation's commencement.
- Service user choice was also important to consider in terms of day opportunities, as the Department wasn't able to decide on their behalf which service was most appropriate for them to attend, as this would depend on level of need, service user and carer requirements, time and day preferences, location, etc.
- Service users were also able to use personal budgets (should they use this service) to purchase their own support and care which may include a range of day opportunities.
- Although the number of individuals taking part in the consultation seemed small, this was a high consultation response rate given the small number of service users affected.
- Some service users have been reluctant to look at alternative provision until a decision had been made, and therefore not everyone had considered what services would be appropriate as alternatives in their area. Although service users currently attending services in Petersfield and Romsey, not all lived in these locations, and therefore it may be that alternative suitable options were in place closer to home.
- Service users and their carers were being supported to attend new day opportunities for taster sessions, so that they could decide if a service met their needs before moving to it.
- A detailed list of alternative options in the Petersfield and Romsey geographies had been shared as part of the consultation.
- Hampshire County Council was leading on market-shaping work to ensure the sustainability and resilience of day services in the community. The Department would be content to share a wider map of services with the HASC once this work had been completed. In the interim, the 'Connect to Support Hampshire' pages were live and provided a directory of activities that take place within local communities.
- It was important to ensure quality of service in those day opportunities provided by private residential and extra care homes, and both the Care Quality Commission as the social care regulator, and Hampshire County Council have a role to play in ensuring the quality and regulation of activities, with this being a major consideration of how services are assessed. Hampshire County Council has a highly regarded workforce development team which aims to help develop external care staff and their offering to service users. This approach did require balance, as although the Council has a right of access in terms of quality of care, it is not able to intervene if the provider declines assistance, and not all providers were open to such approaches. The Council also works closely

with the Hampshire Care Association in this area to ensure consistency and sharing of best practice across the County.

- The Director believed that without the cost pressures being faced by the County Council, the Department would still have made the recommendation to close these day services, as the service needed to adapt to the preferences of service users, and the services were not well utilised.
- There was not a specific end date by which all services users should have found alternative provision, and the day services would therefore close, as the Department did not want to hasten individuals to make decisions at a pace that was not suitable for them. However, the Director was mindful of the need for certainty, and felt that there would be a 'critical mass' point at which service users would make a decision to move to new provision. Some individuals were waiting until a final decision had been made before looking at alternatives.
- Service users would be supported with travel arrangements where this was required; some travelled to services through their own transport, and others may be able to attend services close to home.
- Day services for those with dementia were provided through a mixed economy, with support from both dementia and old-age related charities, private and public sector care provision. Expanding dementia support services was a key part of the Department's business strategy, as demographic trend data showed an increase in the number of those likely to have dementia in future. Dementia Hubs are currently being developed across the County, and this support would need to adapt in future to meet the needs of service users with dementia throughout their lives, from diagnosis and early support, to end of life care and assistance.

The Chairman moved to debate, where the following discussion was heard:

- That there were some concerns that by dismantling the more traditional types of day service, there may be an increase in pressure on community and voluntary groups to pick up support. It was important for Adult Services to play a part in helping to ensure the resilience and sustainability of the groups service users attend.
- Further work needed to take place to complete the map all of the day opportunities available across the County, and this should be made available to Members to assist them with tackling social isolation in their localities.
- The savings that might be realised were significant, but the costs elsewhere were not always visible and this should be monitored following any changes to day opportunities.
- That the designated 1-2-1 social worker support to service users and their families was imperative to ensuring that alternative provision was tailored to needs, and that all service users received support that prevented social isolation and loneliness.
- That it would be important for the Committee to monitor the decision to close, if agreed, to ensure that all service users are able to access alternative services.

The Chairman moved to recommendations.

RESOLVED

That the Committee:

1. **Support the recommendations being proposed to the Executive Member for Adult Social Care and Health in Section 1 of the report.**

2. **Request that anonymised data be provided to Members, which shows the progress made to 13 March 2018 in identifying alternative options for the remaining service users attending the day services in Romsey and Petersfield, in time for the Executive Member's Decision Day.**

3. **Request that, should the decision be taken to close the two day services, an item is received to a future meeting of HASC monitoring the progress and success of the alternative options identified for service users and their carers, and outcomes for staff members choosing redeployment or voluntary redundancy.**

57. **WORK PROGRAMME**

The Director of Transformation and Governance presented the Committee's work programme (see Item 7 in the Minute Book).

RESOLVED:

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

Chairman, 17 May 2018

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	17 May 2018
Report Title:	Proposals to Develop or Vary Services
Report From:	Director of Transformation & Governance

Contact name: Members Services

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

1. Summary and Purpose

1.1. The purpose of this report is to alert Members to proposals from the NHS or providers of health services to vary or develop health services provided to people living in the area of the Committee.

1.2. Proposals that are considered to be substantial in nature will be subject to formal public consultation. The nature and scope of this consultation should be discussed with the Committee at the earliest opportunity.

1.3. The response of the Committee will take account of the Framework for Assessing Substantial Change and Variation in Health Services (version agreed at January 2018 meeting). This places particular emphasis on the duties imposed on the NHS by Sections 242 and 244 of the Health and Social Care Act 2006, includes new responsibilities set out under the Health and Social Care Act 2012, and takes account of key criteria for service reconfiguration identified by the Department of Health.

1.4. This Report is presented to the Committee in three parts:

a. *Items for action:* these set out the actions required by the Committee to respond to proposals from the NHS or providers of health services to substantially change or vary health services.

b. *Items for monitoring:* these allow for the monitoring of outcomes from substantial changes proposed to the local health service agreed by the Committee.

c. *Items for information:* these alert the Committee to forthcoming proposals from the NHS to vary or change services. This provides the Committee with an

opportunity to determine if the proposal would be considered substantial and assess the need to establish formal joint arrangements

1.5. This report and recommendations provide members with an opportunity to influence and improve the delivery of health services in Hampshire, and to support health and social care integration, and therefore assist in the delivery of the Joint Health and Wellbeing Strategy and Corporate Strategy aim of maximising well being.

Items for Action

2. Hampshire Hospitals NHS Foundation Trust: Outpatient, X-ray and community midwifery services in Whitehill & Bordon: Reprovision of services from alternative locations or by an alternative provider

Context

2.1 The NHS, or any provider of NHS services, is required to consult the health scrutiny committee on any substantial or temporary variations to the provision of the health service, and to provide any information that the committee may require to enable them to carry out scrutiny of the planning, provision and operation of this service.

2.2 The HASC has previously considered issues relating to the Chase Community Hospital in Whitehill and Borden, the last update having been received in November 2014. At that time the HASC heard that progress was being made in attracting additional use of the Site.

2.3 Since then, the housing development planned in Whitehill and Borden has been included in the 'Healthy New Towns' programme. Whitehill and Bordon is being transformed from a garrison to a green and healthy town. A complex, multi partner, 15 year programme will deliver 3,350 new homes, a new town centre with new leisure centre, secondary school, cinema and health hub and 80 hectares of suitable alternative natural greenspace. A core ambition within the Healthy New Town programme in Whitehill & Bordon is the development of a new town centre health facility to be delivered in 2020. The stated aim was to provide everything that is currently included within the Chase Community Hospital plus innovative, state-of-the-art models of care from the new health facility.

Update

2.3 Hampshire Hospitals Foundation Trust currently provides outpatient, x-ray and community midwifery services from the Chase hospital, however, the Trust is proposing to re-provide these services from alternative locations. The key reasons for this change are: the declining share of activity coming to HHFT from Bordon GPs; the low numbers of patients attending clinics at The Chase; the

disproportionate costs of renting space relative to the activity delivered; and the relative distance of Bordon from HHFT main hospital bases.

2.4 The CCG has been in discussion with local GP practice representatives about the proposal to re-provide HHFT services currently offered at Chase Community Hospital at the Trust's other sites. The CCG is also involved in discussions with alternative providers to bring replacement services to Whitehill and Bordon.

2.5 The HASC has a duty to consider whether the proposals constitute a substantial change in service, and if so, whether the proposal is in the interest of the service users affected. This should be informed by consideration to the scale of the impact of the change on those using the service.

2.6 A Report (see Appendix) has been received from the Hospital Trust providing further detail.

Recommendations

HASC to agree:

- Whether the proposed change constitutes a substantial change
- Whether the proposed change is in the interest of the service users affected
- To agree any recommendations to the NHS bodies concerned regarding how to take their proposals forward, and to agree whether/when to request a further update.

3. Southern Health NHS FT: Plans to develop Secure Forensic Mental Health and Learning Disabilities Services

Context

3.1 Southern Health NHS Foundation Trust provides a range of Secure Forensic Mental Health Services for adults and young people across Hampshire. The Trust is proposing to change the use of Woodhaven (currently a Low Secure Hospital for adults with a learning disability), to re-design it to become an Adolescent Low Secure Hospital. This will provide up to 14 beds primarily for young people from the south of the country. To accommodate the patients currently being supported at Woodhaven, they plan to build a brand new bespoke 10 bedded Low Secure Forensic Residential Unit on their main Tatchbury Mount site adjacent to Woodhaven. To make use of current resources this replaces Rufus Lodge, currently an unused clinical building onsite.

3.2 To allow the redesign of the Woodhaven site to take place, the Trust plans to temporarily move the patients based in Ashford Ward at Woodhaven, to Ashurst

Ward at Ravenswood House (Medium Secure Forensic Hospital based in Fareham).

3.3 The HASC has a duty to consider whether the proposals constitute a substantial change in service, and if so, whether the proposal is in the interest of the service users affected. This should be informed by consideration to the scale of the impact of the change on those using the service.

3.4 A Report (see Appendix) has been received from Southern Health providing further detail.

Recommendations

HASC to agree:

- Whether the proposed change constitutes a substantial change
- Whether the proposed change is in the interest of the service users affected
- To agree any recommendations to the NHS bodies concerned regarding how to take their proposals forward, and to agree whether/when to request a further update.

Items for Monitoring

4. NHS North Hampshire Clinical Commissioning Group and NHS West Hampshire Clinical Commissioning Group: Transforming Care Services in North and Mid Hampshire

Context

2.1 The now-disbanded Health Overview and Scrutiny Committee (HOSC) agreed that the proposals for the future of hospital services in north and mid Hampshire constituted a substantial change in service in January 2014. At this time, these proposals were to either:

a) Centralise critical care services on the site of Basingstoke and North Hampshire Hospital and invest in Royal Hampshire County Hospital in Winchester as a general hospital treating the majority of patients in the local community; or

b) Build a new 300-bedded critical treatment hospital between Basingstoke and Winchester to treat the 15%-20% sickest patients or those at highest risk and invest in both the Royal Hampshire County Hospital and Basingstoke and North Hampshire Hospital as general hospitals treating the majority of patients in their respective communities.

Background

2.3 The HASC have received update items on proposals for hospital services in North and Mid Hampshire since this time, with the most recent in January 2018 . At that meeting, the HASC heard that the preferred option agreed by the CCGs was to continue work to develop options for centralising services on the existing HHFT sites (in Andover, Basingstoke and Winchester). The option to consult on building a standalone critical treatment hospital would not be progressed further, with the CCGs citing unaffordability as the main reason for this. The HASC requested the CCGs and Trust return to the May meeting to provide an update on progress with developing the preferred option.

Update

2.7 A report (see Appendix) has been received from the CCGs and Hospital Trust providing an update. Work has been focusing on:

a) transforming services to provide care in the community in a more integrated, proactive and preventative way, and therefore reduce the need for hospital based care
b) reconfiguring acute services
c) estate and capital implications for the local healthcare system

Recommendations

2.11 That the Committee:

a. Note the progress on developing the agreed options for 'transforming care services in North and Mid Hampshire'.

b. Makes any further recommendations on this item following discussions held during the meeting.

CORPORATE OR LEGAL INFORMATION:

Links to the Strategic Plan

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

Section 100 D - Local Government Act 1972 - background documents

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

Document	Location
None	

IMPACT ASSESSMENTS:

1. Equalities Impact Assessment:

1.1 This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this covering report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

2. Impact on Crime and Disorder:

2.1 This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this covering report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

3. Climate Change:

3.1 How does what is being proposed impact on our carbon footprint / energy consumption?

This is a covering report which appends reports under consideration by the Committee; therefore this section is not applicable to this work report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

3.2 How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

This is a covering report which appends reports under consideration by the Committee, therefore this section is not applicable to this work report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date:	17 May 2018
Title:	Outpatient, X-ray and community midwifery services in Whitehill & Bordon: Reprovision of services from alternative locations or by an alternative provider
Report From:	Alex Whitfield, Chief Executive Officer, Hampshire Hospitals NHS Foundation Trust

1. Purpose of Report

1.1. The report below describes the reasons for proposing the re-provision of the outpatient, x-ray and community midwifery services currently provided in Whitehill & Bordon from alternative locations and by alternative providers.

2. Contextual Information

2.1. Hampshire Hospitals NHS Foundation Trust (HHFT) runs the hospitals in Andover, Basingstoke and Winchester. It also runs outpatient, x-ray and community midwifery in other locations including Alton, and Whitehill & Bordon. Outpatient and x-ray services run from Chase Community Hospital. This is also the base for community midwifery team who provide services from the hospital as well as home visits.

2.2. In the last 12 months HHFT received 3,918 referrals from the GP practices in Whitehill & Bordon. For the 9,090 outpatient attendances from these referrals (both new and follow-up) around 74% were seen at our main hospitals or locations other than Whitehill & Bordon. 26% were seen locally in Chase Community Hospital.

2.3. The outpatient services currently provided at Whitehill & Bordon are run by medical and nursing staff and clinics are across five main specialties at differing frequencies between Mondays and Fridays. X-ray (plain film only) is provided across two sessions held on Mondays and Thursdays. Community midwives have a permanent base at the Chase Community Hospital. The Hampshire Hospitals NHS Foundation Trust outpatient services at the hospital provided 2,382 outpatient appointments in the last 12 months.

2.4. The table below shows a summary of the outpatient attendances in Whitehill & Bordon in the last 12 months by specialty. This activity represents 1,440 individual patients.

Attendance Type	Clinic Specialty Description	Total attendances
First	Audiological Medicine	64
	Ent	113
	Maxillo-Facial Surgery	43
	Ophthalmology	250
	Orthoptics	55
	Paediatrics	242
First total		**767**
Follow-up	Audiological Medicine	190
	Ent	102
	Maxillo-Facial Surgery	45
	Ophthalmology	652
	Orthoptics	164
	Paediatrics	462
Follow-up total		**1,615**
Total number of attendances		**2,382**

2.5. In total HHFT delivered 602,457 outpatient attendances across all of our sites during the same period. The activity delivered at the Chase Community Hospital represents about 0.39% of the Trust total.

2.6. The number of outpatient attendances HHFT delivered (regardless of delivery location) for patients registered to one of the Whitehill & Bordon practices was 9,090 or about 1.5% of the Trust total.

2.7. The x-ray service at Chase Community Hospital performed 1,816 examinations in the last 12 months for around 1,280 individual patients (some individual patients have multiple x-ray examinations.)

2.8. In total over the course of 12 months HHFT typically provide around 167,000 x-ray examinations across all of its sites. The activity delivered at Chase Community Hospital therefore represents about 1% of the Trust total.

2.9. Whitehill & Bordon is being transformed into a prosperous and sustainable 'green and healthy' town. After over 100 years as a 'garrison town', the Army left the town in December 2015 and moved to a new base at Lyneham in Wiltshire. This has freed up over 100 hectares, presenting a unique 'once in a generation' opportunity to transform the town from 'garrison town to green and healthy town' by 2030.

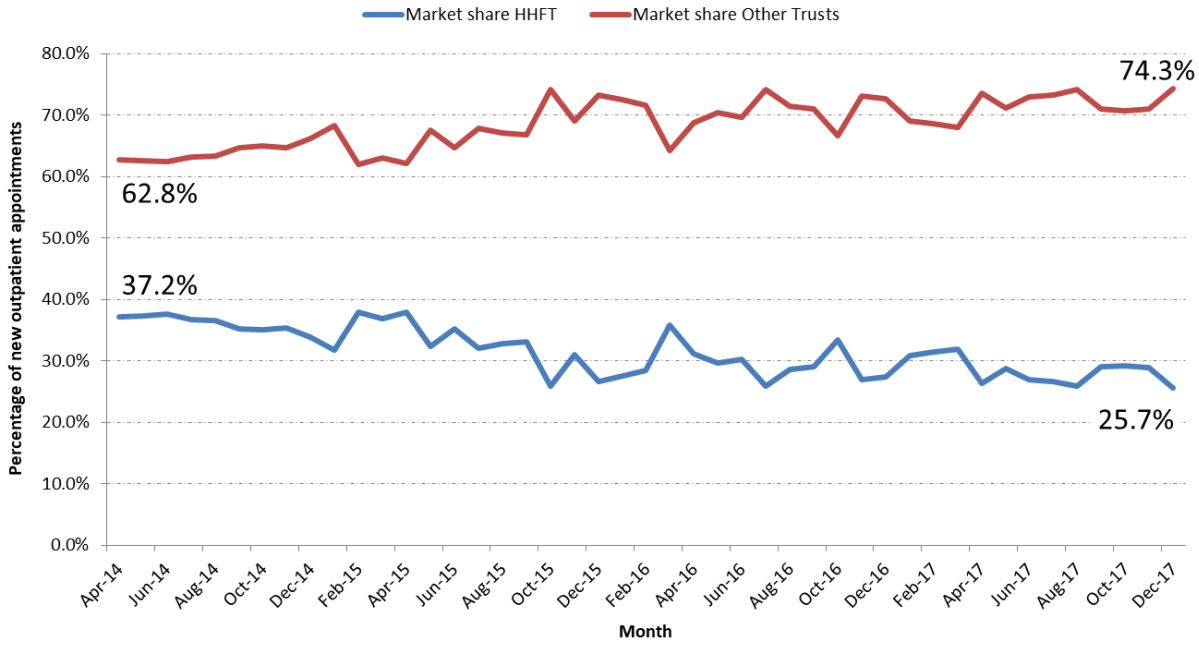
2.10. In July 2015, the NHS launched the Healthy New Town programme with the aim of improving health through the built environment and shaping new towns to promote health and well-being. South Eastern Hampshire CCG and EHDC, together with a range of other partners, submitted a successful bid to NHS England for Healthy New Town (HNT) status with Whitehill & Bordon being announced as one of national demonstrator sites in March 2016.

2.11. A core ambition within the Healthy New Town programme in Whitehill & Bordon is the development of a new town centre health facility to be delivered in 2020. the stated aim was to provide everything that is currently included within the Chase Community Hospital plus innovative, state-of-the-art models of care from the new health facility.

3. Drivers for change

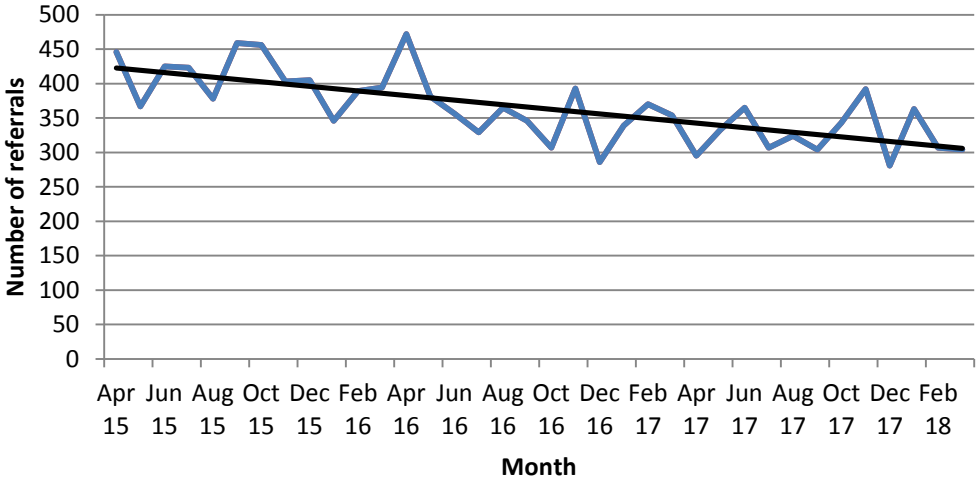
3.1. The Trust is proposing to re-provide these services from alternative locations for four key reasons: the declining share of activity coming to HHFT from Bordon GPs; the low numbers of patients attending clinics at The Chase; the disproportionate costs of renting space relative to the activity delivered; and the relative distance of Bordon from our main hospital bases. These are discussed and evidenced in the following paragraphs.

3.2. **A declining share of outpatient activity**. The number of Whitehill & Bordon patients choosing to have their first outpatient appointment with Hampshire Hospitals NHS Foundation Trust (regardless of where they attend) is declining. Using the Badgerswood surgery as an example (from which the Trust receives nearly 70% of all its Whitehill & Bordon area referrals) the Trust's share of the new outpatient appointments for patients registered at the practice shows a steady decline. The difference between the share in April 2014 and December 2017 is a fall of 11.5%. Subsequent activity - such as elective procedures - is usually determined by the provider of the first outpatient appointment.



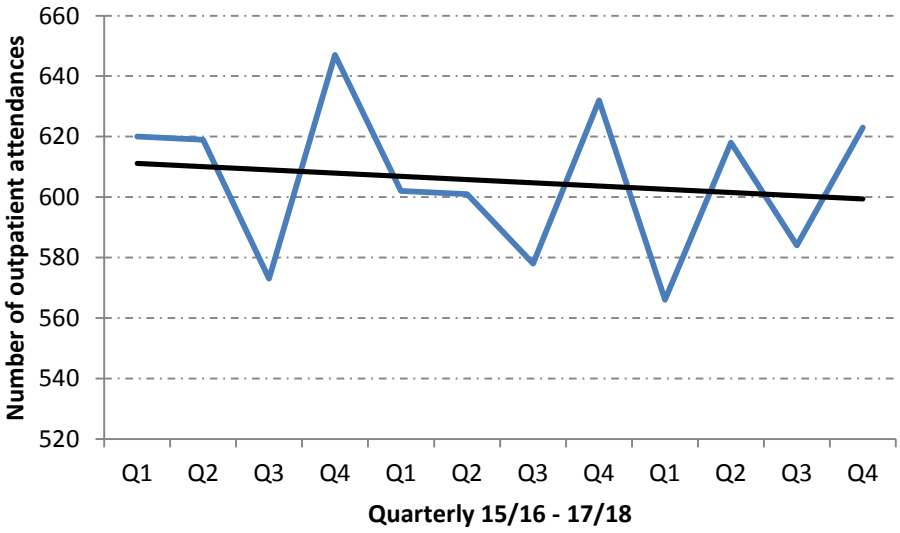
3.3. The share for other providers has increased correspondingly. Whitehill & Bordon patients now enjoy a much enhanced and active service from the Royal Surrey County Hospital NHS Foundation Trust which accounts for the majority of the change. This shift in GP and patient choice has caused Hampshire Hospitals NHS Foundation Trust to re-evaluate Whitehill & Bordon as part of its core geography.

3.4. This is also reflected in the numbers of referrals the Trust receives from Whitehill & Bordon. The chart below shows the downward trend in referrals over the last three years.



3.5. **The small number of outpatient attendances seen in Whitehill & Bordon**. In the last 12 months Hampshire Hospitals NHS Foundation Trust provided 2,382 outpatient appointments from Chase Community Hospital which represents 0.39% of the Trust's total outpatient workload.

3.6. The Trust has managed to maintain steady activity in Whitehill & Bordon despite the downward trend in referrals. The chart below shows the quarterly attendances over the last three years and demonstrates a very small, but downward trend in resulting activity. This low level of activity in relation to the Trust's overall activity has become difficult to sustain for the reasons outlined in this paper



3.7. **The cost of renting space at Chase Community Hospital is disproportionate to the activity delivered**. Each year HHFT pays NHS Property Services £22,858 to occupy 100.8m2. This includes the x-ray suite which NHS Property Services requires us to pay a full occupancy basis despite HHFT only being there for two sessions each week. The Trust also pays approximately £11,100 per year in additional sessional fees for individual clinic rooms. This is a total of £33,958 to deliver around 4,000 appointments (including x-ray) which is £8.40 per contact per year.

3.8. Hampshire Hospitals NHS Foundation Trust has compared this with the cost of rental of Alton Community Hospital at £161,984 per year to occupy 642m2 with no additional charges. The Trust delivers around 30,000 appointments per year (including x-ray) from this hospital, a cost of £5.30 per contact per year.

3.9. The Trust has negotiated with NHS Property Services and the current cost includes a reduction from around £50,000 per year that was in place prior to 2015/16. Nonetheless, renting space at Chase Community Hospital for this amount of activity remains poor value for money.

3.10. Associated with the clinical environment is equipment. The x-ray machines in particular, although well maintained, are at risk of breaking down irreparably given their age. Centrally-limited capital availability means that the Trust will not be able to replace this equipment should it break down.

3.11. **The relative distance of Bordon from HHFT's main hospital sites.** The work independently undertaken as part of the long term strategy planning for acute care in mid and north Hampshire determined the Sunday travel times (as the best case) from Whitehill & Bordon to the nearest acute hospital.

From Bordon to….Hospital	Minutes	Miles
BNHH (Basingstoke HHFT)	41	23
RHCH (Winchester HHFT)	42	24
QAH	27	24
Royal Surrey	27	22
Frimley	29	18

3.12. There are only minimal differences in the distance to Hampshire Hospitals NHS Foundation Trust (HHFT) hospitals when compared with other providers such as QAH, Royal Surrey or Frimley but a disproportionate difference in travel time of around 15 minutes.

3.13. As a comparison, travel to HHFT's outpatient department in Alton is a 25 minute journey of just over 15 miles from Basingstoke and North Hampshire Hospital BNHH and a 32 minute journey over 19 miles from Royal Hampshire County Hospital RHCH. The great majority of clinics at Alton and Chase Community Hospital are staffed by Basingstoke-based clinicians.

3.14. This relative distance impacts the Trust in a number of ways. Supporting single session clinics such as those at Chase Community Hospital can mean that clinicians are only able to deliver one whole clinical session in a day or may not be able to offer a full clinic. The road improvements between Whitehilll & Bordon and Guildford have positively impacted travel time for patients which has impacted HHFTs share of activity as highlighted above. And lastly, increased travel impacts on staff travel costs.

3.15. HHFT's proposal will mitigate both poor financial performance and operational issues in several ways. No additional accommodation will be required to provide the capacity at the alternative locations of Alton, Basingstoke or Winchester dependent on patient choice. Some staff costs will also reduce through saving travel time. Maintenance costs for equipment will also be saved.

3.16. HHFT recognises that not all costs will be saved given the need to re-provide the capacity at alternative locations. Nonetheless HHFT estimates that the improvement

will be sufficient to address the economic drivers for change and improve the consolidation of resources at our more established sites.

3.17. From a quality perspective HHFT believes our more established services at alternative sites offer greater support for patients across a wider number of specialties, and a more stable staff given the higher levels of activity and proximity of supporting services.

3.18. HHFT also recognise that this will affect the Trust's income. Given that 74% of patients referred from Whitehill & Bordon GPs already attend their appointments elsewhere, HHFT has assumed that income will continue to decline in line with the current rate of loss in share of activity.

3.19. In most cases HHFT have made plans to re-provide these services and patients who wish to be referred to HHFT will continue to be offered appointments at Alton, Basingstoke or Winchester depending on their choice.

4. Individual services and re-provision plans

4.1. The table below summarises each specialty, the average number of monthly attendances at Chase Community Hospital based on the last 12 months, the HHFT re-provision plans and any existing commissioner plans to replace the capacity in Whitehill & Bordon.

Specialty	Monthly average number of New attendances (last 12 months)	Monthly average number of Follow-up attendances (last 12 months)	Total monthly average appointments	HHFT re-provision plans	Could a different provider provide this in Whitehill & Bordon?	Will this service move to the new health hub?
Audiology	5	16	21	These appointments will be re-provided by our established services at Alton or other locations depending on patient choice.	Discussions underway between the CCG and a potential alternative provider	Yes if alternative service provider is secured and agrees
Maxillo-facial	5	5	10		Activity is too low for an alternative provider	This service will not move to the new health hub
Ophthalmology (including visual fields and orthoptics)	21	54	75		Discussions underway between the CCG and a potential alternative provider	Yes if alternative service provider is secured and agrees
Paediatrics	20	39	59		Further work underway with HHFT to understand the services provided and how they will be re-provided	

Specialty	Monthly average number of New attendances (last 12 months)	Monthly average number of Follow-up attendances (last 12 months)	Total monthly average appointments	HHFT re-provision plans	Could a different provider provide this in Whitehill & Bordon?	Will this service move to the new health hub?
ENT	10	9	19	See paragraph below	Discussions underway between the CCG and a potential alternative provider	Yes if alternative service provider is secured and agrees
Totals	**61**	**123**	**184**			

4.2. **ENT** (Ear, Nose and Throat) service has already needed to make plans to move these appointments to Alton. This is due to a change in consultant availability. Affected patients are being informed and the last clinic at Chase Community Hospital will be at the end of May.

4.3. **X-ray services** perform on average approximately 151 examinations each month. Multiple examinations are frequently performed on individual patients and this represents an average of 107 patients per month. These examinations will be provided from our x-ray services at Alton or other locations depending on patient choice.

4.4. Discussions are underway between the CCG and a potential alternative provider. The x-ray equipment belongs to HHFT but the Trust is willing to transfer the asset at no cost to an alternative provider dependent on commissioner intentions.

4.5. **Community Midwifery services** have an active caseload of women in the Bordon and Whitehill area. The majority of antenatal and postnatal care is provided locally by Hampshire Hospitals Community Midwives in the GP practices, Chase Community Hospital or at home.

4.6. Women will continue to choose to birth with one of four providers, Hampshire Hospitals, Royal Surrey County Hospital, Frimley Park Hospital or Portsmouth. The number of women choosing to birth at Hampshire Hospitals has declined over recent years thus the majority of women are birthing with other providers and there is little continuity of care for women and their families.

4.7. The Trust will continue to work closely with the commissioners for these services and the provider leads to provide pathways for continuity of care for each of the maternity services.

4.8. Hampshire Hospitals Community Midwives will continue to support women who wish to choose to birth with Hampshire Hospitals by providing community midwifery care from a team based in the Alton. The Trust will agree a simple transfer of the caseload of women to each of the other providers (depending on which they choose) to ensure continuity of care for the women and their families who book with other providers. The aim of this is to continue to provide care locally as the model is now but with continuity through each of the providers.

4.9. The service leads of each organisation are developing a plan to achieve this model and agree the pathways prior to any transition.

4.10. In recent weeks, independent of these discussions, the Royal Surrey County Hospital midwifery team has started working from Chase Community Hospital and are in place to expand their service provision in Whitehill and Bordon.

5. Commissioner support and involvement

5.1. We advised our commissioners through our usual channels of our intention to re-provide services in early February 2018.

5.2. Since that time HHFT has been developing a communications and engagement plan with support from South Eastern Hampshire CCG to ensure that the views of local people and key stakeholders are gathered and taken into account.

5.3. The commissioner has also been considering potential alternative providers to deliver replacement services at Chase Community Hospital. HHFT will provide detailed information on caseload and facilities to these potential providers as necessary.

6. Patient and stakeholder engagement and involvement

6.1. A communications and engagement plan sets out how HHFT, with support from the CCG, will ensure appropriate and timely engagement and communication with patients, key stakeholders and the public.

6.2. Pending presentation of this report to HASC no specific engagement and involvement has yet taken place with the exception of those affected by the change in ENT services outlined in 4.5

6.3. As part of the communications and engagement plans HHFT will describe the proposed changes directly to patients in clinics, appointments and visits so their views can be taken into account as the plans are finalised and implemented. The Trust is also available to accompany the CCG to stakeholder groups.

6.4. Working closely with commissioners in the development and delivery of engagement and communications HHFT recognises the potential for public and stakeholder concern. The communications and engagement plan therefore sets out plans for appropriate and timely communication and engagement with all other stakeholders.

6.5. The CCG runs a Steering Group made up of community representatives and this has been in existence for more than five years. The group has been linked to engagement mechanisms within the Whitehill & Bordon Regeneration programme.

6.6. The CCG also has a Community Engagement Committee and Locality Patient Group (made up of representatives from each Patient Participation Group) and all three groups have been regularly involved in the development of plans for Whitehill & Bordon. A range of engagement has been carried out in the local area since 2011 and these are set out below.

6.7. Throughout this period local people have told the CCG that they want to be able to access a range of high quality and accessible health services in the local area, preferably co-located and provided seamlessly with other advice, support and well-being services.

6.8. Since its inception in 2013 the CCG has been actively engaging residents in Whitehill & Bordon to ensure that facilities in the town meet local health need. This built on engagement carried out by NHS Hampshire, the CCG's predecessor organisation.

6.9. The following grid details the previous engagement undertaken:

Date	Engagement activity
2009 - 2012	Six-week consultation exercise which included: • 17 meetings with MPs/councillors/county councils • carried out two surveys (2009 & 2011) – 331 plus responses • three stakeholder workshops to help shape the services (October 2011, January 2012, March 2012) Regular Chase Stakeholder Group meetings Six drop-in events Survey Two Community Question and answer fora Monthly Chase Stakeholder Group meetings
2013- 2014	Options appraisal with local community representatives. Report to Community Engagement Committee Co-production of Chase Charter with local people Updates to HOSC Monthly Chase Stakeholder Group meetings
2014 -2015	Attended two community events and surveyed local people about their views on plans for Chase Hospital Monthly Chase Stakeholder Group meetings Regular newsletter Updates to HOSC
2015/16	Survey of local people about how they use of primary care services and their views on primary care in the future Survey of local people about how they use of community services and their views on community services in the future Workshops seeking the views of local people about local health services Monthly Chase Stakeholder Group meetings Regular newsletter
2016/17	Design workshop with local community representatives to determine and agree the health outcomes for local people in Whitehill and Bordon and then identify the services that are needed to deliver these and to focus on the types of buildings needed for these services and how they can work together. Options appraisal workshop

7. Impact on patient choice

7.1. HHFT recognises that this proposed change will affect patient choice for around 26% of outpatient appointments that are for patients registered with one of the Whitehill & Bordon practices.

7.2. Below is a summary of the numbers of outpatient appointments from the last 12 months for patients registered with a practice in Whitehill & Bordon . The activity delivered at Chase Community Hospital represents 1,440 individual patients.

Attendance Type	Total Attendances at HHFT	Total Attendances at Chase Community Hospital	% Attendances seen at Chase Community Hospital	% Attendances seen in other locations
New appointment attendances	2,629	767	29.17%	70.83%
Follow-up appointment attendances	6,461	1,615	25.00%	75.00%
Total outpatient attendances	**9,090**	**2,382**	**26.20%**	**73.80%**

7.3. The proposal will affect a much higher percentage of those attending for plain film x-ray. Below is a summary of the numbers of patients seen by the x-ray service in the last 12 months for patients registered with a Whitehill & Bordon GP practice. This represents 1,280 individual patients.

	Total GP-requested x-ray exams at HHFT	Total x-ray exams at Bordon	% exams seen in Bordon	% exams seen other locations
Number of x-ray examinations	2,249	1,816	80.74%	19.26%

7.4. The CCG is having discussions with alternative providers. The impact on patient choice will be reviewed in light of these discussions, when they have concluded, and the feedback received during the engagement.

8. Clinical support

8.1. The plans have been discussed at the Trust's Executive Committee meeting where it was supported by the Chief Medical Officer and Medical Directors

8.2. The plans have also been shared with local GPs. Local GPs are reporting since the A3 tunnel has opened patients are increasingly choosing to use services at the Royal Surrey County Hospital. The CCG has been in discussion with local GP practice representatives about the proposal to re-provide HHFT services currently offered at Chase Community Hospital at the Trust's other sites and these discussions will continue during the next few weeks. The CCG's Clinical Associate for Whitehill and Bordon is actively involved in discussions with alternative providers to bring replacement services to Whitehill and Bordon and the CCG's Clinical Chair (a GP in Liphook and Liss) is also informing these conversations.

9. Progress and next steps

9.1. Pending the views of the HASC, HHFT working closely with commissioners, will implement the communications and engagement plan. The themes from the feedback gathered will then be taken into account as the plans are finalised and implemented.

9.2. HHFT are able to enact the plans to relocate services within a short period of time and following appropriate communications with local GPs, commissioners and patients, would propose to complete the transition by the end of July 2018 subject to

HASC and stakeholder views and this date is flexible to account for commissioner and stakeholder feedback.

9.3. HHFT will work with commissioners and any future alternative providers to ensure the transfer of care for those patients who wish to continue to be seen at Chase Community Hospitalis smooth.

10. Conclusion

10.1. The proposal to re-provide the outpatient, X-ray and community midwifery services from various locations in Whitehill & Bordon to alternative locations was made because it is no longer possible for HHFT to provide these services in an effective and sustainable way. Work has progressed at pace to ensure that re-provision plans are in place and alternative provision for Whitehill & Bordon is being explored by the CCG.

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Hampshire Hospitals Foundation NHS Trust services at Chase Community Hospital Communications and Engagement Plan

1. Background

Hampshire Hospitals NHS Foundation Trust (HHFT) is one of the providers currently running services from Chase Community Hospital in Whitehill & Bordon. Hampshire Hospitals NHS Foundation Trust (HHFT) runs the hospitals in Andover, Basingstoke and Winchester. It also runs outpatient, x-ray and community midwifery in other locations including Alton, and Whitehill & Bordon. Outpatient services for five main specialties and x-ray services run from Chase Community Hospital. This is also the base for community midwifery team who provide services from the hospital as well as home visits.

The number of patients using these services is small and is reducing. This in turn means that continuing to provide these services to local numbers of patients in the local area is becoming operationally difficult for the Trust and is not sustainable in the future.

At present, HHFT provides the following services in the local area:

Service / clinic	Location
ENT (ear, nose and throat)	Chase Community Hospital
Audiology	
Maxillo facial	
Paediatrics	
X-ray	
Midwifery	Patients homes, GP practices and Chase Community Hospital

The Trust runs outpatient clinics for five main specialties at the Chase hospital with an average of 46 appointments in total each week across all clinics.

In the last 12 months the Trust has seen just over 1,440 individual patients from Whitehill & Bordon which is approximately 8.75% of the local population. The majority of the community either attend HHFT services at different venues or are referred to one of three other local providers – Frimley Health, Royal Surrey and Queen Alexandra Hospital (patients are offered Patient Choice for acute services).

HHFT is keen to re-locate as many of the services as possible from Chase Community Hospital to Alton Community Hospital. It is recognised that this will impact on patients and the local community which both the Trust and CCG want to minimise. The views of local people will be sought to understand the impact of this change and the concerns raised will be taken into account as the plans are finalised and implemented.

It is important to note that other providers run services at Chase Community Hospital (as mentioned above) and these are not impacted by the Trusts plans. These services are:

- Abdominal Aortic Aneursym screening
- Adult and Older Persons Mental Health
- Child and Adolescent Mental Health Services (CAMHS)
- Child Health clinics Baby clinic
- Day Centre
- Drug and alcohol service
- iTalk
- Musculoskeletal service (MSK)
- Physiotherapy
- Sexual health clinic
- Tissue viability
- Young person's sexual health clinic (for those under 21)

2. Aims

This communications and engagement plan aims to:

- Ensure appropriate and timely communication and engagement with stakeholders including staff, patients, the public and stakeholders
- Engage with and inform impacted staff, patients, and the wider community
- Recognise the potential for and manage the potential for public and stakeholder concern

- Work closely with commissioners in the development and delivery of engagement and communications. The plan will be led by the Trust with support from the CCG.

3. Stakeholders

The following stakeholders have been identified for this engagement plan:

- Patients currently using HHFT services at Chase Community Hospital
- Whitehill and Bordon Health and Care Services Stakeholder Board
- South Eastern Hampshire and North Hampshire CCGs
- Cllr Adam Carew, Hampshire County Council, East Hampshire District Council and Health and Adult Social Care Select Committee member
- Cllr Ferris Cowper, East Hampshire District Council
- Cllr Richard Millard, Leader, East Hampshire District Council
- Cllr Yvonne Parker Smith, East Hampshire District Council
- Cllr Roger Huxstep, Hampshire County Council and Health and Adult Social Care Select Committee Chair
- Locality GPs – Dr Anthony Leung and Dr Poorvie Hewa Pathiranage
- Chase Community Hospital League of Friends
- Damian Hinds MP, East Hampshire Constituency
- Local residents
- Voluntary sector – Community First
- HHFT service staff
- HHFT wider staff
- HHFT Mid and East Hants Governors/all HHFT Governors
- HHFT members (in the constituency)
- Media

4. Service change – the four tests

All proposed changes in activity must meet the government's four tests. The tests and how they are or will be met are:

Test	How it has or will be met
Evidence of clinical support	The plans have been discussed at the Trusts Executive Committee meeting where it was support by the Chief Medical Officer and Medical Directors The plans have also been shared with local GPs and their views are being sought
Patient engagement and involvement	This communications and engagement plan sets out how the views of the local community will be sought
Commissioner support	The views of local commissioners will be sought as part of this engagement plan
Impact on patient choice	The majority of patients from the local community referred to HHFT services are already seen at other locations so the impact on choice is likely to be minimal. The CCG is also having discussions with alternative providers. The impact on patient choice will be reviewed in light of these discussions, when they have concluded, and the feedback received during the engagement

There is a fifth test for proposed bed closures which does not apply for the planned changes;

5. Key messages

The key messages for this engagement plan are:

- Hampshire Hospitals NHS Foundation Trust is one of several local providers running services from the Chase Community Hospital.
- HHFT provides a small number of services at the Chase and the number of local people using these services provided by HHFT is small and continues, to go down
- This is making it difficult for the Trust to provide these services effectively and is not sustainable
- There were 1,440 individual patients attending in the last 12 months. There are on average 46 appointments every week in Whitehill & Bordon over five outpatients clinics as well providing x-ray and midwifery services
- The Trust plans to relocate the services to Alton Hospital wherever possible with patients being given a choice of Alton, Basingstoke or Winchester Hospitals in the future
- South Eastern Hampshire CCG is talking to other service providers to see if they would be able to provide these services in Whitehill & Bordon instead

- Midwifery services will continue to be provided in the local area, including at Chase Community Hospital, but the provider will be determined by where a woman chooses to give birth.

6. Changes being planned

The following table sets out the changes being planned and what these will mean for the local community:

Service / Clinic	What does Hampshire Hospitals currently provide in Whitehill and Bordon?	How will this be re-provided by HHFT?	Could a different provider provide this in Whitehill & Bordon?	Will this service move to the new health hub?
ENT	One clinic a month providing around 230 appointments a year	You will be offered an appointment at Alton Community Hospital or Basingstoke / Winchester	Discussions underway between the CCG and a potential alternative provider	Yes if alternative service provider is secured and agrees
Audiology	Around one audiology clinic a week providing around 260 appointments a year	You will be offered an appointment at Alton Community Hospital or Basingstoke / Winchester	Discussions underway between the CCG and a potential alternative provider	Yes if alternative service provider is secured and agrees
Maxillo Facial	Just less than one clinic a month seeing around 48 patients a year	You will be offered an appointment at Alton Community Hospital or Basingstoke / Winchester	Activity is too low for an alternative provider	This service will not move to the new health hub
Paediatrics services	These clinics provide around 20 new and 39 follow-up appointments each month	You will be offered an appointment at Alton, either in the Community Hospital or a GP practice, or Basingstoke / Winchester	Further work underway with HHFT to understand the services provided and how they will be re-provided	
X-Ray	Some x-ray services twice a week seeing about 1,300 patients every year	Our x-ray services in Alton are walk-in accessed by GP referral	Discussions underway between the CCG and a potential alternative provider	Discussions are underway

Midwifery	Pre and post-natal care for all local women though over 80% chose to birth at Frimley and Surrey hospitals	HHFT are working with the other providers to ensure each Trust provides pre and post-natal care to women who choose to give birth with them. This will be provided in the local community	There is a commitment among local service providers to keep provision local (either at Chase Community Hospital or in GP surgeries)	Yes as it will transfer either from Chase or with the GP services
Ophthalmology	Previously provided ophthalmology services at Bordon (including orthoptics) but these have recently ended	HHFT do not currently provide this service but discussions are underway with a potential alternative provider	Discussions underway between the CCG and a potential alternative provider	Yes if alternative service provider is secured and agrees

7. Travel

Previous engagement with the local community about other health issues has identified transport as a key theme. The travel distances to the alternative locations and time this would take are detailed in the following table (source – The AA via www.theaa.com/routeplanner):

From	To	Distance (miles)	Time (minutes)
Chase Community Hospital *(postcode – GU35 0YZ)*	Alton Community Hospital *(postcode – GU34 1RJ)*	8.3 miles	19 minutes
	Basingstoke and North Hampshire Hospital *(postcode – RG24 9NA)*	23.1 miles	43 minutes
	Royal Hampshire County Hospital, Winchester *(postcode – SO22 5DG)*	23.7 miles	46 minutes

8. Communications and engagement routes

A range of communications and engagement methods are available including:

- Regular briefings and updates to key stakeholders using established channels (where available)
- Attending existing community forums, groups and events (where available) such as:
  - Voluntary and community groups
  - Patient Participation Groups

- Developing a clear engagement document to seek the views of local people through:
    - Online channels such as the Trust and CCG website
    - Printed copies in waiting areas at the Chase Community Hospital and other local community venues
    - Staff seeking the views of patients attending Chase Community Hospital
- Promoting the engagement opportunity through existing channels such as:
    - Partner organisation newsletters
    - Social media channels
    - Local media

9. Engagement activities

A detailed engagement timetable detailing the activities that will be undertaken is set out in appendix one. This will be reviewed and updated as required on a regular basis.

10. Monitoring and evaluation

The effectiveness of the communication and engagement plan will be evaluated on an ongoing basis. The level of feedback received from stakeholders and the local community, including the media, will be reviewed throughout and then collated into an engagement report with key themes identified so they can be taken into account during the final planning.

Appendix one

Date	Activity	When	Who
By 13 April	Brief : • Dr Anthony Leung • Cllr Ferris Cowper and Cllr Richard Millard • Damian Hinds MP • Nick Wilson • Cllr Adam Carew • Whitehill and Bordon Health and Care Services Stakeholder Board • Reactive media statement issued	Briefings completed during this week with Stakeholder Board meeting on 13 April	HHFT to meet/call with CCG attending HHFT to attend with CCG support
By 27 April	Finalise engagement plan: • Draft and agree engagement materials • Add agreed content to websites • Identify groups to attend and arrange to do this • Produce and distribute paper copies of engagement materials Develop and issue a EHDC and CCG pro-active media release about the new health hub Draft and agree HASC paper for May meeting (inc briefing HASC officer)		HHFT/CCG HHFT/CCG HHFT/CCG HHFT CCG/EHDC HHFT/CCG
15 May	Presentation to HASC	Joint presentation between HHFT and CCG	
June	• Seek the views of current HHFT patients attending the Chase and local people on the impact of the changes. This is to include engagement with stakeholders including local groups, Friends of the Chase Hospital and other patient and community groups	TBC	HHFT with CCG support
			HHFT with CCG support
July	Review feedback and produce an engagement report setting out: • How views were sought • Feedback received and themes		HHFT with CCG support

	• How these have been taken into account in the final plans		
By July 31	Proposed that services move by the end of July, subject to HASC and stakeholder views. This date is flexible to account for commissioner and stakeholder feedback.		

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HASC Briefing paper May 2018

Future plans to develop our Secure Forensic Mental Health and Learning Disabilities Services

Southern Health is planning to transform its Secure Forensic Mental Health and Learning Disabilities Services.

These plans aim to increase the availability of Secure Forensic Mental Health and Learning Disability Services enabling more patients to receive care closer to home. They will also significantly reduce the national shortage of beds for young people with severe mental health problems. We hope that our new developments will help to create a centre of excellence by attracting highly skilled, sustainable mental health workforce and modernising our facilities.

Our current Forensic Services

Southern Health currently provides a range of Secure Forensic Mental Health Services for adults and young people across Hampshire. These include:

- Ravenswood House, Adult Forensic Medium Secure Hospital, 78 beds, male only, based in Fareham
- Southfield, Adult Forensic Low Secure Hospital, 28 beds, male and female, based on the Tatchbury Mount site in Totton
- Ashford Ward at Woodhaven an Adult Forensic Low Secure Hospital for people with learning disabilities, 10 beds, male only, based on the Tatchbury Mount site in Totton
- Bluebird House, Adolescent Forensic Medium Secure Hospital, 20 beds, male and female, based on the Tatchbury Mount site in Totton

Our plans

Woodhaven

Woodhaven (currently a Low Secure Hospital for adults with a learning disability) will be redesigned to become an Adolescent Low Secure Hospital. This will provide up to 14 beds primarily for young people from the south of the country. The interim low secure ward currently located in Bluebird House will transfer over to the new low secure hospital when it is ready.

This will help to meet the national shortage of beds for young people with special mental health needs and will mean that patients living in the south of the country will be able to be treated closer to home preventing them having to travel long distances to receive the care they need.

If plans are agreed, we would like to start building work to Woodhaven in October 2018. The outside of the building will not change but the interior will be redesigned to ensure it meets the needs of the patients.

To allow us to redesign the Woodhaven site, we plan to temporarily move the patients based in Ashford Ward at Woodhaven, to Ashurst Ward at Ravenswood House, our Medium Secure Forensic Hospital based in Fareham, in October 2018. Patients, family and carers and staff have all been informed of our proposed plans.

New Low Secure Forensic Residential Unit for patients with a learning disability

To accommodate the patients currently being supported at Woodhaven we plan to build a brand new bespoke 10 bedded Low Secure Forensic Residential Unit on the main Tatchbury Mount site adjacent to Woodhaven. To make use of current resources this replaces Rufus Lodge, currently an unused clinical building onsite.

The new building will be tailored around the needs of our patients with all the up to date facilities needed to enable us to continue providing the best care to our patients. Our patients, families and carers and our staff will have an opportunity to influence the interior design of the residential building.

Subject to approval and planning permission we would like to start building work in September 2018 with a completion date of October 2019.

Why are things changing?

There are a number of reasons behind our plans to change our services.

The Adult forensic Pathway needs to be reconfigured so that we can reduce the length of stay of patients in hospital in order to support them in the community, where they can be treated in the least restrictive manner which will promote recovery and rehabilitation.

We currently have more people in medium secure settings due to a relative under provision of low secure beds. We will provide more low secure services for adults, and more services for female patients will require care in low secure settings with the aim of promoting the recovery and rehabilitation.

Due to the imbalance between low and medium secure beds, patients from our catchment area have to go out of area to access care, which makes maintaining contact with families and rehabilitation more difficult.

In our Adolescent Forensic Services, whilst we provide a medium secure service, we have no low secure service. Nationally there is inadequate provision of low secure services for young people, resulting in young people from the south of the country having to sometimes travel hundreds of miles away from their homes and families to receive treatment.

Engagement so far

We have started to engage with key stakeholders about our proposed plans. All feedback will be collated and use to help us shape the future of our secure services. Once we have fully engaged with our key stakeholders, we plan to approach the media with our plans in the next few weeks.

Patients

All patients have been informed. Only three of the patients will be directly affected by the move from Ashford Ward at Woodhaven to Ashurst ward at Ravenswood - staff are working with patients and their families and carers to ensure they are fully informed of our proposed plans.

Families and carers

Families and carers were sent personalised letters informing of them of the moves and the proposed changes. They were invited to two coffee mornings to discuss these proposed plans further.

Staff

Staff directly affected by these changes have been informed via face to face to meetings.

All staff Trust wide have been informed via our internal communications channels.

Key Stakeholders

The stakeholder briefing paper attached has been sent to all our key stakeholders. Local parish councils have also been spoken to by telephone and asked to publicise our event to their local residents. We also asked them to publicise our poster on notice boards and on their website. We had a private informal meeting with MP Julian Lewis to share our proposed plans.

Open evening - Wednesday 9 May 2018 (5.00pm-7.30pm)

We are hosting open evening at Tatchbury Mount, in Calmore, to give members of the public and key stakeholders an opportunity to meet our Clinical and Project Management Team Staff and find out more about our plans to develop our Forensic Low Secure Services, have an opportunity to see what we propose the buildings will look like, share their views and ask any questions.

This event has also been publicised via social media twitter and Facebook with a link to our webpage.

We have a dedicated webpage informing people of our proposed plans and a news page inviting people to our event.

Timelines of date

Time	Action
Wednesday 9 May 2018	Open Evening
May 2018	Hoardings to go up around Rufus Lodge
October 2018	Patients from Woodhaven to move to Ravenswood
October 2018	Building work to begin on Rufus Lodge to become a bespoke new Low Secure Forensic Residential Unit for people with a learning disability
November 2018	Redesign of Woodhaven to become a Low Secure Forensic Hospital for young people with specialist mental health needs
October 2019	Opening of Low Secure Residential Unit for people with a learning disability
October 2019	Opening of Woodhaven – Low Secure Forensic Hospital for young people with specialist mental health needs

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Hampshire Health and Adult Social Care Scrutiny Committee - 17 May 2018

Update of Programme to Transform Care Services in North and Mid Hampshire

CONTENTS

INTRODUCTION

The Transforming Care Services Programme (the TCS Programme) was established to bring partners together to address the challenges faced by the health and care system of north and mid Hampshire, with particular regard to providing citizens with safe health and care services that will be sustainable for many years to come in the face of rising demand, demographic growth and financial pressures. The programme recognises the scale of this challenge and the interdependencies of both acute and community models of care to be able to function effectively and efficiently as an integrated health and care system.

This paper provides an update on the progress made following the agreed recommendations from the West Hampshire and North Hampshire Clinical Commissioning Group (CCG) Joint Public Board meeting on 30 November 2017 which were:

1. To continue to develop and implement plans for rolling out more joined-up local health services both in and out of hospital over the next few years;
2. To continue with the current programme arrangements in order to develop proposals for the centralisation of services within the current Hampshire Hospitals' footprint (Andover, Winchester and Basingstoke), thus ensuring that patients continue to have access to the safest and highest quality care, including any necessary capital development to support relocation of services;
3. The other options presented, including a standalone critical treatment hospital, would not be progressed as part of the programme.

Part 1 of this paper provides an update on the approach taken by the TCS programme in response to the recommendations 1 and 2 above. The TCS programme is supporting the coordination and development of proposals for acute services provision, out of hospital care, and the associated capital and estate implications.

Part 2 of this paper explains in more detail the development of care models; models that provide high quality safe services; provide continuity of care based around the needs of patients / citizens which improve health and wellbeing and which are sustainable for the long term.

Part 3 of this paper explains how local people will continue to be engaged with the transformation in terms of the centralisation and with the components of the integrated care model work programme.

Case for change – the Joint Public Board meeting highlighted the case for change against which the options were assessed. A summary of the case for change is presented; further information is available within the public board papers.

The local population is growing, getting older and has changing health needs …	• The local population is growing with an 11% increase predicted over the next 5 years with the largest increase in the over 75s who are predicted to increase by nearly 37% • This will result in a higher prevalence of people with ongoing or complex needs within the catchment of HHFT
… requiring a different sort of care to that historically provided ….	• Care for people with ongoing or complex needs must be provided in a different way than in the past, ensuring a more pro-active approach rather than reactive, delivered by multi-disciplinary teams working together rather than being reliant on GPs to do everything, with easier access to diagnostics and specialist opinion and more consistent quality of care • Technology is supporting integrated care models e.g. virtual outpatient clinics or remote monitoring
… which will result in decreased in-hospital activity…	• Currently 56% of all NHS funds available for the local population are spent in the acute sector • The clinical evidence base suggests that a greater focus on prevention of ill health and on caring for people with ongoing or complex needs in the community can significantly reduce the need for acute hospital care resulting in better health status and greater independence - examples from elsewhere suggest that new models of out of hospital care could reduce the amount of acute activity.
… without which there would be further pressure on already fragile services with an increasing the need for consolidation	• Current acute hospital services are split over Basingstoke and Winchester sites –this results in duplication of services and relatively low volumes of care at each site –below recommended levels by national medical bodies in a small number of services • Services with relatively low volumes of care have been shown to associated with poorer quality of care, probably because teams get less experience and are less able to build their skills • Services with relatively low volumes of care also cost more money to run as they are less well utilised • Services which need to be provided 24x7 are particularly difficult to provide at multiple sites as they require staff to be there 24x7 even if the numbers of patients are relatively low – this is particularly the case for A&E, emergency surgery, obstetrics, and paediatrics • In these specialties there are challenges in staffing

	services on two sites and in ensuring consistently high quality care.
Hampshire Hospitals Foundation Trust (HHFT) has an opportunity to provide higher quality services in a more efficient way by changing the models of care across sites	• Some services e.g. cardiology and hyper acute stroke, have already consolidated onto a single site and see good patient outcomes • Consolidating more services is likely to reduce operating costs with shared rotas and improve quality with higher volumes of activity. • In addition, reductions to length of stay and increasing throughput of theatres, diagnostic services and outpatients will all enable more efficient hospital services and allow investment in out of hospital care

PART 1 - TRANSFORMING CARE SERVICE PROGRAMME - Progress Update

Building on the extensive work of the TCS Review in 2017, the programme has focussed on supporting the development and coordination of proposals for:

a) **transforming services to provide care in the community in a more integrated, proactive and preventative way, and therefore reduce the need for hospital based care**
b) **reconfiguring acute services**
c) **estate and capital implications for the local healthcare system.**

It is these three elements combined which form part of the North and Mid Hampshire system's plan to improve services for the local population.

a) Transforming services

Transforming services for North and Mid Hampshire Local Care system is a long-term programme which involves working across health and social care to improve the quality and patient experience by delivering more care closer to home.

This will be achieved by**:-**

1. Supporting people to stay well
2. Providing proactive joined up care for those with ongoing or complex needs
3. Ensuring better access to specialist care
4. Further integration of urgent and emergency care
5. Providing effective and sufficient step-up, step-down nursing and residential care

The core building block for this transformation is the primary care collaboration that allows a shared population health model to be developed with other service providers and local communities. The model for this work has been developed in vanguard sites throughout Hampshire and is mapped into a natural communities development plan that will form part of the local care plan. Priorities for 2018/19 have been identified and are being progressed.

Further detail of the transformation and the integrated care models evolving in the community can be found in Part 2.

b) Reconfiguration of HHFT acute services

Acute care is provided at three sites within Hampshire Hospital Foundation Trust's (HHFT) existing footprint: (Royal Hampshire County Hospital (RHCH), Basingstoke and North Hampshire Hospital (BNHH) and Andover War Memorial hospital (AWMH).

At the Joint CCG Public Board Meeting in November 2017, it was recommended that further work be undertaken to consider how best to accommodate services across the three hospital sites. HHFT has been assessing the options and included within this scope are Emergency Department, Emergency and Elective Surgery, Cancer Services, Critical Care, Obstetrics, Neonatal intensive Care and Inpatient

Paediatrics. This clinical assessment, together with associated estates changes is ongoing.

Further detail of the acute services care model can be found in Part 2.

c) Estates

Part of developing proposals was the need to review the condition of the HHFT's existing estate: Royal Hampshire County Hospital (RHCH), Basingstoke and North Hampshire Hospital (BNHH) and Andover War Memorial hospital (AWMH). A 'Six Facet' estate survey has been completed, together with projected costs of the future level of maintenance and this information will be used to inform any future capital funding bids.

The community estate is also a key consideration for the integrated care models and plans to develop a community hub at Andover are in progress. Consideration is also being given to the development of community health and wellbeing and primary care hubs within Alton, Winchester and Basingstoke.

Transforming Care Services (TCS) Programme – Next Steps

April 2018 saw changes to the TCS Programme Management Office (PMO) with the appointment of a new Programme Director and additional resources provided to the PMO from both CCGs. These changes will continue to provide rigour, assurance and confidence to the processes and decision making of the programme on behalf of the Local Care System.

Through May and June the PMO will continue to identify the interdependencies between acute and community models, noting changes to patient flows, any reductions to non-elective admissions and bed days through reducing the unnecessary delays in patients being discharged from hospital. This work draws on national and local data evidence, testing the assumptions borne out in the Transforming Care Service Review 2017. This work is further enhanced by the recent review by Newton Europe which has been commissioned through NHSE/DCLG across the Hampshire County Council area and there is evidence in the system review for the significant bed occupancy reduction opportunities in the North and Mid Hampshire local care system.

The TCS Board has a shared commitment to work in partnership with all provider and third party organisations on the modelling of activity and capacity of acute and out-of-hospital service models as they are further refined.

The estates work stream, together with Local Estates Forum, is co-ordinating the identification and prioritisation of opportunities where capital funding could support integrated service models. Particular focus through May and June will be to ensure compliance with the bidding process outlined for STP Capital funding. The PMO team are preparing information for the Hampshire and Isle of Wight Sustainability Transformational Partnership (STP), Wave 4 Capital Bidding Round, with bids due for submission to the local STP in June with the national deadline in July.

PART 2 DEVELOPING THE COMMUNITY MODEL OF CARE AND SUPPORT – Progress Update

Part 2 of this paper describes in more detail the integrated care model progress. Whilst the detail is presented as discrete sections it is important to acknowledge the interdependencies and alignment between hospital services and those that can be provided outside of hospital setting in local communities.

The development of the care models has been grounded in a good understanding of our population demographics and predicted growth. We work closely with public health and our local authorities to understand our population and a brief review of some of the health issues we have drawn from the population assessment are included below.

2.1 Population data

Population Profiles - The total resident population of North and Mid Hampshire is 418,800 (approx. 1/3 Hampshire total population), with a younger population structure (highest proportion of people aged 0-19 and 35-54 years compared to Hampshire).

The growth in population between years 2016 to 2023 is expected to be 45,754 people, this equates to 11% increase, considerably more than the Hampshire forecast increase of 8%. All age groups are predicted to increase, with the largest increase forecast in the over 75s (37% increase), with a predicted 13,260 more people aged 75 and over living in North & Mid Hants LCS. There is a greater need therefore for proactive services that can support frail people, often with multiple long-term conditions, to continue to live with dignity and independence at home and in the community.

Patterns of Illness - Adults in Hampshire in general live longer, have good employment and good opportunities to keep healthy. A Hampshire male resident born today could expect to live in good health for 83% of their life, and a female 81%, this equates to males living in poor health for 13.8 years and females living in poor health for 15.7 years. However there is variation with some people having much poorer health and outcomes. One area in Andover is ranked in the 20% most deprived LSOAs * nationally. This area falls in the Alamein ward in the Shepherd's Spring area. There are approximately 1,400 people living here.

* Measurement of relative levels of deprivation in small areas of England called Lower layer Super Output Areas (LSOAs)

We have a good understanding of the health of our communities within defined natural communities (groupings of GP Practices) to inform transformation plans. A review of disease prevalence for the natural communities in Mid Hampshire been undertaken by Public Health England and is summarized below. A similar detailed review for the natural communities in North Hampshire is underway; however the Joint Strategic Needs Assessment (JSNA) (2017) for North Hampshire identifies similar patterns of illness, with health inequalities related to pockets of socioeconomic deprivation.

Andover	Depression, COPD, Asthma and Hypertension - significantly high prevalence
Winchester City	Overall low disease prevalence except for mental health, significantly high prevalence of depression in St Pauls and Dementia in St Clements
Winchester Rural North	Significantly higher prevalence of: Hypertension, Stroke, Asthma in Whitchurch, Depression in Derrydown
Winchester Rural South -	Significantly higher: Hypertension in Stokewood and Wickham, Stroke in Wickham
Winchester Rural East	Overall low disease prevalence except for: significantly high cancer prevalence in Alresford and Watercress Higher prevalence of CHD; Stroke in Alresford and West Meon
North Hampshire	Across the North Hampshire CCG health inequalities impact differently, as shown in the life expectancy gap between most and least deprived and between genders. There is a rising prevalence of obesity, diabetes, cancer and a higher prevalence of depression. The forthcoming Public Health England profiles for the emerging North Hampshire natural communities will inform transformation plans to support specific health issues in each area.

In keeping with the national picture, changing lifestyles means there will be more people living with long term conditions. To avoid increasing the already pressured acute health services such as emergency and acute medicine, there will need to be a shift towards earlier interventions to improve health and deliver sustained continuing support, provided outside of hospital setting that support people to manage their health and wellbeing.

Emerging health and social care needs - There are a wide number of factors that influence and determine good health, but there is no single definitive measure to tell us if we or our communities are healthy. Factors or conditions that cause premature mortality or illness can help us understand how healthy our population is. The influence of different risk factors varies according to the level of deprivation in an area. Smoking, obesity and high blood pressure are the leading risks in areas of relative deprivation.

For adults, the main causes of premature death are cancer, heart disease and respiratory disease. Certain illnesses (e.g**.** mental health, MSK and diabetes) not only cause mortality but can also cause significant disability (impacting on employment and future wellbeing) if they are not managed effectively.

2.2 Integrated Care Model for North & Mid Hampshire

The opportunity to deliver care and front line services more effectively, joining up services provided by different organisations will mean a different look and feel to how people receive care and support. Effective collaborative relationships between secondary care, primary care, community service providers, Hampshire County Council and voluntary sector organisations around this shared purpose is already enabling changes to the way care is being delivered.

The components of the integrated care model

In keeping with other areas across Hampshire, Mid & North Hampshire Local Care System has adopted a model for improving the health and care provided for the population of ca. 440,000 people which has at its heart five components:

1) **Support to help people to stay well**
2) **Proactive joined-up care for those with ongoing or complex needs**
3) **Better access to specialist care**
4) **Integrated urgent & emergency care service**
5) **Effective and sufficient step-up, step-down, nursing and residential care**

Support to help people to stay well; it is important that we are taking effective and concerted action to support people to stay well. Prevention and early intervention programmes, such as those for smoking, weight reduction, lifestyle and long-term condition management, can help people avoid ill health – and increasingly digital technologies can improve this support. It is common for our service users to have social concerns, such as loneliness and isolation that impact their health and wellbeing. Our communities and volunteers are working to support and improve the lives of local people, and health services can contribute to this, for example through social prescribing services.

Support to help people stay well - current position

Prevention work is broad ranging and our current initiatives include:-

- Increasing uptake in vaccinations, particularly within groups that need different access to healthcare and advice as a result of their circumstances.
- Promotion of exercise through initiatives such as ‘Get Hampshire Walking’, which saw over 5000 people completing one of 130 health walks. We have worked in partnership with the council to support over 25% of Hampshire’s schools with the ‘Golden Mile’ initiative.
- Earlier diagnosis of long term conditions through effective screening with earlier intervention such as Healthier You – the National Diabetes Prevention Programme which was launched in Hampshire in 2017 aimed at people who are at risk of developing Type 2 Diabetes. This provides a nine-month course in local communities and aims to help people adopt healthier lifestyles
- Health checks for the over 40’s, people with learning disability, and serious mental illness
- Referral to lifestyle management services such as smoking cessation, weight

reduction programmes and exercise initiatives

- Rollout of Patient Activation Measures programme to improve individual's engagement in self-management.

Improving access to care is also crucial to increasing self-care and therefore preventing ill-health, we have:-

- Launched extended access hubs in October 2017 with additional pre-bookable and same day appointments with additional access to a range of professionals including GPs in the evenings and weekends at Andover War Memorial hospital and Badger Farm Surgery in Winchester. These hubs have delivered 410 additional hours of additional capacity to support West Hampshire patients in primary care. These will be rolled out across our local care system by October 2018.

- Promoted the use of Connect to Support (an on-line directory of local services and community groups

- Trained 51 GP reception staff 28 practices in active signposting to community support for issues ranging from debt management, relationship advice to help with drug and alcohol issues. This has been shown to reduce the need for GP appointments by approximately 5%.

- Implemented e-consult and on-line consultation programme, with over 800,000 people registered across Hampshire, and access to symptom checkers, self-help tools, advice prescriptions and appointments. Using e-consult 60% of people are able to resolve their health concerns without visiting the practice, with an estimated 12,316 appointments saved.

- In partnership with Hampshire County Council provided on-going and additional investment into the wellbeing centres to help prevent mental ill-health. The centres are run by Mind to provide short-term, outcome-focused support to individuals with mental health problems. There are centres across Hampshire including at Basingstoke, Andover, Winchester and Eastleigh.

Next Priorities

We are working with Public Health for Hampshire to deliver the targeted prevention priorities for our population, and supporting the delivery of the STP prevention programme. Smoking, obesity and high blood pressure and mental ill-health are leading risk factors, and targeted work to address these will continue. Additional initiatives being developed include:-

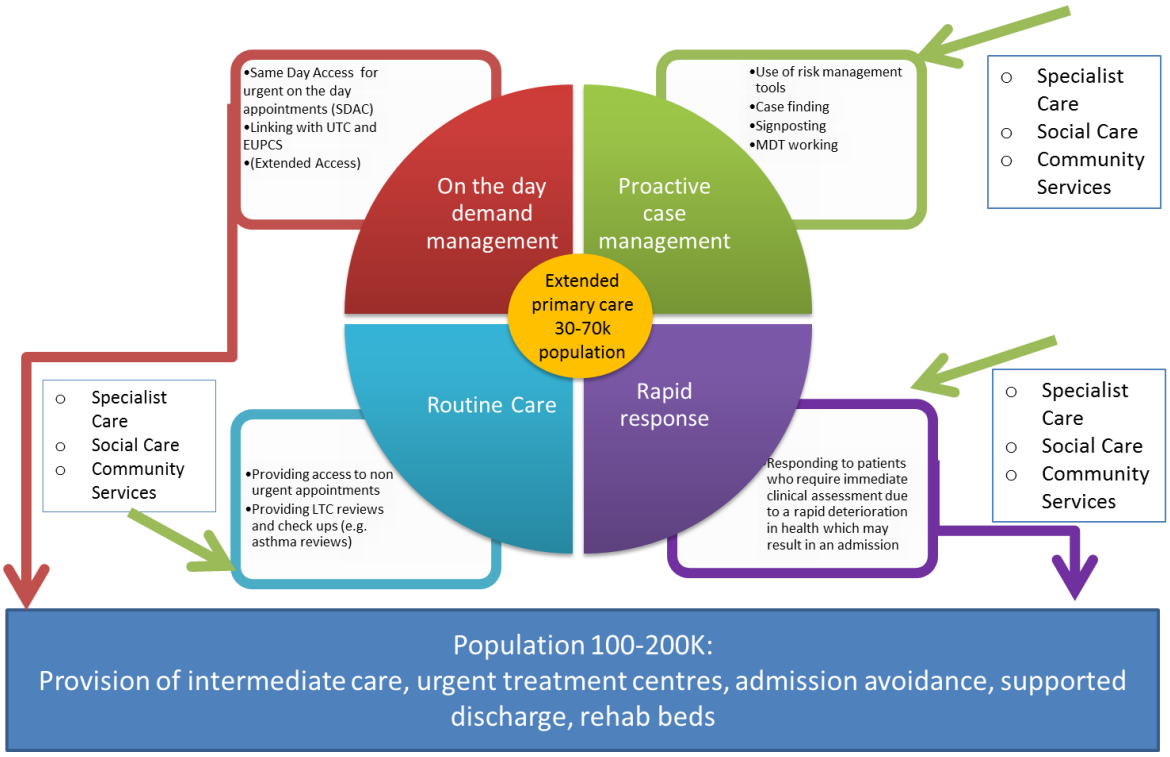
- Fit for Surgery; giving advice and guidance and signposting on reducing smoking and alcohol intake or losing weight before an operation or procedure. The evidence shows that this support can greatly improve the outcomes for the patient

- Making every contact count; ensuring that we take every opportunity for interaction with our workforce to encourage our population to take positive

self-care steps and change lifestyles

- Early detection and screening for cancer and other primary care based prevention programmes targeting the needs of the local populations.

Proactive joined-up care for those with ongoing or complex needs; is a key component of our care model. This is delivered through teams of multiple professions working collectively to deliver joined up care. These teams bring together primary care, community nursing and therapies, paramedic, mental health, social care and the voluntary sector to work together within local communities. The core building block for this transformation is the primary care collaboration that allows new ways of working to be developed with other service providers and local communities. The model below shows how key elements of care will be delivered in local areas by GP practices working together in larger groups or 'natural communities' covering populations of 30-70k. This enables services to be provided at scale.



The ten natural communities in the North and Mid Hampshire Local Care System are at differing stages of development and are being supported in their development, learning from the adoption and progress with embedding different models of care nationally and also from local HIOW STP programmes.

Proactive joined-up care for those with ongoing or complex needs - Current Position

- Natural community leadership - is in place with well-established natural communities in Mid Hampshire and North Hampshire now developed into a natural community model.

- Multi-disciplinary teams - Proactive care teams established taking a multi-disciplinary team approach to support patients. Practice whiteboard meetings are held with regular multi-disciplinary team meetings to review patients. Mid Hampshire's pro-active care team looks after over 10,000 patients with complex needs in the community supporting them to navigate health and care services.

- Care co-ordination – for the over 75s there is a named GP responsible for the person's care. Care navigators are in place across the Mid Hampshire practices helping patients and their carers navigate the system

- Individualised care plan – practices use risk stratification to identify those most at risk and develop care plans with the patients. A summary care plan can also be uploaded on the shared care record CHIE (formerly Hampshire Healthcare Record).

- Working with care homes – implemented care home forums and piloting of nutritional hydration initiatives across the local care system, also piloted an enhanced care in nursing home service in the North providing enhanced multi-disciplinary teams to support residents. General practices are aligned to care/nursing homes to improve care with regular 'ward rounds' and advanced care planning for the most vulnerable residents.

- Personalised planning (and budgets) – more personal care planning and the use of personal budgets for patients to manage their own care and support is being promoted throughout Hampshire. We have been successful in securing funding to continue to develop this approach for 2018/19.

- Talking therapies and children and adolescent mental health services and the provision of specialist mental health support where required, also improving the experience during the transition between children's and adults services. Uptake for these therapies is currently meeting the national targets for the North and Mid Hampshire local care system.

- 'Knowing me knowing you' postnatal mental health courses run collaboratively by health visitors, iTalk practitioners and wellbeing service at wellbeing centres for women not needing the specialist perinatal mental health service.

- Developed new End of Life quality collaborative in Mid Hampshire which has greatly improved the discharge process and experience of care for patients who previously have been unable to be discharged from hospital. In 2017 our service changes enabled over 100 additional patients to leave hospital and die peacefully in their place of choice.

Next Priorities

The current position shows good progress in developing the natural community based multi-professional teams and a proactive care approach. However, ensuring a consistency of approach and the embedding of best practice across all natural communities remains a priority. Two natural communities have been identified to embed the approach, one in Mid-Hampshire (Andover) and one in North Hampshire (Rural West). These teams will include the development of new workforce roles including, care navigators, frailty specialists, clinical pharmacists working in GP practices and receptionists trained as active sign-posters.

Other priorities include:-

- Children's multi-disciplinary team meetings being piloted during 2018/19
- Development of local and area hubs in Andover, Alton, Winchester and Basingstoke. Local hubs can be virtual with practices working together to provide care to a natural community of 30,000 – 70,000 or co-located in a single building. Area hubs provide services to a wider population of 100,000+ and include more specialist care, diagnostics and inpatient beds.
- Andover health and well-being hub (due for completion March 2020) Andover local hub will be co-located with Andover War Memorial hospital providing a local and area hub on the one site. We have been awarded funding to develop and improve the facilities in Andover, and the hub will help facilitate the five GP practices to work collaboratively to develop new ways of working and provide improved access to care in Andover, enabling primary care clinicians to focus on those patients who need their support most and freeing up capacity in the system.
- End of life care - work collaboratively across the local care system to consider the palliative care needs of the population and develop the end of life care model supported by the potential expansion/creation of hospices at Andover and Winchester.
- NHS Continuing Healthcare – we will continue with our improvement programme to; improve the quality of our service, clear the backlog of cases, develop the funded nursing care service and embed a personalised approach including personal health budgets
- Medicines optimisation – we continue to develop our work programme to help patients: improve their outcomes; take their medicines correctly; avoid taking unnecessary medicines; reduce wastage of medicines; and improve medicines safety.

Better access to specialist care; specialist input is required for many of our patient's care plans, and we are developing services which bring easier access and more local access to this specialist advice. We are also reviewing the way we manage referrals into specialist care so that we can ensure access to the best specialist advice is achieved first time.

Better access to specialist care - Current Position

We are working as a system to understand how best to ensure patients receive timely and accessible specialist advice. Progress to date includes:-

- Established community diabetes care and support with many other long term conditions supported within the community.
- Community cardiology; a pilot to provide a one-stop shop for the diagnosis and early treatment of cardiovascular issues. This is being delivered as a collaboration between primary and secondary care providers.

Next Priorities

- Improve and develop other community services such as MSK, dermatology, and early detection of liver disease
- Develop a referral support service and referral management pathways, ensuring faster access to the right advice and support
- Continue to review and embed innovation and national guidance and ensure that services are delivered following best practice to deliver real clinical value for patients.

Integrated urgent & emergency care service; across Hampshire we are reviewing how to make it easier for people to navigate the right care and support in time of more urgent need.

Integrated urgent & emergency care - Current Position

- NHS111 can be accessed for advice and guidance and navigation to right place for support
- Same day urgent appointments are provided at all GP practices
- Acute mental health crisis teams are in place to support those in urgent need of support and we have enhanced psychiatric liaison in HHFT, with increased funding for people in crisis to be followed up in wellbeing centres if they don't need secondary care input

Next Priorities

- Improved NHS111, a new clinical assessment service integrated with GP out of hours services to make it easier for people to navigate urgent care services to get the right advice or support, or face to face appointment/visit. The

Improved NHS111 service will also be able to directly book patients into out of hours appointments, urgent treatment centres and other services as they become available. NHS111 will also be accessible online.

- By July 2019 primary care extended access and the current face to face element of out of hours GP services will combine as a single service in the Andover and Winchester areas. The out of hours GP service in Basingstoke will continue its close integration with Basingstoke Hospital emergency department following moving in to new purpose built accommodation in the hospital in May 2018. The co-location of services gives greater continuity of care and flexibility of resource contributing to less duplication in the urgent care system.

- In addition to the above there will be extended access hubs in Mid Hampshire at Andover and Winchester. These hubs offer evening and weekend appointments with GPs, practice nurses and other health professionals providing high quality, convenient and local care.

- Initial work in 2018-19 will review the potential for a same day access centre in Basingstoke. This will provide increased access for our patients to their GP and wider primary care team. The CCG is working with patients, practices and the Borough Council to design the service with an option appraisal having commenced to identify premises. A business case for Wave 4 capital funding is being prepared. The option to extend the service to be an urgent treatment centre is being considered.

- In the early stages of planning the NHCCG is exploring the opportunity for a primary care hub in Alton, and new health facilities in Winklebury. There is also a need for new GP premises in Manydown where the population is expected to have the highest growth in Hampshire. These schemes will be worked up for future capital investment programmes.

- To ensure effective urgent and emergency care in North and Mid Hampshire, by July 2019 Andover War Memorial Hospital will additionally be designated as an urgent treatment centre. It will offer GP-led services and be open 12 hours per day (minimum), seven days a week. It will provide a full range of minor injury and minor illness support, and staff will have access to diagnostics to support patients locally.

Effective and sufficient step-up, step-down, nursing and residential care; effective care rapidly when people with complex needs are in need of greater support can prevent admission to hospital and make sure patients are discharged when medically ready. It includes a range of services, including step up and step down intermediate care services and beds and rehabilitation and reablement services in people's homes.

Effective and sufficient, step-up, step-down, nursing and residential care - Current Position

This is an area of joint working with both community health and social care providers as people in crisis are vulnerable and need joined up care that is centred on their needs

- A full review of current intermediate care capacity and demand has been completed across the system for supporting delivering appropriate care that assists people in rehabilitation and reablement to support returning to independent living. Research shows that the majority of people whom have lived independently pre-hospital admission will return to independent living with effective and timely support services; this is a core thread of the system improvement programme working to reduce delays in transferring people to effective onward care.

- Supporting a growing demand for support to enable people to live independently is dependent on the alignment of the care at home framework being developed by HCC alongside continued healthcare services that are based on individual assessments conducted outside of hospital. In 2017 less than 50% of long term care assessments were delivered outside of acute hospitals; the target for 2019 is for 85% to be conducted in intermediate care settings or at home. This delivers less dependence on care for the individual and is more sustainable for the system as our population lives longer.

- Care for people suffering with dementia is also an area of priority for the local care system and the rise in dementia friendly GP surgeries is continuing. We are providing greater support for residential and nursing homes to better support dementia patients through accessing specialist care providers; the local care system has allocated improved Better Care Funding to support the enhanced care Home offer for dementia patients.

Next Priorities

- Integrated intermediate care – involves bringing together rehabilitation and reablement services under a single leadership and a delivery model is being developed Hampshire-wide in collaboration with Hampshire County Council and the health provider. In Mid Hampshire a single point of access to these services will go live in May 2018.

- Review the provision of intermediate care beds

- Development of a discharge to assess model to ensure patients return home as soon as they are fit to do so with the right care package in place

- Continue to develop the enhanced support for residential and care homes

2.3 Acute services reconfiguration options

Hampshire Hospitals has consistently agreed that any changes will at least maintain the quality of care for the people of North and Mid Hampshire. In the light of the CCG decision in November 2017, the clinical teams have been considering those services which would have been centralised in a central location, to better understand the costs and benefits of centralising at one of the existing Hampshire Hospitals Sites. At the TCS Programme Board held on 18 April 2018, HHFT reported the progress in assessing the feasibility of centralising some of the acute services, a summary of which is outlined below.

Acute Service Description	Led by	Status at April 2018
Obstetrics - Internal review of the sustainability of current obstetric and neonatal services.	HHFT Family division	Current service is safe. The benefits of centralisation are still clear. Work is underway to understand if the benefits can be realised in the existing estate.
Emergency Department - Internal review of the sustainability of the emergency departments	HHFT Medical Division	Current service is safe but has workforce challenges. Work is underway to understand the implications of any options.
Elective Care - to progress the potential of centralising some elective care provision	HHFT, (involves joint work with Solent Acute Alliance's strategic outline for elective capacity)	Clinical teams are reviewing procedure specifics to understand options and implications.
Cancer Treatment Centre - The Trust continues to have a Cancer Treatment Centre (CTC), as part of its strategy. The radiotherapy and clinical oncology services are challenged due to the vulnerabilities of a single radiotherapy Linac machine and workforce shortages in oncology. Discussions have started with University Hospitals Southampton to see whether a networked model could provide greater resilience.		
End of Life Care – The Trust have well progressed plans for extending the Countess of Brecknock Hospice in Andover in conjunction with the Countess of Brecknock charity trustees and are developing plans for a 10-bedded Hospice through the conversion of Burrell House in Winchester.		

There is no immediate need to change, and the relevant clinical teams are deliberating on various options to understand what the implications would be for any specific services. Clearly, if the clinical teams recommend any changes which require public engagement and/or consultation then the appropriate processes will be put in place.

2.4 HHFT Estates Review - Update

The detailed estates reviews undertaken over the last months have generated information on required maintenance spend for each of the three sites over the next 20 years. The spend in the next 5 years in order to address priority estates items is:

Basingstoke and North Hampshire Hospital -	£67m
Royal Hampshire County Hospital -	£46.5m
Andover War Memorial Hospital -	£1.8m

Masterplans and Development Control Plans are being developed capturing:

a) Backlog Maintenance for all three sites
b) Capital Equipment – assess extent of expenditure required including timescale and priorities. Resilience planning of essential equipment.
c) Digital Developments as part of activities through HHFT's role as Global Digital Exemplar
d) Disposals and commercial estate opportunities

The masterplan will take into account changes proposed within new out of hospital care models in support of demand management reductions.

HHFT is engaging with Hampshire and Isle of Wight STP process to ensure priorities are known and understood so early phases are supported by an application for Wave 4 capital funding via the STP.

2.5 Support to transform

Implementing different ways of working and providing services takes time and needs to be supported by concurrent developments in information technology, workforce, estates, communication and engagement in order to optimise the benefits to people using services and people providing services. HIOW STP leads on these critical 'enabling' programmes working across all areas, linking with local transformation teams to ensure plans are aligned to make best use of all available resources and deliver value.

Part 3 – DEVELOPMENT OF INFORMATION AND ENGAGEMENT CAMPAIGN

As part of our update to Hampshire Health and Adult Social Care Scrutiny Committee on 17 January 2018, we highlighted the importance of information and engagement, at various levels, as an underpinning process supporting the developments of models of care.

We carried out wide engagement in 2017 with local people to provide objective feedback on transforming the way people receive care services. Nearly 1,100 people were involved through on-street or online surveys, focus groups or detailed interviews and the Hampshire Partnership established a co-production group and held workshops for people with lived experience of long-term conditions, and representatives from the voluntary sector, CCG and community provider.

People understood the theme of centralisation and also told us they would like care services to be developed in line with the following person-centred outcomes:

- The way people treat me and those who support me
- The way in which people inform me
- The people who support me
- The way in which I am supported
- Diverse and creative solutions to support me.

We are now harnessing this research to create a system-wide approach to communications and engagement with people in north and mid Hampshire.

We will work with local people through formal and informal groups and use local existing local networks, including social media networks, to reach out to people in these communities. We will also identify opinion formers and leaders within communities and work with them.

We will talk to people about our transformation plans and how we believe we can enhance their experience of health and care closer to home.

The engagement process will involve a range of channels to ensure we capture the views of a wide cross section of the population. The process will include face to face meetings, using the news media and social media, online surveys, web pages and newsletters. We will ensure information is available and accessible, for example at key public areas such as GP practices, hospital waiting rooms, council receptions areas, libraries and areas with a high foot fall, such as town centres.

We recognise that communication is a two-way process and we will listen to local people and use their feedback to inform our plans for transformation.

People will hear how they have helped shape the future of local health care with regular ‘You said, We did’ updates and ;’You said, we did not because….’, which is equally important.

We are also developing a communications plan to raise awareness of the Extended Hours Hubs at Andover and Winchester, which provide evening and weekend appointments with GPs and practice nurses.

LIST OF ABBREVIATIONS

Abbreviation	Explanation
AWMH	Andover War Memorial hospital
BNHH	Basingstoke and North Hampshire Hospital
CHIE	shared care record (formerly Hampshire Healthcare Record)
CCG	Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CTC	Cancer Treatment Centre
ECIP	Emergency Care Improvement Programme
EOL	End Of Life
HASC	Health and Adult Social Care Committee
HCC	Hampshire County Council
HHFT	Hampshire Hospitals NHS Foundation Trust
HIOW	Hampshire and Isle of Wight
IAPT	Improving access to psychological therapies
JSNA	Joint strategic needs assessment
LCS	Local Care system
MDT	Multi-disciplinary teams
MSK	Musculosketal
NHCCG	NHS North Hampshire Clinical Commissioning Group
PMO	Programme Management Office
RHCH	Royal Hampshire County Hospital
SDAC	Same Day Access
STP	Sustainability Transformational Partnership
TCS	Transforming Care Services
UHS	University Hospital Southampton NHS Foundation Trust
UTC	Urgent Treatment Centre
WHCCG	NHS West Hampshire Clinical Commissioning Group

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HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select Committee
Date of Meeting:	17 May 2018
Report Title:	Issues Relating to the Planning, Provision and/or Operation of Health Services
Report From:	Director of Transformation and Governance

Contact name: Members Services

Tel: (01962) 847336 **Email:** members.services@hants.gov.uk

1. Summary and Purpose

1.1. This report provides Members with information about the issues brought to the attention of the Committee which impact upon the planning, provision and/or operation of health services within Hampshire, or the Hampshire population.

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

1.3. Where scrutiny identifies that the issue raised for the Committee's attention will result in a variation to a health service, this topic will be considered as part of the 'Proposals to Vary Health Services' report.

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

1.5. The recommendations included in this report support the Strategic Plan's aims of supporting people to live safe, healthy and independent lives, and to enjoy being part of strong, inclusive communities, through the overview and scrutiny of health services in the Hampshire County Council area.

Topic	Relevant Bodies	Action Taken	Comment
Care Quality Commission (CQC) re-inspection of services *(Monitoring items)*	Portsmouth Hospitals Trust (PHT) CCGs and partner organisations CQC	Follows on from original CQC inspection in February 2015 (with re-inspections since this time). The HASC has monitored this item since this time – last reviewed in November 2017 The HASC requested that the Trust return in May 2018 to further consider progress made against the recommendations of the Care Quality Commission report, and the Trust's Quality Improvement Plan (QIP). An update is attached at Appendix One and QIP spreadsheet at Appendix Two.	The CQC carried out a responsive focused inspection of the corporate and leadership functions of Portsmouth Hospital NHS Trust on 10 and 11 May 2017, inspecting the key question of 'well led'. Following the inspection of Queen Alexandra Hospital in May 2017, the CQC has served further action under Section 31 to protect vulnerable patients from immediate risks of harm. Since the last time this topic came before the committee, the CQC published findings on 1 December 2017 of an unannounced inspection which took place in July 2017 on radiology services. Concerns were raised including regarding a backlog of x-rays that had not been reviewed by an appropriate clinician. The Trust has provided an update on action taken in response to these findings at Appendix Three and the report of an independent investigation into the causes at Appendix Four.

Recommendations:

That Members:

a. Note the progress against the quality improvement plan of the Trust, and the response to the radiology inspection findings.

Topic	Relevant Bodies	Action Taken	Comment
b. Determine a suitable date to further consider progress made against the recommendations of the Care Quality Commission reports. c. Make any further recommendations as appropriate.			

CORPORATE OR LEGAL INFORMATION:

Links to the Strategic Plan

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

Section 100 D - Local Government Act 1972 - background documents

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

Document	Location
None	

IMPACT ASSESSMENTS:

1. Equality Duty

1.1 The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionally low.

1.2 **Equalities Impact Assessment:** This is a covering report for items from the NHS that require the attention of the HASC. It does not therefore make any proposals which will impact on groups with protected characteristics.

2 Impact on Crime and Disorder:

2.1 This paper does not request decisions that impact on crime and disorder

3 Climate Change:

3.1 How does what is being proposed impact on our carbon footprint / energy consumption?

3.2 How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

No impacts have been identified.

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Hampshire County Council
Health and Adult Social Care Select Committee
May 2018

Portsmouth Hospitals NHS Trust update

Quality Improvement Plan

On 31 October 2017 the Trust published our Quality Improvement Plan which was described in detail at our last appearance before the Committee in November. Since then we have formalised the actions required for improvement into an action plan which maps progress against each area. A full copy of the action plan has been included at Appendix 1.

The Quality Improvement Plan is organised into five key aims:

- Valuing the basics
- Supporting vulnerable patients
- Moving beyond safe
- Organisation that learns
- Good governance

Each aim has its own workstream, overseen by an Executive lead to ensure delivery of the actions required in each area and progress is overseen by a Quality Improvement Assurance Group which meets monthly.

The action plan includes a total of 272 actions, the majority of which are either complete or on track. A Key Performance Indicator dashboard has been created to track delivery and measure the impact of the actions across each of the five key areas. Where actions are at risk or overdue delivery the action plan includes a clear reason for this as well as detailing the steps being taken to bring it back on track.

Some of the key improvements delivered to date include:

- Protected mealtime initiative re-invigorated in Autumn 2017 and monthly audits now in place
- Head of Safeguarding appointed January 2018 and now in post
- External review of adult safeguarding processes completed by Portsmouth City Council and action plan in place
- Patient engagement strategy (2017-20) ratified and being implemented
- Learning from Deaths policy implemented and embedded in practice
- Urgent care transformation plan ratified and being implemented
- Calendar of regular staff engagement events in place
- First junior doctor and junior nurse forum held in March 2018
- Training plan commenced for staff to increase knowledge and awareness of domestic violence in high risk areas
- Training implemented on bruising / birth marks for staff in paediatrics and the Emergency Department as well as raising awareness of the importance of Trust bruising protocol.
- NHS Improvement led Trust wide Quality Review was held on 16 March
- Mental Health lead appointed for Emergency Medicine and AMU and mental health awareness training offered to all staff in ED

Radiology

On 19 July 2017 the CQC undertook an unannounced inspection of the diagnostics imaging department at the Queen Alexandra Hospital. During the inspection the CQC looked in particular at the reporting of chest x-rays and the processes in place to ensure that any backlog in reporting was managed. The inspection report was published on 1 December 2017.

The investigation highlighted delays in reporting some chest x-rays and as a result CQC took enforcement action against the Trust which required us to take immediate action to address the concerns raised. As soon as the concerns were raised with us following the CQC's inspection in the summer of 2017 we immediately put in place a range of improvements. All chest x-rays from the Emergency Department (ED) are now formally reported by a trained specialist in addition to being interpreted by the requesting ED clinician..

There have been staffing capacity issues within the radiology department and we know that this is a challenge that is reflected nationally. To help alleviate this we are training dedicated reporting radiographers, with further training also being offered to clinical staff.

At the end of February we delivered on our commitment to complete a review of the backlog of chest x-rays. This has shown that the vast majority of chest x-rays were interpreted sufficiently well by clinicians to ensure that patients received the appropriate treatment. From a total of over 30,000 chest x-rays reviewed, four patients have so far been found to have suffered significant harm as a result of their x-ray not having been interpreted by a trained specialist. It should be emphasised that even one instance of serious harm to a patient is too many, but the numbers have been lower than had been first feared. Those who suffered significant harm represents only around one in ten thousand of all those who did not have their x-ray reported. Each of these instances is being managed through our SIRI process and we are in contact with those patients and their families directly to explain the action we are taking.

To provide additional assurance we also commenced an independent investigation into the backlog to determine the root cause and the findings from this independent investigation were reported to our Board on 3 May 2018. This has clearly identified that there were problems in the past with the Trust's governance processes, however the action we have taken in response to the CQC's concerns, and the processes now in place are considered to be exemplary. The update paper provided to the Trust Board is attached to this report as an appendix.

PHT Quality Improvement Plan (updated 06/03/2018)

Aim	QIP reference	Delivery Workstream	Action no.	Action	Action Owner	Source	Overall deadline	Status (RAG)	Implementation milestones	Milestone due date	Status (RAG)	Outcome / Evidence of success	Outcome measures (if applicable)	Comment
Valuing the basics	1.1 - Patient at the centre	Patient, families and carers experience	**1**	**Single sex accommodation requirements for patients are maintained and a system to report breaches is in place**	Associate Director of Nursing - Operations	CQC 'musts and shoulds'	Complete	**Complete**	Review the use of Recovery as an escalation area and develop mitigation plans to avoid single sex accommodation breaches.	31/01/2018	**Complete**	All breaches are reported and investigated appropriately	Number of reported breaches	
Valuing the basics	1.1 - Patient at the centre	Patient, families and carers experience	**2**	**Re-launch the protected meal time initiative**	Associate Director of Nursing	29a	31/12/2017	**Complete**	Re launch initiative	31/11/2017	**Complete**	Ensure meal times are protected enabling improved nutrition.	Compliance with the protected mealtime initiative. Improvement on last year audit results Reduction in the number of complaints and incidents related to nutrition	
									Quarterly audit to review standards completed through the Clinical Friday's initiative (audit cycle will include yearly PLACE and mealtime audit and spot audits together with compliance target)	31/01/2018	**Complete**			
Valuing the basics	1.1 - Patient at the centre	Patient, families and carers experience	**3**	**Pilot patient centred questions as part of bedside handover to formally recognise patient, family and carer involvement with every shift handover. Patients, families and carers will be involved in care provision.**	Head of Nursing and Midwifery Education	Trust	30/06/2018		1. Practice Educators work with Ward Leaders and Matrons to embed bedside handovers.	30/06/2018		Patients and their families or carers are involved in the care planning process. Hand over processes will be standardised, streamlined and measurable.	Audit into documentation to ensure patient involvement in their own care	Barrier: Of the 2 areas that are not fully compliant the practice educator in Medicine has an action plan and is progressing the roll out across the ward areas. The requirement has been escalated in the other CSC so the leadership team and educator are aware of the expectation and are developing an action plan. Therefore across these 2 CSCs there is still work ongoing to deliver this expectation. Other CSCs are undertaking audits to ensure that this is embedded in practice. **Revised deadline: 30/06/2018** Residual risk: No risk of patient harm, but ongoing risk to patient, family and carer experience Mitigation: Flag to action owner (Debbie Knight) to review and develop further actions around bedside handover and to highlight where further support is required.
									2.Staff to involve patients, their families and carers in the handover process.					
Valuing the basics	1.1 - Patient at the centre	Patient, families and carers experience	**New**	**Further develop skills in mealtime assistance**	Associate Director of Nursing	Trust	30/04/2018	**Complete**	Ensure patients receive the appropriate and adequate support during meal times including protected meal times and appropriate assistance by recruiting and training 150 volunteers for mealtime assistance	30/04/2018	**Complete**	Ensure patients have a better experience of eating and drinking in the hospital	Improved results from hospital food group survey data	Hospital Food Group undertaking monthly ward visits to audit compliance with immediate feedback to clinical teams. Come dine with me initiative commenced. Multi-disciplinary group membership achieved. Social media launch planned for April. First cohort of volunteers recruited and placed. Aim for 150 volunteers recruited by March 2019. Recruitment on-going Pictorial menu cards available. Specialist advice available from dieticians. Challenges when staffing numbers depleted
									Ensure the environment within which patients have meals is conducive to meal enjoyment and completion, including companionship during meal times where possible by encouraging staff volunteers to spend meals with patients	31/03/2018	**Complete**			
									Ensure patients receive physical support to eat where needed or requested by recruiting meal time helpers	31/03/2018	**Complete**			
									Ensure patients receive advice when choosing meals to maximise nutritional benefit whilst at hospital	31/03/2018	**Complete**			
Valuing the basics	1.1 - Patient at the centre	Patient, families and carers experience	**New**	**Patient privacy, dignity and confidentiality maintained in Emergency areas**	Head of Nursing Emergency Medicine CSC	Gaps: CQC 'musts and shoulds'	31/03/2018	**Complete**	Ensure geography of department communicated to all staff, including areas for increased privacy when consulting with patients	31/03/2018	**Complete**	Staff to have a proactive approach to patient cues for increased privacy	ED survey results FFT Decreased complaints related to confidentiality in ED Observation of Care	Building works completed in November/December 2017 to create a private consultation area in ED reception. Patients are moved to the STAR suite for examination during times of operational pressure to maintain privacy and dignity. It continues to be challenging to provide privacy and dignity when patients are held in corridors. Staff are aware to use the STAR suite when possible.
									Conversations between the navigator nurses should be held in a private area to preserve the patient's dignity and respect	31/03/2018	**Complete**			
Valuing the basics	1.2 - Holistic care	Nursing documentation and care plans	**1**	**Patients receive individualised nursing care**	Deputy Director of Nursing	Trust	31/12/2017	**Complete**	Deep dive by the Documentation Group leads into quality of individualised care plans	14/12/2017	**Complete**	Every patient has an individualised nursing care plan	90% of care plans reviewed are of a good standard (When care plans are read, do you know what problems the patient has and can you deliver care based on the care plans)	
Valuing the basics	1.2 - Holistic care	Patient, families and carers experience	**2**	**Improve dignity for patients through improvements in continence care**	Associate Director of Nursing	Trust	31/03/2018	**Complete**	Phase 1 continence project	01/12/2018	**Complete**	Dignity maintained for patients	Reduction in number of complaints related to continence Reduction in trust spend on Inco pads Audit of continence aid use on wards (baseline use in the community or required due to acute and short-term clinical need)	Phase 2 continence programme has been moved into a new action with revised deadline of 30/03/19.
									Combine phase 1 continence project with an audit assurance programme	31/03/2018	**Complete**			
Valuing the basics	1.2 - Holistic care	Nursing documentation and care plans	**3**	**Review nursing documentation to facilitate the provision of holistic care**	Deputy Director of Nursing	29a	31/03/2018	**Complete**	Meetings with Falls and TVN to review additional documentation to clarify if needed as these two areas have been identified as areas of risk within documentation audits and incidents	28/02/2017	**Complete**	Streamlined documentation which supports and evidences care provision	90% of care plans reviewed are of a good standard (When care plans are read, do you know what problems the patient has and can you deliver care based on the care plans)	
Valuing the basics	1.2 - Holistic care	Nursing documentation and care plans	**New**	**Ensure documentation relating to Falls and TVN fit for purpose**	Deputy Director of Nursing	Trust	30/04/2018	**At risk**	Documents relating to Falls and TVN modified following meetings	30/04/2018	**At risk**	Documentation around falls and TVN risks more robust and able to prevent incidents	Reduction in number of Falls Reduction in serious harm following a fall	**April update:** **Pressure ulcers:** implemented Purpose T across the organisation to assess and manage tissue viability status in patients.Specific paperwork for pressure ulcer assessment has been developed. The Trust is in the process of merging the Trust nursing documentation with the Purpose T documentation. This is in progress. **Falls:** The revised falls assessment has been agreed by the Documentation Group and is in the process of being incorporated into the Trust nursing documentation. The falls care plan has been developed and is out for consultation. The document will be revised according to feedback as required and go to the documentation group for approval. Once approved, will be implemented. Minimal clinical risk as existing care plan still in use. **Revised nursing documentation booklet:**New documents have been approved through Documentation Group. Out for final comments across the organisation. Pilots commenced in C5 and F2 in April with full roll out across the organisation following pilots and run down of old stock.
									Implementation of modified documentation	30/04/2018	**On track**			
Valuing the basics	1.2 - Holistic care	Patient, families and carers experience	**New**	**Continue to improve dignity for patients through improvements in continence care**	Associate Director of Nursing	Trust	30/03/2019		Continue with 2 phase continence project combining with an audit assurance programme.	30/03/2019		Improved patient dignity around continence	Reduction in number of complaints related to continence Reduction in trust spend on Inco pads Re-audit of continence aid use on wards (baseline use in the community or required due to acute and short-term clinical need) to check progress	

Valuing the basics	1.2 - Holistic care	Nursing documentation and care plans	**New**	**Comms issued identifying clear lines of accountability for nursing care plan documentation through Matrons and Heads of Nursing**	Deputy Director of Nursing	29a	31/03/2018	**Complete**	Weekly 'Hot Topics' audit which includes review of nursing signature on care plans to confirm discussed with patient	31/03/2018	**Complete**	Nurses are clear around lines of accountability for ensuring documentation and nursing plans are completed to a required standard	Audit results show an increase in patient involvement in care plans Audit of minutes show attendance by at least 75% of Ward Matrons		
									Results of audit brought to meetings with Head of Nursing	31/03/2018	**Complete**				
									Minutes of meetings with Head of Nursing audited to ensure attendance by Ward Matrons	31/03/2018	**Complete**				
Valuing the basics	1.3 - Courageous discussions	Patient, families and carers experience	**1**	**Embedding the principles of 'No decision about me without me' so patients are involved in making decisions about their care and treatment**	Head of Patient Experience	Trust	30/06/2018		1. Involve patients, families and carers in service development and improvement	31/03/2018	**Complete**	Care will be delivered in partnership with patients to meet their needs and appropriate advocacy as required	Improve on the National survey question "involved in decisions about care "to "about the same" or "better than" as benchmark	Development of new Duty of Candour guidance. Advised on role of patients in Portsmouth Improvement Academy. Implementation of autism awareness training by Autism Ambassadors to support active involvement of patients in decision making Patient representatives on care quality reviews eliciting feedback from patients. Volunteer led discharge survey to establish patients experience of being involved to be completed 31 March.	
									2. Increase the involvement of patients, families, carers and members of the local community in care quality monitoring with a specific focus on patient involvement in decision making	31/03/2018	**Complete**		Patient representatives involved on care quality review visits		
									3. Introduce core questions for all local experience surveys to include "involvement in decision making"	30/06/2018			Core questions included in all local patient experience surveys		
Valuing the basics	1.3 - Courageous discussions	Patient, families and carers experience	**2**	**Implement the principles of Achieving Priorities of Care (APOC)**	Consultant Geriatrician - End of Life Lead	Trust	30/06/2018		1. Consultant body training sessions on the use of APOC	28/02/2018	**Complete**	Allowing patients and families to have a dignified death in line with their wishes	Increase of appropriate use of APOC document in End of Life Care Improved outcomes as identified in the bereaved relatives survey results (6 month delay in results due to timing of survey). Monitor PALS and complaints trends. - how many	Training completed within respiratory. Formed part of grand round. Training on-going with cardiology a forthcoming focus. Liaising with Safety Team re use of MRP to pick up EoLC and APOC usage. National benchmarking audit for EoLC due July. Audit of APOC documentation to commence April	
									2. Audit of quality of completion of APOC documentation	30/04/2018	**On track**				
									3. Continue to monitor usage of APOC across the organisation	30/06/2018					
									4. Facilitate use of the bereaved relative survey to ensure ongoing improvement of care	30/06/2018					
Valuing the basics	1.4 - Involving patients, families and carers	Patient, families and carers experience	**1**	**Implement patient engagement strategy Get Involved (2017-2020) to strengthen patient engagement across all services at PHT**	Head of Patient Experience	Trust	31/12/2018		1. Ratified Patient Engagement Strategy 2017-2020 by Trust Board	31/05/2018		Patient engagement strategy to be ratified by the Board so that patients and carers will be involved in all service re-design/improvement initiatives	Compliance with the agreed milestones in the implementation plan	Barrier: Discussed with Chief Nurse in light of plans to publish Trust strategy and how this strategy will align. Revised deadline May 2018 Residual risk: Nil Mitigation: Previous strategy still in place	
									2. Develop implementation plan in partnership with Patient Family and Carer Collaborative (PFCC) and local community groups	31/05/2018					
									3. Quarterly monitoring of progress against agreed milestones at PFCC reporting to the Trust Governance and Quality Committee	From July 2018 (quarter 1 report)					
									4. Complete Patient Engagement Strategy	31/12/2020					
Valuing the basics	1.4 - Involving patients, families and carers	Patient, families and carers experience	**2**	**Promote the Friends and Family Test (FFT) throughout the organisation, with particular focus on the Emergency Department, to increase the response rate to at least the England average of 12% and to ensure compliance with the contractual requirements**	Head of Patient Experience	Trust	31/08/2018		1. Ensure the development and implementation of a robust sustainable system for the collection of FFT feedback from patients who use Emergency Departments	Complete	**Complete**	Increased FFT response rate and positive recommendations for Emergency Department to be at, or above, the England average	Positive recommendations for the Emergency Departments to be at or above the national average. Negative (not recommends) to be at or below the national average Response rate to be at or above the national average aiming for upper quartile by August 2018	Templates drafted and engaged with the Patient Collaborative for feedback. Awaiting feedback from Healthwatch which has delayed implementation. Interim changes made to template letters inviting questions/concerns from patient/family to inform the	
									2. Ensure the implementation of systems of daily monitoring of feedback including rapid response to expressions of concern and early warning of reduced number of responses	Complete	**Complete**				
									3. Ensure weekly reporting in-line with agreed protocol	30/11/2017	**Complete**				
									4. Share FFT protocol across the organisation once tested	31/12/2017	**Complete**				
									5. FFT to move to text response in ED	31/08/2018					
Valuing the basics	1.4 - Involving patients, families and carers	Nursing documentation and care plans	**3**	**Strengthen and embed the Being Open Policy**	Deputy Director of Nursing	29a	31/03/2018	**Complete**	1. Weekly 'Hot Topic' audit which includes question regarding patient involvement in care planning	30/10/2017	**Complete**	Staff actively involve and discuss care issues with patients and families in an open and meaningful way as part of their everyday care	90% of care plans demonstrate involvement of patient, families and/or carers SIRI report Terms of Reference include patient concerns		
									3. Revise Duty of Candour letters to include patients/families concerns in scope of investigation and make explicit the contact arrangements. Use the Patient Collaborative to inform and shape letters.						
									4. Revise the Duty of Candour posters for clinical areas						
Valuing the basics	1.4 - Involving patients, families and carers	Safe Staffing	**New**	**Ensure compliance with Section 31 safe staffing enforcement notice**	Deputy Director of Nursing	29a Gap Analysis	28/02/2018	**Complete**	AMU and ED action plan in place and safe staffing reviews and response sent fortnightly to CQC	28/02/2018	**Complete**				
Valuing the basics	1.4 - Involving patients, families and carers	Safe Staffing	**New**	**Staffing numbers and skill mix of staff working in all areas must reflect patient numbers and acuity which should be adjusted according to variations in need**	Deputy Director of Nursing	Gaps: CQC 'musts and shoulds'	28/02/2018	**Complete**	Formal board report twice annually to agree establishment Continuous review of staffing skill mix in line with funded establishment and identification and documentation of risk/benefits analysis where optimum skill mix and staffing levels not able to be achieved	28/02/2018	**Complete**				
Valuing the basics	1.4 - Involving patients, families and carers	Safe Staffing	**New**	**Workforce reviewed with CSCs to identify and reduce reliance on locum support except under exceptional circumstances - 29a Gap Analysis**	Deputy Director of Workforce and Organisational development	29a Gap Analysis	TBC	**At risk**	To be developed	TBC				**April update:** Discussed with HR to provide milestones for next update.	
Valuing the basics	1.4 - Involving patients, families and carers	Safe Staffing	**New**	**The Registered Provider must ensure that there are a sufficient number (based on demand) of suitably qualified, competent, skilled and experienced clinical staff placed in the corridor/waiting area, of the Acute Medical Unit entrance and GP triage referral area**	Deputy Director of Nursing	AMU enforcement notice	31/03/2018	**Complete**	Complete. Enacted as part of AMU enforcementnotice issued in 2017 and subsequently fortnightly reporting to the CQC	31/03/2018	**Complete**			Fortnightly reporting of position against conditions to the CQC since Enforcement Notice issued. 4 unnanounced spot checks by the CCG and CPN lifted January 2018.	
Supporting vulnerable patients	2.1 - Safeguarding	Safeguarding and mental health procedures	**1**	**External review of Child Safeguarding in Emergency Department to identify any gaps in safeguarding procedures**	Associate Director of Nursing or Head of Safeguarding	CQC 'musts and shoulds'	31/03/2018	**Complete**	Review completed (31.12.17) and actions identified. Actions to be monitored through the Trust safeguarding Committee and PSCB/PSAB improvement board.	31/03/2018	**Complete**	Fully compliant with safeguarding children procedures	Compliance with action plan, monitored through joint PSAB and PSCB Improvement Board.		
									Develop a large over-arching action plan for Safeguarding in Adults, Maternity and Children's services	31/03/2018	**Complete**				

Supporting vulnerable patients	2.1 - Safeguarding	Safeguarding and mental health procedures	**2**	**External review of safeguarding processes and training material (CCG, Safeguarding Boards and local authorities) for both adult and child safeguarding**	Associate Director of Nursing	CQC 'musts and shoulds'	30/11/2017	**Complete**	External review has taken place. Action plan in place for Adult Safeguarding and development of Child Safeguarding action plan in relation to the CQC LAC report.	30/11/2017	**Complete**	External assurance of internal processes and education programmes	Compliance with action plan, monitored through joint PSAB and PSCB Improvement Board. Further external review to be commissioned for next financial year following delivery of the action plan to demonstrate improvements made.	
Supporting vulnerable patients	2.1 - Safeguarding	Safeguarding and mental health procedures	**3**	**Increase staff knowledge and awareness of domestic violence in high risk areas (ED, Maternity and Children's Services)**	Associate Director of Nursing	CQC 'musts and shoulds'	31/03/2018	**Complete**	Establish and commence delivery of a training plan for domestic violence to high risk areas	31/03/2018	**Complete**	Staff can display improved understanding and awareness of their responsibilities in relation to domestic violence	Attendance rate at training of staff in high risk areas exceeds 85%	
									Submit a business case for a 'Family First' worker	31/03/2018	**Complete**			
Supporting vulnerable patients	2.1 - Safeguarding	Safeguarding and mental health procedures	**4**	**Strengthen the Adult Safeguarding Team and leadership**	Associate Director of Nursing	CQC 'musts and shoulds'	31/01/2018	**Complete**	Complete . Head of safeguarding to take up post Jan 2018	01/01/2018	**Complete**	To have the capacity and subject matter expertise to support the organisation in delivery of statutory requirements.	Safeguarding Leadership roles filled	
Supporting vulnerable patients	2.1 - Safeguarding	Safeguarding and mental health procedures	**New**	**Ensure staff in high risk areas for encountering patients living with domestic violence have a named staff member with skills in this area**	Associate Director of Nursing	CQC 'musts and shoulds'	30/09/2018		Recruit to 'Family First' worker post	30/09/2018		Family First' worker in post	Family First' worker in post	
Supporting vulnerable patients	2.1 - Safeguarding	Safeguarding and mental health procedures	**New**	**Ensure progress made following External Safeguarding review in December 2017**	Associate Director of Nursing	CQC 'musts and shoulds'	30/09/2018		Further external review to be commissioned for next financial year following delivery of the action plan to demonstrate improvements made.	30/09/2018		Overarching action plan has been successful in delivering actions identified from last external review	10% increase (in comparison to last year) in number of safeguarding concerns flagged to Safeguarding team	
Supporting vulnerable patients	2.1 - Safeguarding	Safeguarding and mental health procedures	**New**	**Evaluate effectiveness of 'vulnerable adults day'**	Associate Director of Nursing	29a Gap Analysis	31/03/2018	**Complete**	Gather feedback at Vulnerable Adults day	31/03/2018	**Complete**	Staff feel that the Vulnerable adults day has increased their knowledge and skill in management of these patients	Feedback shows that staff feel more confident in managing vulnerable patients	**April update:** Very minimal feedback received from 2 people. Information to be collated and evaluated for end of April. Trust intelligence suggests on-going variability in staff knowledge and understanding. **Need new action to be agreed with the Chief Nurse**
									Review and evaluate feedback	31/03/2018	**Complete**			
Supporting vulnerable patients	2.1 - Safeguarding	Safeguarding and mental health procedures	**New**	**Commence weekly clinical training sessions on vulnerable adult safeguarding**	Associate Director of Nursing	29a Gap Analysis	31/03/2018	**Complete**	Host weekly MCA and DoLS training for staff in areas where these patients are encountered most commonly	31/03/2018	**Complete**	Staff are able to apply use of the MCA and DoLS appropriately	Training completed of staff in ED and MOPRS	
Supporting vulnerable patients	2.1 - Safeguarding	Safeguarding and mental health procedures	**New**	**Safeguards must be put in place when children or young people are admitted into adult environments, such as EDU, to ensure they are sufficiently safeguarded from avoidable harm**	Associate Director of Nursing	Gaps: CQC 'musts and shoulds'	31/03/2018	**Complete**	SOP issued that no patient under the age of 18 is to be placed on the Observation Ward without a risk/benefit being documented by the Consultant responsible	31/03/2018	**Complete**	Children or young people are not kept in adult areas and are safeguarded from avoidable harm	All patients under 18 admitted to the observation ward have documented risk/benefit by Consultant	
Supporting vulnerable patients	2.1 - Safeguarding	Safeguarding and mental health procedures	**New**	**The trust's own protocol for the management of actual or suspected bruising must be followed in all situations where an actual or suspected bruise is noted in an infant that is not independently mobile**		Gaps: CQC 'musts and shoulds'	31/03/2018	**Complete**	Set up training on bruising / birth marks for paeds and ED staff and make sure all staff in paeds and ED have been made aware of the importance of bruising protocol.	31/03/2018	**Complete**	Staff are compliant with the trust bruising protocol	10% increase (in comparison to last year) in number of safeguarding concerns flagged.	
Supporting vulnerable patients	2.2 - Mental Health	Safeguarding and mental health procedures	**1**	**Ensure adequate staff with the correct skills to care for patients with acute and specialist mental health needs**	Associate Director of Nursing	CQC 'musts and shoulds'	01/04/2018	**Complete**	Short term solution complete. Now working with ED and SHFT to strengthen arrangements going forward. Working with partners to deliver the requirements of the ACS MH workstreams which includes a specific workforce workstream	01/04/2018	**Complete**	Patients cared for by appropriately trained and skilled staff	Reduction in incidents and complaints relating to management of patients with specialist mental health needs. Weekly CQC metrics	Risk mitigated on a daily basis either with agency MH staff or reallocation of ED staff. Wider piece of work linked to the ACS MH workstream monitored through the MH and MC Board
Supporting vulnerable patients	2.2 - Mental Health	Safeguarding and mental health procedures	**2**	**Improve governance, oversight and key stakeholder relationships**	Associate Director of Nursing	CQC 'musts and shoulds'	Complete	**Complete**	Complete	Complete	**Complete**	Identify Executive lead for Mental Health and Establish Mental Health and Mental Capacity Board chaired by a Non-Executive Director	Identified Executive Lead. MH&MC Board established and operating within the Terms of Reference	
Supporting vulnerable patients	2.2 - Mental Health	Safeguarding and mental health procedures	**3**	**Ensure risk assessment of patients with acute and specialist mental health needs in the Emergency Department are undertaken**	Associate Director of Nursing	CQC 'musts and shoulds'/ED enforcement notice	31/03/2018	**Complete**	Continued weekly monitoring of the percentage of patients in the ED receiving a risk assessment. This risk assessment and plan must include, but is not exclusive to, the following: - Assessment of risks across a broad range of mental health issues and the identification of any specific risks for the individual patient and others in the department (patients, carers, staff, members of the public) and any safeguarding concerns. - The environmental risks to the patient and mitigating actions - Robust immediate risk management/care plan documenting the appropriate frequency of observation, specific intervention (care and treatment) required to meet the patient's needs and escalation plans should the patient's condition deteriorate. - An identified time and date for review specific to the individual patient's needs.	30/11/2017	**Complete**	By March 2018 the percentage of patients being risk assessed will exceed 90% consistently	>90% of mental health patients in the Emergency Department are risk assessed. Reduction in incidents relating to Mental Health within ED.	
Supporting vulnerable patients	2.2 - Mental Health	Safeguarding and mental health procedures	**4**	**Ensure appropriate care plan and intervention in place for patients with acute and specialist mental health needs in the Emergency Department**	Associate Director of Nursing	CQC 'musts and shoulds'	31/03/2018	**Complete**	Perform weekly sample audits on Oceano	31/12/2017	**Complete**	Individualised care plans and intervention based on accurate risk assessment to improve safety	>90% appropriate care plans and interventions are in place in the Emergency Department	
Supporting vulnerable patients	2.2 - Mental Health	Safeguarding and mental health procedures	**5**	**Trust-wide environmental review to assess the risks of managing patients with acute and specialist mental health needs**	Associate Director of Nursing	CQC 'musts and shoulds'	31/03/2018	**Complete**	Overarching risk assessment of the Trust complete	31/03/2018	**Complete**	All areas appropriately risk assessed and mitigating actions taken as appropriate.	90% Risk assessments completed in high risk areas Reduction in incidents relating to Mental Health	Trust-wide ligature risk assessment placed on risk register and associated work plan agreed at the April Mental Health and Capacity Board.
									Document over-arching risk assessment in line with Trust Policy	31/03/2018	**Complete**			
									Commence Audit and risk assessments in high risk areas	31/03/2018	**Complete**			
									Share learning from audit	31/03/2018	**Complete**			
Supporting vulnerable patients	2.2 - Mental Health	Safeguarding and mental health procedures	**6**	**Enhance staff education and awareness regarding mental health**	Associate Director of Nursing	CQC 'musts and shoulds'	31/03/2018	**Complete**	Introduce basic MH e-learning awareness training for all staff through induction and Essential Skills	31/03/2018	**Complete**	Staff can display improved understanding and awareness of their responsibilities under the Mental Health Act	85% of staff in ED have undertaken the Mental Health e-learning training with a pass mark 50% of patient - facing trust staff have undertaken the MH e-learning	Basic mental health awareness training now available for all staff with a focus on high risk areas e.g. ED
									Ensure further promotion and completion of e-learning for those working in high risk areas	31/03/2018	**Complete**			
Supporting vulnerable patients	2.2 - Mental Health	Safeguarding and mental health procedures	**New**	**Identify lead for MH within ED and AMU with appropriate training and skills**	Associate Director of Nursing	ED enforcement notice	31/03/2018	**Complete**	MH lead appointed for Emergency Medicine and AMU	31/03/2018	**Complete**	Lead appointed	Lead appointed	
Supporting vulnerable patients	2.2 - Mental Health	Safeguarding and mental health procedures	**New**	**Staff within the emergency and medical areas must have sufficient knowledge of the Mental Health Act, 1983, so they understand their responsibilities under the Act**	Associate Director of Nursing	Gaps: CQC 'musts and shoulds'	31/05/2018	**Complete**	Staff within the ED offered training sessions on Mental health	31/03/2018	**Complete**	Staff within the ED feel more confident in how to manage patients with respect to the MCA and use the MCA appropriately Staff report improved relationship with MH Liaison team	Reduction in incidents relating to use of the MCA	
									Staff in ED are made aware of roles of the Mental Health Liaison and Duty Hospital Manager on induction	31/03/2018	**Complete**			
									A lead for the MCA identified for ED	31/03/2018	**Complete**			
									Staff within the ED required to complete the Mental Health e-learning module	31/05/2018	**Complete**			

Supporting vulnerable patients	2.2 - Mental Health	Safeguarding and mental health procedures	**New**	**Gauge staff understanding of managing patients with mental health issues, following trust training**	Associate Director of Nursing	Trust	31/08/2018		Initiate survey monkey survey, with initial focus on ED staff	31/08/2018		Demonstrable improvement in staff knowledge and confidence in managing patient with mental health needs	Staff demonstrate improved confidence within the survey	
Supporting vulnerable patients	2.2 - Mental Health	Safeguarding and mental health procedures	**New**	**Ensure high risk patients with mental health concerns or vulnerable safeguarding issues are identified, monitored and observed across the hospital and Trust must have oversight of the location, and areas of detention where appropriate**	Associate Director of Nursing	ED enforcement notice	31/03/2018	**Complete**	Set up a dashboard in the Ops centre detailing where high risk patients are located and if DoLS enacted	31/03/2018	**Complete**	Staff have oversight of where high risk mental health patients are located within the hospital and these patients are appropriately monitored	Dashboard complete and in use	
Supporting vulnerable patients	2.3 - Dementia	New care models e.g. Dementia	**1**	**Recruit a lead Dementia Nurse Specialist**	Chief Nurse	29a	28/02/2018	**Complete**	To source funding for Dementia Nurse Specialist post.	31/01/2018	**Complete**	There is adequate staff support to undertake measures to improve dementia care within the Trust	1 FTE in place	**April update:** Lead nurse has soruced funding for Dementia post, through existing resources and has included the role in the Trust re organisation, which has been to EMT – therefore this is now amber on the rag rating . The Chief Nurse has also reviewed draft JD with NHSE
									If funding not available the backfill with available staff to support with dementia care initiatives	28/02/2018	**Complete**			
Supporting vulnerable patients	2.3 - Dementia	New care models e.g. Dementia	**2**	**Trust Dementia strategy aligned to the NHS Dementia Assessment and Improvement Framework and the National Dementia Challenge 2020 delivery plan**	Dementia Nurse Specialist	Trust	31/05/2018		Dementia Nurse Specialist to develop strategy with stakeholder engagement once in post.	31/05/2018		Develop and delivery of a strategy in line with NHS Improvement Dementia Assessment and Improvement Framework (October 2017)	The strategy is delivered in line with the NHS Dementia Assessment and Improvement Framework and the National Dementia Challenge 2020 delivery plan.	**April update:** All actions related to dementia have been closed following visit from National Dementia Lead on 23.04.2018. Following visit, the Demetia Strategy is being developed with an associated workplan to address all areas requiring improvement. This will be presented at the Dementia Steering Group in May 2018.
Supporting vulnerable patients	2.3 - Dementia	New care models e.g. Dementia	**3**	**Audit the consistent use of the 'This is Me' document**	Head of Nursing MOPRS	29a	31/12/2017	**Complete**	Put in place a method for auditing whether the 'This is Me' document is being used consistently (use the Quality Care Reviews to do this).	01/12/2017	**Complete**	Completion of audit. Evidence of continuous improvement	Quality Care Review results.	**April update:** All actions related to dementia have been closed following visit from National Dementia Lead on 23.04.2018. Following visit, the Demetia Strategy is being developed with an associated workplan to address all areas requiring improvement. This will be presented at the Dementia Steering Group in May 2018.
Supporting vulnerable patients	2.3 - Dementia	New care models e.g. Dementia	**New**	**Ensure the consistent use of the 'This is Me' document**	Head of Nursing MOPRS	29a	30/06/2018	**Complete**	Ensure that all wards have access to the 'This is Me' form	20/11/2017	**Complete**			**April update:** All actions related to dementia have been closed following visit from National Dementia Lead on 23.04.2018. Following visit, the Demetia Strategy is being developed with an associated workplan to address all areas requiring improvement. This will be presented at the Dementia Steering Group in May 2018.
									Re-launch of Dementia champions Trustwide	31/12/2017	**Complete**			**April update:** All actions related to dementia have been closed following visit from National Dementia Lead on 23.04.2018. Following visit, the Demetia Strategy is being developed with an associated workplan to address all areas requiring improvement. This will be presented at the Dementia Steering Group in May 2018.
									Promote use via Matron/ Ward Managers/ Dementia Champions	Ongoing	**Complete**			**April update:** All actions related to dementia have been closed following visit from National Dementia Lead on 23.04.2018. Following visit, the Demetia Strategy is being developed with an associated workplan to address all areas requiring improvement. This will be presented at the Dementia Steering Group in May 2018.
Supporting vulnerable patients	2.3 - Dementia	New care models e.g. Dementia	**4**	**Implement reminiscence trolleys in every ward where patients have dementia**	Head of Nursing MOPRS	29a	31/12/2017	**Complete**	1. Identify funding source, when identified HoN to order trolleys and contents.	30/11/2017	**Complete**	Trolleys available in all wards	Every adult in-patient ward has a reminiscence trolley	**April update:** All actions related to dementia have been closed following visit from National Dementia Lead on 23.04.2018. Following visit, the Demetia Strategy is being developed with an associated workplan to address all areas requiring improvement. This will be presented at the Dementia Steering Group in May 2018.
									2. Ward Managers, with support from Dementia Champions, to implement trolley use to include training for staff to use the resources.	TBC	**Complete**			**April update:** All actions related to dementia have been closed following visit from National Dementia Lead on 23.04.2018. Following visit, the Demetia Strategy is being developed with an associated workplan to address all areas requiring improvement. This will be presented at the Dementia Steering Group in May 2018.
Supporting vulnerable patients	2.3 - Dementia	New care models e.g. Dementia	**5**	**Increase activities available for patients living with dementia**	Head of Nursing MOPRS	Trust	31/03/2018	**Complete**	1. Re-invigorate Memory Lane to support social activities.	01/01/2018	**Complete**	A variety of activities available to support stimulation and distraction therapies	Activities are available to support stimulation and distraction therapies for patients living with dementia	**April update:** All actions related to dementia have been closed following visit from National Dementia Lead on 23.04.2018. Following visit, the Demetia Strategy is being developed with an associated workplan to address all areas requiring improvement. This will be presented at the Dementia Steering Group in May 2018.
									2. Undertake 12 month HEE QI fellowship to embed social activities to reduce deconditioning.	01/01/2018	**Complete**			**April update:** All actions related to dementia have been closed following visit from National Dementia Lead on 23.04.2018. Following visit, the Demetia Strategy is being developed with an associated workplan to address all areas requiring improvement. This will be presented at the Dementia Steering Group in May 2018.
									3. Review the requirements for other patients with dementia outside of MOPRS CSC and put in place appropriate plans to support their needs.	31/03/2018	**Complete**			**April update:** All actions related to dementia have been closed following visit from National Dementia Lead on 23.04.2018. Following visit, the Demetia Strategy is being developed with an associated workplan to address all areas requiring improvement. This will be presented at the Dementia Steering Group in May 2018.
Supporting vulnerable patients	2.3 - Dementia	New care models e.g. Dementia	**6**	**Review the dementia screening process to ensure it fits with clinical practice**	Head of Nursing MOPRS	Trust	31/03/2018	**Overdue**	1. Identify medical lead to work with HoN to provide challenge to medical colleagues.	30/11/2017	**Overdue**	Achieve the national standards for dementia screening to meet or exceed 90%	Improved compliance with dementia screening to >90%	Dependent on lead Dementia Nurse being in post.
									2. Review with medical lead progressing the current screening process to BedView- will require support to influence this action.	31.03.2018	**Overdue**			
Supporting vulnerable patients	2.3 - Dementia	New care models e.g. Dementia	**7**	**Improve the support for carers of patients living with dementia**	Head of Nursing MOPRS	29a	31/03/2018	**Complete**	1. Scope current concerns from Dementia Audit and work with Head of Patient Experience to understand feedback from patient groups/ volunteers/ Healthwatch etc.	31.03.2018	**Complete**	Appropriate signposting and improved awareness of the Carers Cafe	Improved attendance at the carers café for carers of patients living with dementia. Carer feedback.	Dependent on lead Dementia Nurse being in post.
									2. Implement action plan with deadlines to address concerns.		**Complete**			
									3. Work in collaboration with Carers lead to increase utilisation of Carers Cafe.		**Complete**			
Supporting vulnerable patients	2.3 - Dementia	New care models e.g. Dementia	**New**	**Ongoing improvement in support for carers of patients living with dementia**	Head of Nursing MOPRS	Trust	30/04/2019		Practice Inquiry Project to breakdown and understand why the process of early carer identification using the nursing documentation is not being used.	30/04/2019		All carers identified early in patient care	Improved carer feedback Patient collaborative feedback	
Supporting vulnerable patients	2.3 - Dementia	New care models e.g. Dementia	**New**	**Patient with Dementia have a 'This is me' document in place and this is used effectively**	Associate Director of Nursing	29a	30/06/2018		Use the Patient collaborative to undertake and Observation of Care in MOPRS	30/06/2018		All appropriate patients have a 'This is me' document in place	Patient collaborative feedback	Barrier: Resource limitations and demands on staff **Revised deadline: 30/06/2018** Residual risk: Risk to patient experience Mitigation: Extending deadline to ensure relevant individuals resourced
Supporting vulnerable patients	2.3 - Dementia	New care models e.g. Dementia	**New**	**External visit from National Dementia lead and identification of gaps**	Associate Director of Nursing	29a Gap Analysis	31/05/2018		External visit from National Dementia Lead	31/03/2018	**Complete**	Gaps in Dementia care identified and plan on delivering improvements initiated	Completion of Health watch self-assessment	National dementia Lead visited the Trust on 23/04/2018.
									Undertake a Healthwatch self-assessment	31/05/2018				
Supporting vulnerable patients	2.4 - Mental Capacity Act and Deprivation of Liberty Safeguards	Safeguarding and mental health procedures	**1**	**Strengthen the governance arrangements around DoLS to ensure timely assessment**	Associate Director of Nursing	CQC 'musts and shoulds'	31/12/2017	**Complete**	Further vulnerable patient Deep Dive to commence week commencing 11/12/17	31/12/2017	**Complete**	Discharge our legal responsibilities under the MCA/DoLS to keep patients safe in our care	Improvement in the number of patients appropriately assessed as evidenced through the Adult Safeguarding Team weekly audit.	
Supporting vulnerable patients	2.4 - Mental Capacity Act and Deprivation of Liberty Safeguards	Safeguarding and mental health procedures	**2**	**Weekly clinical review of patients under MCA and DoLS, including documentation**	Associate Director of Nursing	CQC 'musts and shoulds'	31/03/2018	**Complete**	Auditing weekly - feed back directly to clinical teams. Complete	Commenced and on-going	**Complete**	Completion of audit and direct feedback to clinical staff to improve learning	Improvement in the number of patients appropriately assessed as evidenced through the Adult Safeguarding Team weekly audit.	
Supporting vulnerable patients	2.4 - Mental Capacity Act and Deprivation of Liberty	Safeguarding and mental health procedures	**3**	**Implement a revised education and training programme for all clinical staff regarding MCA and DoLS**	Associate Director of Nursing	CQC 'musts and shoulds'	31/03/2018	**Complete**	Implemented revised training (see action below). Continue weekly clinical reviews by the Adult Safeguarding Team with immediate feedback to staff to facilitate learning	01/01/2018	**Complete**	Staff have the confidence to translate the theory into clinical practice demonstrated through the improved care and safety for vulnerable patients	Improvement noted in the application of MCA and DoLS in practice	Recent Care Quality Review highlighted on-going concerns re staff knowledge. Consider additional actions
Supporting vulnerable patients	2.4 - Mental Capacity Act and Deprivation of Liberty	Safeguarding and mental health procedures	**4**	**Intensive focused training for all staff on application of the MCA in practice (revised training methodology)**	Associate Director of Nursing	CQC 'musts and shoulds'	31/03/2018	**Complete**	Continue weekly clinical reviews by the Adult Safeguarding Team with immediate feedback to staff to facilitate learning	01/01/2018	**Complete**	Improved understanding and documentation regarding Mental Capacity Assessments and Best Interest Decision Making	Improvement noted in the application of MCA and DoLS in practice	
Supporting vulnerable patients	2.4 - Mental Capacity Act and Deprivation of Liberty	Safeguarding and mental health procedures	**New**	**Ensure that patients do not have procedures undertaken on them without appropriate consent being obtained, and best interest assessments are completed where possible**	Associate Director of Nursing	Gaps: CQC 'musts and shoulds'	31/03/2018	**Complete**	Undertake a thematic analysis of the MCA and DoLS audit	31/03/2018	**Complete**	Patients do not have procedures undertaken on them without appropriate consent	Thematic analysis shows a drop in these behaviours	Thematic analysis completed. MCA/DoLS overarching action plan to address improvement areas

Organisation that learns	3.1 - Zero tolerance of bullying	Organisational Development, including staff engagement, culture & leadership	**1**	**Freedom to Speak Up promotion week**	Deputy Director of Workforce and Organisational development	CQC 'musts and shoulds'	Complete	**Complete**	Complete	Complete	**Complete**	Staff feel confident and know how to raise concerns	Visible promotion and social media activity with involvement from staff	
Organisation that learns	3.1 - Zero tolerance of bullying	Organisational Development, including staff engagement, culture & leadership	**2**	**Identification and training of 16 Freedom to Speak Up advocates**	Deputy Director of Workforce and Organisational development	CQC 'musts and shoulds'	Complete	**Complete**	Complete	Complete	**Complete**	Staff feel confident to raise concerns without recrimination	Staff are aware of the advocates role and how to access them measured through the number of contacts made. The advocates report that staff contact them for advice and support and are able to resolve any issues raised	
Organisation that learns	3.1 - Zero tolerance of bullying	Organisational Development, including staff engagement, culture & leadership	**3**	**Appointment of Freedom to Speak Up Guardian**	Deputy Director of Workforce and Organisational development	CQC 'musts and shoulds'	31/12/2017	**Complete**	Recruit to post	30/11/2017	**Complete**	Staff feel confident to raise concerns without recrimination	Freedom to speak up Guardian appointed and fulfilling remit of role	
Organisation that learns	3.1 - Zero tolerance of bullying	Organisational Development, including staff engagement, culture & leadership	**4**	**External review of leadership behaviours to identify areas where leadership values and behaviours need challenging and improving**	Director of Workforce and Organisational Development	CQC 'musts and shoulds'	31/05/2018		Commission an external review of Bullying and Harassment	30/11/2017	**Complete**	Staff feel that the workplace culture is improved	Improved national staff survey results Reduction in employee relations' cases Reduction in bullying and harassment concerns raised by staff	Barrier: 6 month piece of work commenced in January. Field work will be complete 6 April with a full report issued for Trust Board by 31 May with recommendations **Revised deadline: 31/05/2018** Residual risk: Minimal risk Mitigation: Supported by Respect Me capmpaign
									To commence workshops with Professor Lewis	26/02/2018	**Complete**			
									Review completed with recommendations shared and further actions developed	31/05/2018				
Organisation that learns	3.1 - Zero tolerance of bullying	Organisational Development, including staff engagement, culture & leadership	**New**	**Refresh 'Respect me' campaign**	Head of Organisational Development	29a Gap Analysis	31/03/2018	**Complete**	Refresh in line with recommendations from Professor Lewis	31/03/2018	**Complete**	Staff feel respected and heard in the workplace and feel able to raise concerns without recrimination	Improvement in National Staff Survey	Respect Me Campaign was refreshed in Autumn 2017 and is on-going with a resource centre for staff positioned on the homepage of the intranet. This work also aligns with the externally commissioned deep dive into B&H by Prof Duncan Lewis
Organisation that learns	3.1 - Zero tolerance of bullying	Organisational Development, including staff engagement, culture & leadership	**New**	**Increase profile of resilience training and coaching offered to staff through Aquillis counselling service**	Head of Organisational Development	29a Gap Analysis	31/03/2018	**Complete**	Advertise resilience training	31/03/2018	**Complete**	Staff aware of how to access resilience training through Aquillis	Increased uptake of Aquillis resilience training	
Organisation that learns	3.1 - Zero tolerance of bullying	Organisational Development, including staff engagement, culture & leadership	**New**	**Promote FTSU e-learning programme during induction process**	Head of Organisational Development	29a Gap Analysis	31/03/2018	**Complete**	FTSU guardian to speak at staff Trust induction and promote e-learning	31/03/2018	**Complete**	Increased staff awareness on joining the trust of FTSU initiative and available learning resources	Increased uptake of FTSU e-learning programme	
Organisation that learns	3.1 - Zero tolerance of bullying	Organisational Development, including staff engagement, culture & leadership	**New**	**Ratification of the new 'Raising Concerns' Policy**	Head of Organisational Development	29a Gap Analysis	31/03/2018	**Complete**	Raising concerns' Policy to be signed off by CEO	31/03/2018	**Complete**	Staff understand the pathways available to raise concerns	Ratification of the policy by CEO sign off	This was ratified by Policy group in January 2018 and is on the policy framework on the intranet
Organisation that learns	3.2 - Behaviours and compassion	Organisational Development, including staff engagement, culture & leadership	**1**	**Implement Multidisciplinary Schwartz round**	Consultant Geriatrician	Trust	Complete	**Complete**	Complete. Two completed. Next planned for 24/11/2017	Complete	**Complete**	Provide a safe and supportive environment for staff to share and learn from their experiences, improve staff morale and team working	Increased number of attendees Increased range of staff groups attending as the rounds embed	
Organisation that learns	3.2 - Behaviours and compassion	Organisational Development, including staff engagement, culture & leadership	**2**	**Provide education on embedding trust values and behaviours into Job Planning rounds with consultants**	Associate Medical Director - Consultant Radiologist	Trust	31/03/2018	**Overdue**	1. Launch new job planning round with presentation to CDs and Business Managers	20/10/2017 - complete	**Complete**	Increased compliance with Job planning on CRMS to 90%	> 90% of Consultants have approved in-date job plans on CRMS (current level 77%)	**April update:**Policy not ratified however, job planning process completed. The role of the job planning consistency panel, Chaired by the Deputy Medical Director, is to ensure that departments use the job planning process to make best use of resources, encourage team working (and skill mix, where appropriate, valuing everyone's contribution) and make sure that job plans are focused on patient care. Therefore, Trust values have been incorporated into the job planning process.Propose action is closed.
									2. Launch new PHT Job Planning Policy document	30/11/2017	**Overdue**			
									3. Job Plan Review meetings to be held	31/03/2018	**Complete**			
Organisation that learns	3.2 - Behaviours and compassion	Workforce Strategy, recruitment and induction	**3**	**Map all recruitment processes and align to trust standard**	Head of Employee Resourcing	Trust	30/09/2018		Recruitment and retention strategy to be developed in line with the workforce strategy	30/09/2018		Ensure value based recruitment process is applied to all staff groups	Strategy developed and implemented by 31 March 2018.	Barrier: To form part of the Workforce Strategy **Revised deadline: In line with overall Trust Strategy TBC (review September 2018)** Residual risk: None Mitigation: Review deadline to align to Workforce Strategy
									Draft strategy to be issued	31/10/2018				
Organisation that learns	3.2 - Behaviours and compassion	Organisational Development, including staff engagement, culture & leadership	**4**	**Implement NHSI Culture and Leadership Programme**	Head of Organisational Development	Trust	31/04/2018	**Complete**	1. Lead a session with EMT to seek a decision to implement	15/11/2017	**Complete**	Develop a culture that enables and sustains continuous improvement of safe, high quality and compassionate care	EMT and Trust Board approval Change team in place Formal launch evident and programme is effectively implemented	
									2. Lead a session with Trust Board to provide clarity of the programme, the role of the Board and the timeframe	30/11/2017 31/01/2018	**Complete**			
									3. Recruit staff to be 'change agents' as part of the 'culture change team'	30/04/2018	**Complete**			
									4. Formally launch the culture programme	30/04/2018	**Complete**			
Organisation that learns	3.2 - Behaviours and compassion	Organisational Development, including staff engagement, culture & leadership	**5**	**Revision of Nursing, Midwifery and Allied Health Profession Strategy**	Deputy Director of Nursing	Trust	31/07/2018	**On track**	Create and launch a patient care strategy	31/12/2017	**Complete**	Improve compassionate care and engagement with frontline staff	Patients and staff can say that they are treated with dignity and respect.	Strategy to be revised once the Trust Strategy is in place **Further April position update:**Decision made to revise the Patient Care Strategy prior to the development of the Trust Strategy. This will then be circulated independently of the Trust Strategy. Deadline revised to meet this change in plan to July 2018.
									Ensure 'patient care strategy' is in line with revised 'Trust strategy' through Director of Strategy approval	31/07/2018	**On track**			
Organisation that learns	3.3 - Right staff, right skills	Workforce Strategy, recruitment and induction	**1**	**Further overseas recruitment**	Head of Employee Resourcing	Trust	20/04/2018	**Complete**	Continue to work with clinical leaders to ensure maximising recruitment opportunities	30/04/2018	**Complete**	Reduction in vacancy rate and temporary workforce spend	Reduction in vacancy rate 5% by April 2018 Reduction in temporary staff spend by 5%	
Organisation that learns	3.3 - Right staff, right skills	Workforce Strategy, recruitment and induction	**2**	**Implement plans for revised and new roles to support difficult to recruit posts**	Head of Nursing and Midwifery Education/Director of Medical Education	Trust	31/01/2018	**Complete**	1. Continue to support development of advanced practice/ apprenticeships.	On-going	**Complete**	Education programmes are available to support the development of staff into new roles to fill hard to recruit posts	Reduction in vacancies in difficult to recruit roles	
									2. Seek and implement education programmes to develop staff into roles when identified in CSC/Trust workforce plans.					
Organisation that learns	3.3 - Right staff, right skills	Workforce Strategy, recruitment and induction	**3**	**Audit compliance with local induction process**	Head of Nursing and Midwifery Education/Director of Medical	Trust	31/01/2018	**Complete**	Complete (currently monitor compliance and this is shared via the education dashboard)	31/12/2017 The data on compliance relies on managers submitting the information. Therefore	**Complete**	Monthly induction audit completed	All monthly induction audit data available on Education dashboard	
Organisation that learns	3.3 - Right staff, right skills	Workforce Strategy, recruitment and induction	**4**	**Revision of workforce strategy**	Director of Workforce and Organisational Development	Trust	30/09/2018		Workforce Strategy to be refreshed in line with organisational strategy	30/09/2018		Clear and current written strategy in place to address workforce priorities	Workforce strategy approved and implemented	**Barrier:** Strategy needs to follow the Trust Strategy **Revised deadline:** 30/09/2018 **Residual risk:** None **Mitigation:** None required.

Organisation that learns	3.3 - Right staff, right skills	Workforce Strategy, recruitment and induction	**5**	**Recruitment and Retention event**	Lead Workforce Nurse	Trust	31/08/2018	**Complete**	Complete	Complete	**Complete**	Improved understanding by staff of opportunities to develop their careers and the benefits available to new employees	Reduced vacancy rates	
Organisation that learns	3.3 - Right staff, right skills	Organisational Development, including staff engagement, culture & leadership	**6**	**Board / Director development programme to be developed and implemented**	Chief Executive Officer and Trust Chair	Trust	31/08/2018		Relevant Board development programme to be identified when Trust Board fully populated.	31/03/2018	**Complete**	New Board are clear on priorities, their shared and individual objectives and are effectively executing their responsibility as a board	Board development plan in place	**April update for discussion:** Board development programme commenced in March 2018. 12 month programme in place. A draft Board development programme has been produced and awaits further discussion by the Board and formal adoption by 31.05.18
									Implement Board development programme	30/06/2018	**Complete**			
									Board development programme completed with actions identified	31/08/2018				
Organisation that learns	3.3 - Right staff, right skills	Nurse training programme / Medical training programme	**New**	**New staff receive their local induction within the first 3 months of employment**	Director of Education	Trust	31/03/2018	**Complete**	Review monthly audit data and identify and target at risk area	31/03/2018	**Complete**	All staff will receive local induction	All Staff have received local induction within 3 months as per Trust Policy	Established process that ensures managers are followed up for non-compliance against Trust expectation
Organisation that learns	3.3 - Right staff, right skills	Nurse training programme / Medical training programme	**New**	**Ensure that staff are assessed and signed off as competent to deliver patient care**	Director of Education	Gaps: CQC 'musts and shoulds'	30/06/2018	**Complete**	Audit compliance with generic competency compliance	31/03/2018	**Complete**	All staff are assessed and competent to deliver patient care	All staff compliant with generic competencies	Barrier: Competency framework in place. Need to audit compliance **Revised deadline: 30/06/2018** **April update:** Snap shot audit undertaken of the nursing and midwifery competency framework policy. Variance in adherence noted. Outcome to be shared with clinical educators to create local action plans for the CSCs to enact. Re-audit to be undertaken in June 2018. See new action.
Organisation that learns	3.3 - Right staff, right skills	Nurse training programme / Medical training programme	**New**	**Ensure that staff are assessed and signed off as competent to deliver patient care**	Director of Education	Gaps: CQC 'musts and shoulds'	30/06/2018		Re-Audit compliance with generic competency compliance	30/06/2018		All staff are assessed and competent to deliver patient care	All staff compliant with generic competencies	
Organisation that learns	3.3 - Right staff, right skills	Nurse training programme / Medical training programme	**New**	**Staff mandatory training should be above the hospital target of 85% across all clinical workforce**	Director of Education	Gaps: CQC 'musts and shoulds'	31/03/2018	**At risk**	Ensure annual booklet and corresponding test issued to all clinical staff	31/03/2018	**Complete**	All staff have flexible opportunities to complete areas of missing compliance training	Essential skills training compliance at 85% for nursing, medical/dental and AHP	**April update:** Actions delivered, training compliance not achieved for all staff groups.
									Establish face to face training	31/03/2018	**Complete**			
									Establish Pick 'n Mix days for compliance training	31/03/2018	**Complete**			
									Ensure line managers identify all medical and dental staff who are non-compliant with essential skills training and offer any support required	31/03/2018	**Complete**			
Organisation that learns	3.3 - Right staff, right skills	Workforce Strategy, recruitment and induction	**New**	**Professional Forum updated on Essential skills in Education update**	Director of Education	29a Gap Analysis	31/03/2018	**Complete**	Ensure profession forum occurs on a monthly basis	31/03/2018	**complete**			
Organisation that learns	3.4 - Staff engagement	Organisational Development, including staff engagement, culture & leadership	**1**	**Introduce monthly forums for the junior doctors to meet the Medical Director and Chief Registrar**	Medical Director	Trust	Complete	**Complete**	Complete	Complete	**Complete**	To improve staff engagement with the Junior Medical staff who work in a transient role	Monthly forums occur and there is improvement in the Deanery report	
Organisation that learns	3.4 - Staff engagement	Organisational Development, including staff engagement, culture & leadership	**2**	**Introduce monthly forums for the Consultants to meet the Medical Director and Chief Executive Officer**	Medical Director	Trust	Complete	**Complete**	Complete	Complete	**Complete**	To improve staff engagement with the Senior Medical staff	Monthly forums occur and there is an improvement in the medical engagement scale results	
Organisation that learns	3.4 - Staff engagement	Organisational Development, including staff engagement, culture & leadership	**3**	**Widen the attendance at the professional forum for Nurses and Midwives**	Chief Nurse	Trust	30/11/2017	**Complete**	Matrons to be invited	31/12/2017	**Complete**	To improve engagement with the Nursing and Midwifery workforce to strengthen Board to Ward	Increased attendance and staff feeling engaged	
Organisation that learns	3.4 - Staff engagement	Organisational Development, including staff engagement, culture & leadership	**4**	**Staff Big Conversations personally hosted by the CEO**	Chief Executive Officer	Trust	31/12/2017	**Complete**	Staff engagement events to take place	31/12/2017	**Complete**	Staff report feeling more engaged and able to make changes happen in their own area of work	Actions identified with 'you said we did' communications Staff engagement levels increase as reported by the national staff survey	
Organisation that learns	3.4 - Staff engagement	Organisational Development, including staff engagement, culture & leadership	**5**	**Introduce an annual staff engagement calendar of events**	Head of Organisational Development	Trust	31/12/2017	**Complete**	Complete	Complete	**Complete**	Staff report increased levels of engagement	Events calendar on intranet	
Organisation that learns	5.1 - Leadership at all levels 5.2 - Role clarity, responsibility and accountability	Organisational Development, including staff engagement, culture & leadership	**2**	**Improve the compliance rate and quality of appraisals**	Director of Workforce & Organisational Development	Trust	31/03/2018	**Complete**	Monitor compliance as part of monthly performance reviews, taking appropriate action to ensure improvements are made.	Monthly and on-going	**Complete**	Meeting or exceeding 85% target and that staff report a meaningful appraisal	Compliance rates reach 85% by 31 March 2018. Increase in staff reporting they had a quality appraisal in the national staff survey report published in March 2018.	Moved to Organisation that learns from Good Governance.
									Provide additional training for managers to include how to have a coaching style conversation and set SMART objectives					
Organisation that learns	5.1 - Leadership at all levels	Organisational Development, including staff engagement, culture & leadership	**3**	**Support the Trust key leadership programmes**	Head of Organisational Development	Trust	31/03/2018	**Complete**	Ensure leadership programmes available are aligned to organisational priorities and address any skills gaps identified through the annual training needs analysis	28/02/2018	**Complete**	Staff in leadership roles will feel confident to lead and manage their services Leadership development offering is clear and aligned to organisational needs A number of individuals are being supported through a talent pipeline A supportive programme of development is in place for a new organisational structure	Leadership and management course attendance. Overall staff engagement levels improve as measured by the national staff survey.	Moved to Organisation that learns from Good Governance.
									Strengthen succession planning and talent management for critical posts	28/02/2018	**Complete**			
									Embed coaching skills as a core skills development for managers and leaders	28/02/2018	**Complete**			
Organisation that learns	5.1 - Leadership at all levels	Organisational Development, including staff engagement, culture & leadership	**New**	**Launch a programme of development to support the transition to a new organisational structure**	Head of Organisational Development	Trust	31/07/2018		Procure and commission a bespoke development programme	31/07/2018		Development opportunities available to support the new divisional structure	Programmes are launched by deadline	

Moving beyond safe	4.2 - No 'avoidable' deaths	Mortality and morbidity	**1**	**Implementation of the Learning from Deaths policy**	Associate Chief Nurse for Patient Safety	29a	31/12/2017	**Complete**	1. Publish Policy on intranet	Complete	**Complete**	Policy published, implemented and embedded in practice	Audit of MRT data to demonstrate MRP, M&M and SJR compliance Learning from deaths reports Reducing HSMR Reduction in coroners referrals from inpatients	
									2. Communicate to senior clinical staff	Complete	**Complete**			
									3. Re-publicise policy – targeted at senior medical and nursing staff	30/11/2017	**Complete**			
									4. Programme for all Specialties to present local mortality review process to Mortality review group	30/12/2017	**Complete**			
Moving beyond safe	4.2 - No 'avoidable' deaths	Mortality and morbidity	**2**	**Training in Structured Judgement Review**	Associate Chief Nurse for Patient Safety	29a	31/12/2017	**Complete**	1. MR panel review of all adult deaths to be in place for all specialties in Medicine and MOPRS	31/12/2017	**Complete**	Consistent approach to reviewing patient deaths to improve learning	Specialty and CSC governance reports contain evidence of reviews MRG minutes to demonstrate specialty reports	Policy updated to include flow chart, published 16 April 2018
									2. Programmed roll out for all other specialties to commence MRP process by 31/03/2018	31/12/2017	**Complete**			
									3. Recruitment of further MRP members	31/12/2017	**Complete**			
									4. Core Structured Judgement Review trainers to have attended RCP training session	Complete	**Complete**			
									5. Trust SJR training programme to commence	30/11/2017	**Complete**			
									6. Further SJR training sessions booked for first 3 months of 2018	31/12/2017	**Complete**			
									7. Process for identification and evaluation of groups of cases (e.g. Dr Foster alerts) requiring review to be articulated and added to LFD policy	~~31/12/2017~~ Revised deadline: 31/03/2018	**Complete**			
Moving beyond safe	4.2 - No 'avoidable' deaths	Mortality and morbidity	**3**	**Further roll-out of the Mortality Reviews across all specialities**	Deputy Medical Director	29a	31/03/2018	**Complete**	Development of the Trust electronic Mortality Review Tool to allow easy analysis of data to identify themes and trends	31/03/2018	**Complete**	Ensure there is a centralised portal for mortality review and that plans are made to disseminate learning	Reduction in avoidable serious harm events This will be calculated by a review of the Datix reports to include the Hogan scale of avoid ability so we can start to quantify. Once we have this we can aim for a % reduction in 1-3 scores.	**April update:** Action related to development of a safety message to share learning now forms part of the communication plan (4.2 Moving Beyond Safe)
									Develop a much more robust approach to sharing learning from cases which will use a variety of media, and to consider: A Patient Safety web-hub/portal on the Trust site where all things patient safety focussed can be accessed by staff, this will include: a) A summary of key themes and key actions from MRP and SJR reviews b) Unusual cases- presented as case vignettes for learning c) All of the previous 'Watch out notices' d) Links to Policies relating to the cases.	31/03/2018	**Complete**			
									Use 'Grand round' presentations to focus on the learning from a variety of cases	31/03/2018	**Complete**			
									Develop a weekly/biweekly safety message for the whole Trust	31/03/2018	**Complete**			
Moving beyond safe	4.2 - No 'avoidable' deaths	Mortality and morbidity	**4**	**Implementation of the Time to Act initiative (deteriorating patient pro-forma)**	Consultant Critical Care and Resuscitation Manager	29a	31/07/2018		Scale up Plan launched on the 6 December 2017	31/12/2017	**Complete**	Patient's condition received appropriate escalation to ensure patients receive the correct and timely assessment, monitoring, referral and treatment	Evaluation of the scale up will include audit into: • Number of Ward Cardiac Arrests per 1000 admissions (Outcome) • Escalation according to NEWS Protocol (Outcome/Process) • Number of wards in scale up (Process) • Patients with a new NEWS > 5 – pro forma used (how many & how often) (Process) • Quality of pro forma completion – completed, compliant, escalation plan documented (Process) • Number of staff engaged • Reduction in Safety Learning Events related to delayed escalation (Outcome)	
									Scale up to 60% of the target population: Identified through a proforma in adult in-patient bed units (excluding ICU, Day Case areas, ED Observation Ward) when they first trigger at a NEWS of 5 and above (modification required to the pro forma used in maternity).	31/07/2018				
Moving beyond safe	4.2 - No 'avoidable' deaths	Mortality and morbidity	**New**	**Further development of SJR**	Deputy Medical Director	Trust	30/06/2018		Mortality review tool to go live	31/03/2018	**Complete**	Consistent approach to reviewing patient deaths to improve learning	Mortality Review tool is capturing all MR and SJR	
									Audit of submissions to mortality review portal 3 months after go live	30/06/2018				
									Undertake thematic analysis of MR, SIRI and SJR using Mortality Review Tool data	30/06/2018				
Moving beyond safe	4.2 - No 'avoidable' deaths	Mortality and morbidity	**New**	**Ensure Learning from Deaths policy is up to date and all specialities aware of mortality review process**	Deputy Medical Director	Trust	31/03/2018	**Complete**	Review Learning from Deaths Policy	31/01/2018	**Complete**		Reduction in no of avoidable Serious harm events Increase number of SIRI reported	Mortality process in ED reviewed. Agreement to keep ED process separate from the other MRP. Deputy Medical Director and ED Mortality Lead will conduct joint second stage reviews to extract learning points.
									Review mortality review process in ED and identify method of dissemination of learning	31/03/2018	**Complete**			
Moving beyond safe	4.2 - No 'avoidable' deaths	Mortality and morbidity	**New**	**Ensure all relevant learning from Regulation 28 coroner reports, MR, SJR and SIRIs communicated to appropriate staff, departments, patients and relatives**	Associate Chief Nurse for Patient Safety	Trust	31/08/2018		Develop a 'communication plan' for the Trust which can be used across MR, SJR and SIRI review panels and appropriate measures within the plan selected and disseminated. This will include: * Mortality review group * Grand round presentations * Safety bulletin * Departmental teaching * Simulation where appropriate	30/04/2018	**On track**	All learning from relevant review panels disseminated to the right staff and has an impact in reducing patient harm and avoidable deaths Patients and/or families feel that the Trust places value in learning from serious incidents and deaths	Reduction in avoidable deaths Reduction in serious harm events Increase in incident reporting Reduction in number of overdue SIRIs	
									Launch the communication plan	07/05/2018				
									Audit use of the communication plan across review panels and track impact of measures through pulse survey	31/07/2018				
									Complete investigation report and feedback to patient and/or family on all SIRIs within 60 days and share with patients after a further 30 working days from CCG sign off.	31/08/2018				
Moving beyond safe	4.3 - Stop harm to patients	Mortality and morbidity	**1**	**Pilot the Model for Improvement (MFI) and Plan, Do, Study, Act (PDSA) Cycle for reducing pressure damage**	Associate Director of Nursing	Trust	31/03/2018	**Complete**	To commence Purpose T risk assessment and care planning tool	31/01/2018	**Complete**	Aid staff in prioritising care, highlighting which patients are high risk of pressure damage	Audit use of Purpose T. Reduction in hospital acquired pressure ulcers	
Moving beyond safe	4.3 - Stop harm to patients	Patient Safety	**2**	**Establish a senior safety team under the leadership of the Medical Director and Chief Nurse**	Medical Director/Chief Nurse	29a	31/03/2018	**Complete**	Complete. Safety team established December 2017	31/12/2017	**Complete**	Team in place to set the strategic direction for safety and drive the changes needed	Workplan in place with identified accountable leads	
Moving beyond safe	4.3 - Stop harm to patients	Mortality and morbidity	**3**	**Standardisation of clinical handover documentation**	Chief Nurse	Trust	30/04/2018	**Complete**	Best practice standardised tool to be tested and applied	31/01/2018	**Complete**	Consistent completion of handover documentation to ensure patient safety and that handovers are standardised.	Reduction in incidents in relation to transfer and handover	Handover Bundle launched 25.3.18. Time to Act initiative launched Audit of handover standards planned for June 18

Moving beyond safe	4.3 - Stop harm to patients	Mortality and morbidity	**4**	**Introduce a Six Month Safety Sprint concept**	Deputy Medical Director / Consultant in Critical Care	Trust / 29a	31/08/2018	**Future action at risk**	"Time to Act" initiative to be rolled out across Trust with initial pilots on designated medical wards already scheduled.	Commenced roll out December 2017	**Complete**	Improved outcome measures associated with » Deteriorating patients » Sepsis » Learning from events and feedback » Learning from deaths Improved staff awareness of learning from incidents.	Reduction in deaths from Sepsis 100% of SIRI action plans reviewed within two months of sign off with an improvement on action plan completion.	**April update:** Sepsis Nurse Job description complete. Business case being drafted. Implementation of "Sepsis Bleep" with help of Critical Care Outreach is dependent upon this appointment. **Proposed revised deadline: 31 May 2018**
									Combine Deteriorating Patient and Sepsis Groups to ensure coordinated coverage of both agenda Including Sepsis Metrics in CSC Performance Portfolio	31/01/2018	**Complete**			
									6 month appointment of Sepsis Nurse Specialist	28/02/2018	**Overdue**			
									Roll out enhanced critical care outreach response to Sepsis	28/02/2018	**Overdue**			
									Commence a parallel SIRI action review process to allow SIRI action plans to be reviewed in timely manner and clear back log	30/04/2018	**Complete**			
									Complete roll out of Mortality Review Panels to review all hospitals deaths following admission	30/04/2018	**Complete**			
									Complete audit loop of utilisation of Sepsis Pathway	31/07/2018				
									Educate all departmental mortality reviewers in Structured Judgement Review Methodology	31/07/2018				
Moving beyond safe	4.3 - Stop harm to patients	Mortality and morbidity	**5**	**Initiate consultant ward round standards**	Associate Medical Director	Trust	31/05/2018	**Future action at risk**	Send to Mark Roland (11.12.17)	31/05/2018	**At risk**	Improved communication of patient pathway		**Update awaited from Mark with milestones**
Moving beyond safe	4.3 - Stop harm to patients	Patient Safety	**6**	**Undertake assessment of safety culture using the Manchester Patient Safety Framework (MaPSaF)**	Medical Director	Trust	31/08/2018		Undertake MaPSaF rolling programme across clinical areas	31/08/2018		Baseline assessment complete and improvements required identified with a reassessment date	Quantitative assessment of variation in safety culture around the organisation. Reduction in Moderate harm events Reduction in Severe harm events	
Moving beyond safe	4.3 - Stop harm to patients	Mortality and morbidity	**7**	**Trust-wide roll out of the NHS Improvement Falls Collaborative initiative**	Associate Chief Nurse for Patient Safety	Trust	31/12/2018	**Future action at risk**	1. Review data on all falls/injurious falls and analyse to identify general trends, outlier areas and key points to target interventions	Complete	**Complete**	A prompt review of all patients who have fallen to ensure appropriate strategies are in place to prevent further patient falls A reduction in the number of injurious falls	Reduction in the number of falls with severe harm/death Increase in overall reporting of falls events Increase number of staff attending specific falls related training Improve compliance with falls assessment and falls care plan completion Increase number of patients who have fallen who were reviewed using the SWARM methodology	**April update:** Follow up engagement meetings commenced and on-going.5 CSCs completed(Em Medicine, Medicine, MOPRS and H&N, MSK). 3 to complete (surgery, renal and W&C)
									2. Undertake engagement meetings with each CSC to develop plans in partnership on: a. Ward roll out programme- according to risk/event profile b. Local process to ensure real time post fall review for all inpatient falls c. Local education programme to meet specific needs of each area (mapped to patient group profile)	31/01/2018	**Overdue**			
									3. Roll out falls collaborative work to all CSCs following methodology agreed as above	~~31/12/2017~~ Revised deadline: 31/12/2018				
									4. Undertake review of falls pathway assessment and care plan to simplify process	31/03/2018	**Complete**			
									5. Redesign falls SIRI template document to reflect assessment and post falls review paperwork, to ensure streamlined	31/05/2018				
Moving beyond safe	4.3 - Stop harm to patients	Patient Safety	**New**	**Ensure Compliance with HCAI Annual plan 2017/18**	Associate Director of Infection Prevention & Patient Safety	29a Gap Analysis	31/03/2018	**Complete**	Regular review at Infection Control Management Committee Infection Control dashboard identifying patients with HCAI across the trust and weekly updates to wards Infection Control outreach and link nurses complete daily walk rounds Feedback from Committee given to nursing and midwifery Committee meeting on a monthly basis Performance heat map Monitoring of the HCAI plan against trajectories	31/03/2018	**Complete**	There is Trust-wide adherence to HCAI Annual Plan and therefore able to show progress against HCAI	No more than 40 C difficile infections in 17/18 year No avoidable deaths from C diff by 31/3/19 Reduction in MRSA Bacteraemia No avoidable deaths from MRSA	
Moving beyond safe	4.3 - Stop harm to patients	Patient Safety	**New**	**Facilitate staff compliance with hand hygiene and PPE protocol and ensure appropriate infection control training takes place**	Associate Director of Infection Prevention & Patient Safety	29a Gap Analysis	30/05/2018		All staff signposted to hand hygiene policy on induction	31/03/2018	**Complete**	All staff are aware of appropriate infection control measures in order to limit spread of HCAI and use of ANTT	Shift in performance from red to green in hand hygiene audit (>95% Green, >85% Amber, <85% Red) Reduction in incidents related to infection after insertion of a medical device	
									Infection Control team to facilitate staff hand hygiene and PPE training	31/03/2018	**Complete**			
									Complete ward Hand hygiene audit using WHO checklist	01/04/2018	**Complete**			
									Develop audit tool to review peripheral venous access device use in order to identify trends in PVAD associated infections	30/05/2018				
Moving beyond safe	4.3 - Stop harm to patients	Patient Safety	**New**	**Ensure all staff within Maternity services aware of infection control measures around MRSA**	Associate Director of Infection Prevention & Patient Safety	29a Gap Analysis	31/03/2018	**Complete**	Revised policy on MRSA within Maternity	31/03/2018	**Complete**	Ensure all staff in maternity aware of the importance of infection control measures in the spread of MRSA, and that all relevant patients have been decolonised	Audit of MRSA positive patients and decolonisation regimes show 100% adherence to decolonisation policy	
									Deliver Infection control training to staff working in Maternity including decolonisation procedures for MRSA	31/03/2018	**Complete**			
									Audit infection control training by signatures of nursing staff to confirm compliance with training	31/03/2018	**Complete**			
									Assurance given to CCG that training completed and undertaken by all staff in maternity	31/03/2018	**Complete**			
Moving beyond safe	4.3 - Stop harm to patients	Patient Safety	**New**	**Ensure all ward cleaning occurs in a timely manner and to required standards**	Associate Director of Infection Prevention &	29a Gap Analysis	31/12/2018		Complete audits into * Cleaning reconciliations for Enhanced cleans * Twice daily cleans * Domestic cleaning * Cleaning procedures for outbreaks	30/03/2018	**Complete**	All ward cleaning procedures completed to the required standard based on patient infection status	Audit results show that appropriate channels used to request cleaning in 100% of requests Spot checks on wards show appropriate	

	patients				Prevention & Patient Safety				Review of training for domestic workers and their role in infection prevention	31/12/2018			cleaning measures being used	
Moving beyond safe	4.3 - Stop harm to patients	Patient Safety	**New**	**Equipment must be checked as per individual ward protocols to ensure it is safe and ready for use**	Associate Director of Infection Prevention & Patient Safety	Gaps: CQC 'musts and shoulds'	31/03/2018	**Complete**	Introduce 'Clean' stickers onto all equipment in clinical areas and decontaminate devices using Hydrogen Peroxide where appropriate	31/03/2018	**Complete**	All clinical equipment is safe for use	Audit of sticker use shows >90 % adherence	Point of care Testing moved as new action below with revised deadline
									Commence MPSA Audit	31/03/2018	**Complete**			
									Point of care testing devices are regularly check as being safe for use	31/03/2018	**Complete**			
Moving beyond safe	4.3 - Stop harm to patients	Patient Safety	**New**	**Point of care testing devices are regularly checked as being safe for use**	Associate Director of Infection Prevention and Patient safety	Gaps: CQC 'musts and shoulds'	TBC			TBC				
Moving beyond safe	4.3 - Stop harm to patients	Patient Safety	**New**	**Staff on medical wards must follow the Trusts medicines management policy to ensure that medicines are prescribed, stored and administered appropriately**	Associate Director of Infection Prevention & Patient Safety	Gaps: CQC 'musts and shoulds'	30/06/2018	**Future action at risk**	There is regular review at the Medicines management group regarding breaches of safe medicines management	31/03/2018	**Complete**	All medicines managed safely and by appropriate staff	Reduction in patient safety incidents concerning medicines management	Barrier: Detailed planning required. Revised deadline: TBC with Amanda Cooper. Residual risk: Medicine security on medical wards. Mitigation: New action owner identified as Amanda Cooper. Penny Emerit to discuss the requirements with Amanda. To include response from current audit, and the development of an action plan, where required. **April update:** Workstream lead to discuss with Amanda Cooper.
									A Medicines Safety Pharmacist is in post to review medicines optimisation - further work to be undertaken	31/03/2018	**Complete**			
									A Medicines Safety group is in place	31/03/2018	**Complete**			
									To initiate development of staff training around safe medicines management, including assessment of skills	30/06/2018				
Moving beyond safe	4.3 - Stop harm to patients	Patient Safety	**New**	**Develop and execute a plan to address the backlog of radiological investigations and ensure reporting and risk assessments are completed within deadline going forward**	Consultant Radiologist	Gaps: CQC 'musts and shoulds'	21/08/2018	**Complete**	Immediately review the risk associated with reporting of Chest X-rays in radiology including undertaking a patient harm review on all cases not reported on - CQC report gaps	21/08/2017	**Complete**	All radiology images and results are processed in a safe and timely manner	Clearance of Radiology backlog Duty of Candour applied to all relevant patients	
						Radiology enforcement notice			Evidenced based appropriate steps to be taken to resolve the backlog of radiology reporting using appropriately trained members of staff. To include * Clinical review, audit and prioritisation of the current backlog of unreported images (including those taken before January 2017) * Impact assessment of harm to patients * Duty of Candour applied to any patient adversely affected	21/08/2017	**Complete**			
						Radiology enforcement notice			Put in place robust processes to ensure any images taken are reported and risk assessed in line with Trust policy	21/08/2017	**Complete**			
						Radiology enforcement notice			Submit plan to address the backlog to the CQC	21/08/2017	**Complete**			
Good governance	5.1 - Leadership at all levels	Board assurance	**1**	**Introduce Board to Ward Quality rounds**	Chief Nurse	Trust	28/02/2018	**Complete**	Introduce Board to Ward walk rounds using the IHI Safety Tool.	31/01/2018	**Complete**	Standardised approach to Board to Ward rounds that demonstrate engagement with frontline staff.	Board to ward rounds commenced.	**April update:** The Chief Nurse has introduced the IHI board to ward leadership rounds they are taking place in April through the next 12 months, there will be a reporting back to the public Board - this action is completed.
Good governance	5.1 - Leadership at all levels	Board assurance	**4**	**Recruit to board vacancies substantively**	Chief Executive Officer and Trust Chair	29a	31/03/2018	**Complete**	Complete recruitment process for substantive Executive and Non Executive Directors	31/03/2018	**Complete**	Substantive board will be in post with clear portfolios	Improvement in 'Well-led' scoring (self assessment).	Associates still being recruited, but substantive Directors are in place.
Good governance	5.1 - Leadership at all levels	Board assurance	**5**	**Agree and introduce a Board Development Programme**	Director of Integrated Governance	Trust	31/08/2018	**Future action at risk**	Board Development Programme developed and agreed	25/03/2018	**Overdue**	Improved board relationships and establishment of a high performing board.	Delivered the proportion of development activities required by 31/08/2018 as laid out in the Board programme.	**April update for discussion:** Board development programme commenced in March 2018. 12 month programme in place. A draft Board development programme has been produced and awaits further discussion by the Board and formal adoption by 31.05.18
									Board development programme implemented in line with the plan.	31/08/2018				
Good governance	5.1 Leadership at all levels	Board assurance	**NEW**	**New executive leadership team to ensure clarity of roles and responsibilities throughout the organisation**	Director of Communications and Engagement	29a Gap Analysis	31/08/2018		Review Board to ward engagement and develop a programme to address areas of concern.	31/03/2018	**Complete**	Improved engagement between frontline staff and the leadership team.	Staff indicate that they know who the members of the Board are. Potential to measure this through the PULSE survey?	Since December 2017 our programme of staff engagement has been reviewed, including a focus on the impact of current channels for engagement by the Executive team and Board. A number of changes have been made including introduction of a weekly email newsletter and diarising Executive roadshows across all of the Trust sites. The effectiveness of Team Brief has been reviewed as a means of communicating from Board to ward and changes to the format are planned for later in the year to coincide with the Clinical Service Centre restructure.
									Launch the Board to ward engagement programme.	31/04/2018	**Complete**			
									Board to ward engagement programme complete and organisational impact tested.	31/08/2018				
Good governance	5.2 - Role clarity, responsibility and	Nurse training programme / Medical training programme	**1**	**All nursing staff to sign that they have read and understood the NMC – The Code**	Chief Nurse	Trust	Complete	**Complete**	Complete	Complete	**Complete**	Nurses to be aware of their accountability as a Registered Nurse	All nurses understand their responsibilities under the NMC Code of Conduct	
Good governance	5.2 - Role clarity, responsibility and	Nurse training programme / Medical training programme	**2**	**Review and standardise nursing job descriptions**	Head of Nursing - W&C	Trust	30/11/2017	**Complete**	Complete	Complete	**Complete**	Nurses are clear about their role and responsibilities	These are all completed for Bands 5,6,7 and 8a and 8b	
Good governance	5.3 - Standardising and consistency in process	Board assurance	**1**	**Undertake an external governance review**	Chief Executive Officer	CQC 'musts and shoulds'	31/01/2018	**Complete**	Undertake an external governance review.	Undertaken	**Complete**	Actions to improve governance identified.	External governance review report.	
Good governance	5.3 - Standardising and	Board assurance	**New**	**Implement improvement actions identified following the external governance**	Director of Integrated	Trust	30/09/2018		Introduce revised Board Assurance Framework		**Complete**	Revised Board Assurance Framework, Corporate Risk Register, Risk Management Policy and Strategy, Corporate Governance Arrangements and Divisional	1) Trust Board minutes demonstrate discussion regarding BAF and Corporate Risk Register. 2) Entries on BAF and Risk Register are updated promptly 3) Entries on BAF and risk register are re-scored regularly 4) Board members are more effectively sighted on risks and concerns across the	**April update:** 2015/2018 Risk Management Strategy extended by the Trust Board until 31.07.18 to allow for revised strategy to reflect new corporate structure from 02.07.18 . Draft revised risk management strategy
									Introduce revised and standardised Corporate Governance arrangements	01/03/2018	**Complete**			
									Revise Corporate Risk Register	31/03/2018	**Complete**			
									Revise Risk Management Policy and Strategy	06/04/2018	**On track**			

Good governance	and consistency in process	Board assurance	**New**	**review**	Integrated Governance	Trust	30/09/2018		Introduce revised and standardised Divisional Governance arrangements	01/07/2018		Corporate Governance Arrangements and Divisional Governance arrangements to ensure a standardised integrated approach.	Trust - to be reviewed by internal audit. 5) Divisional management teams are more aware of risks in their areas and manage them to a tolerable level more quickly - to be reviewed by internal audit. 6) The route from clinical frontline areas to Board taken by information about risk and other aspects of clinical governance is shorter.	revised strategy to reflect new corporate structure from 02.07.18. Draft revised risk management strategy presented to Q&P Committee for initial consideration 14.04.18
Good governance	5.3 - Standardising and consistency in process	Business Information Unit (revised performance management framework)	**2**	**Investing in business intelligence which will enable triangulation of data to determine the quality of care being provided in individual care areas. Introduce a revised performance framework**	Chief Operating Officer	Trust	30/04/2018	**At risk**	Implement revised Performance Framework, including relaunching Performance and Accountability arrangements as part of the new divisional arrangements.	30/04/2018	**At risk**	Revised performance and accountability meetings in place that monitor deterioration or non-optimal performance.	Review of the Performance and Accountability meeting minutes for evidence of robust performance monitoring.	**April update:**Work commenced, need to agree revised deadline.
Good governance	5.3 - Standardising and consistency in process	Clinical governance , risk and complaints	**3**	**Increase the number of staff trained in Root Cause Analysis methodology and risk management**	Director of Education	CQC 'musts and shoulds'	31/03/2018	**Complete**	Develop a training programme process to enable staff undertaking investigations to access root cause analysis training and understand risk management.	31/03/2018	**Complete**	Improve the quality and learning from incident investigations	Staff who undertake serious investigations have the pre-requisite knowledge to do so. Demonstrate learning from every SIRI and process in place for embedding the learning.	Further training booked for 20th April and training will be on-going. Extensive list of trained staff now in place
									Round 1 of training undertaken.		**Complete**			
									Round 2 of training undertaken.	31/03/2018	**Complete**			
Good governance	5.3 - Standardising and consistency in process	Clinical governance , risk and complaints	**4**	**Improve incident management processes to foster learning and improve effectiveness**	Head of Risk Management	CQC 'musts and shoulds'	31/03/2018	**Complete**	Monitoring NRLS rate of events returned following upload where the grade is challenged.	Commenced and on-going	**Complete**	Consistent grading/investigation of incidents and ensuring there is shared, organisational learning. All SIRI investigations undertaken by a trained RCA investigator.	Number of highlighted discrepancies from NRLS data. Percentage of incorrectly graded incidents. Number of investigators trained to investigate SIRIs.	
									Monthly audit of low harm/no harm events submitted for final approval to quality assure grading.	31/12/2017	**Complete**			
									Ensure all investigators assigned to investigate SIRIs have completed RCA training.	31/12/2017	**Complete**			
Good governance	5.3 - Standardising and consistency in process	Clinical governance , risk and complaints	**New**	**Undertake an external review of the SIRI process and implement the identified improvement actions.**	Head of Risk Management	Trust	31/07/2018		External review completed.	31/03/2018	**Complete**	Improved SIRI process and reduced delays.	Reduction in overdue SIRIs to 0 by 31/12/18	
									Action plan developed to address any areas for improvement identified.	15/05/2018				
									Improvement actions implemented.	31/07/2018				
Good governance	5.3 - Standardising and consistency in process 5.4 - Being open and transparent	Clinical governance , risk and complaints	**5**	**Protect patients confidentiality through safe storage of records**	Information Governance Manager	CQC 'musts and shoulds'	31/03/2018	**Overdue**	Identify all areas of note storage around the Trust and external to the Trust. Ensure areas are safe and secure (visual inspection)	31/12/2017	**Overdue**	Confidentiality maintained.	Patients confidentiality is maintained through safe storage and handling of patient records. Compliance with the IG Toolkit	**April update:** Action plan to address outstanding actions and those identified during inspection 17-20 .04.18 produced. To be referred to Data Protection and Data Quality Committee (sub committee of Q&P) at May meeting Action relates to ensuring safe and secure note storage across all sites. **Revised deadline for action: 30.06.18**
									Wards/departments to ensure that notes in use are stored away from patients and public or in an area which is manned 24/7	31/03/2018	**Complete**			**April update action complete:** Programme of surveillance visits to wards in hand and ongoing – will continue as part of routine surveillance
									Bedside notes clipboards or folders have a privacy cover	31/03/2018	**Overdue**			**April update:** Action rellates to privacy covers for bedside notes or folders. Requirement notified to all staff and cover provided 13.04.18. To follow up with audit by 30.06.18
									All patient information taken off site is transported in a sealed bag (audit) with appropriate markings	31/03/2018	**Overdue**			**April update:** Action relates to security of patient information being taken off site. Email reminder sent 20.04.18. To follow up by audit 30.06.18
									Patient notes are not sent via the post from remote sites. (audit & Datix)	31/03/2018	**Overdue**			**April update:** Action relates to patient notes being sent via post from remote sites. Email sent 20.04.18. To follow up by audit 30.06.18
Good governance	5.3 - Standardising and consistency in process	Business Information Unit (revised performance management framework)	**6**	**Define key nursing metrics (no more than 10) which measure the key component of care delivery and introduce standardised 'How are we doing boards'**	Deputy Director of Nursing	Trust	31/05/2018	**Complete**	Review the Clinical Dashboard to check key nursing metrics are clear and available.	31/03/2017	**Complete**	Front line nursing staff have a clear understanding of the care they are delivering to patients against defined standards	Ward hotboards display most recent clinical metric data and staff can articulate this information and what is being done	
Good governance	5.3 - Standardising and consistency in process	Clinical governance , risk and complaints	**New**	**Risk assessments must be completed to assess the range of risks to patients being cared for in escalation areas, taking into account environmental factors such as restricted access to curtains, bell calls and oxygen.**	Associate Chief Nurse for Operations	Gaps: CQC 'musts and shoulds'	31/03/2018	**Complete**	Clarify the type of risk assessment necessary for each area, and where these are located.	31/03/2018	**Complete**	Appropriate and safe use of escalation areas.	All open escalation areas have a risk assessment in place - assessed through internal audit.	**April update:** Decision log implemented and held in Operations Centre for any escalaltion areas opened and whether this is in line with SoP
									Ensure completion through audit.	31/03/2018	**Complete**			
Good governance	5.4 - Being open and transparent	Board assurance	**1**	**Building relationships with stakeholders and partners in line with the Chief Executive's 100-Day Plan**	Director of Communications and Engagement	CQC 'musts and shoulds'	30/11/2017	**Complete**	Undertake meetings and establish engagement processes with key stakeholders, to include: • Staff • Military colleagues • Local authorities (provider teams and scrutiny committees) • Freedom to Speak Up Guardian and advocates • Other local NHS bodies – CCGs, Ambulance Trust, Community Trust, acute providers • Service users (public meetings) • NHS regulators	Complete	**Complete**	Improved working relationships across the health economy that benefit patients.	75% exec level attendance at (review minutes): 1) Health and wellbeing boards (though review of minutes). 2 Health Overview and Scrutiny Committee 3) FTSU meetings. 4) ACS / LCS meetings 5) QIPOG 6) CQC calls Programme of public meetings in place. Military staff in Trust leadership positions.	
Good governance	5.4 - Being open and transparent	Clinical governance , risk and complaints	**2**	**When significant incidents are being investigated, patients or family will be asked for their input to setting the terms of the investigation, and updated as investigations progress.**	Head of Risk Management	CQC 'musts and shoulds'	30/11/2017	**Complete**	Audit Duty of Candour process.	30/11/2017	**Complete**	Improved involvement of patients and family when significant incidents occur.	Audit the minutes of investigation meetings to ensure inclusion of patient / family / carer input.	
									Include on SIRI checklist patient/family concerns to be requested.	30/11/2017	**Complete**			
									Update Duty of Candour letter templates to include invite to patient/families to communicate any concerns they wish to have included within the terms of reference of the investigation.	30/11/2017	**Complete**			
Good governance	5.4 - Being open and transparent	Clinical governance , risk and complaints	**NEW**	**External review of Duty of Candour template.**	Head of Risk Management	Trust	30/04/2018		Duty of Candour template shared with Healthwatch for review and feedback.	01/03/2018	**Complete**	Improved written response to patients / families.	Updated Duty of Candour template.	Revised templates drafted and engaged with the Patient Collaborative for feedback. Interim changes made to template letters inviting questions/concerns from patient/family to inform the investigation whilst awaiting full revision. **Revised deadline: 30/04/2018**
									Feedback incorporated into the template.	15/03/2018	**Complete**			
									Template signed off by Director of Integrated Governance and launched.	30/04/2018				
Good governance	5.4 - Being open and transparent	Clinical governance , risk and complaints	**4**	**Strengthen and embed the Being Open Policy including the application of Duty of Candour legislation** ***Links to action 1.4 (3) and 5.4 (2)***	Deputy Director of Nursing	CQC 'musts and shoulds'	31/03/2018	**Complete**	Weekly 'Hot Topic' audit which includes question regarding patient involvement in care planning	Commenced 30/10/2017	**Complete**	Staff actively involve and discuss care issues with patients and families in an open and meaningful way as part of their everyday care	80% of care plans demonstrate involvement of patient, families and/or carers SIRI report Terms of Reference include patient concerns	
									Revise Duty of Candour letters to include patients/families concerns in scope of investigation and make explicit the contact arrangements	30/11/2017	**Complete**			
									Revise the Duty of Candour posters for clinical areas	31/12/2017	**Complete**			

Good governance	5.4 - Being open and transparent	Clinical governance , risk and complaints	**New**	**Improve the complaints process, oversight of complaints and reduce the backlog of complaints to ensure patients receive responses in a timely way**	Head of Complaints	Gaps: CQC 'musts and shoulds'	31/12/2018	**Future action at risk**	Review the definition of complex complaints (i.e. 'when multi-agencies are involved') and revise the reporting in line with this.	31/03/2018	**Overdue**	Patients receive a response to complaints in a timely way.	Overdue complaints (excl. complex): <20 by 30th June <10 by 30th September 0 overdue by 31st December	**April update:** Complaints workshop to be held May 2018 to process map and identify areas for improvement. Policy will then require revision. This will include categorisation of complaints therefore suggest **revised deadline of 30/06/2018**
									Ensure the complaints process is part of the new divisional performance and accountability framework.	30/04/2018				
									Monitor the complaints performance and delays.	Ongoing				
Good governance	5.4 - Being open and transparent	Clinical governance , risk and complaints	**New**	**Improved oversight of recommendations, and corresponding action plans arising from audit, SIRIs, complaints and other relevant reviews across the organisation.**	Director of Integrated Governance	Trust	31/12/2018		Develop a system for ensuring oversight of recommendations, and corresponding action plans arising from audit, SIRIs, complaints and other relevant reviews	31/12/2018		Oversight of all recommendations, associated actions, deadlines and responsible owners to ensure timely implementation of improvement actions.	Spot checks in divisions.	
									Embed local QIPs into the performance and accountability process.	30/07/2018				
									Undertake deep dives throughout the year to test whether: 1) the central team are sighted on recommendations 2) recommendations are being acted on in a timely manner. 3) appropriate escalation of overdue actions.	Ongoing				
Good governance	5.4 - Being open and transparent	Clinical governance , risk and complaints	**New**	**Set up Maternity Safeguarding Board**	TBC	29a Gap Analysis	31/03/2018	**Complete**	Set up Board	Complete	**Complete**			[moved from Supporting Vulnerable Patients]

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PHT Radiology: Response & Lessons learned

In response to Section 31: Diagnostic and Screening Procedures (July 2017).

1. Background

1.1. The Care Quality Commission (CQC) highlighted poor governance procedures at the Queen Alexandra Hospital (QA) in relation to interpretation of Emergency Department (ED) chest x-rays (CXR) following an inspection in May 2017. The CQC expressed concern that there was insufficient oversight and audit of non-radiologist interpretation of CXRs, and the Trust was told it must take immediate action to review risk and identify possible harm to patients.

1.2. Inspectors returned to the Trust in July to conduct a focused inspection of the outpatients and diagnostic imaging department at QA, at which point it was identified that a backlog of circa 23,000 chest x-rays, from the preceding 12 months, had not been formally reviewed by a radiologist or appropriately-trained clinician as was required by the existing PHT Plain Film Reporting Policy

1.3. Inspectors were told there had been three serious incidents where patients with lung cancer had suffered significant harm because their chest x-rays had not been properly assessed.

1.4. Following the inspection CQC placed four conditions on the trust's registration:

- The trust must take steps to prioritise and deal with the backlog of unreported images (including those taken before January 2017), assess the impact on patients, and notify any patient who is adversely affected in the line with the requirements of the Duty of Candour.
- There must be robust processes put in place to ensure that any images are reported on and risk-assessed.
- Details of how the backlog will be addressed must be submitted to CQC.
- The trust must send CQC weekly reports on the size of the backlog, and times taken for reports to be produced.

2. Process of Backlog Clinical Harm Identification & Review

2.1. Following the Section 31 Notice it was decided, and agreed with the CQC, that the following process would be followed.

- The Emergency Department (ED) backlog of plain films would be reported, for a "clinically relevant timescale", agreed to be 18 months, including all plain films back to the 1st March 2016. The large majority of these films were Chest X-rays (CXR) and this was also the group around which there was most clinical concern. However there were also a significant number of Abdominal X-rays (AXR) and spinal X-rays.

- It was scheduled to commence the backlog reporting in September 2017, with a trajectory to complete this in February 2018

- Radiology film reporting required outsourcing to private companies (In Health and MSI) who commissioned trained reporting radiographers to carry out the work. This was done on site at QA due to the difficulties in exporting large numbers of CXRs electronically.

- Additional funding was secured from the Trust to support this backlog reporting

- Those with significant findings would be annotated and appropriate follow up would be arranged. For CXR, this process was simplified such that any patients with a possible missed cancer were classed as "Significant Finding 1" with other pathologies being designated "Significant Finding 2". The large majority of those in the latter group were patients with likely chest infections. Other pathologies included cardiac failure and small pleural effusions.

- For any patients where there was concern that harm may have occurred, a Datix form would be completed, an SI process started and a full panel review would be undertaken. Duty of Candour would be followed, in all cases where appropriate.

- A Radiology Helpline was established and manned with dedicated staff for a period following the public press release of the CQC Radiology report, to aid in identifying any additional cases of concern, and to support those members of the public requiring reassurance. Thereafter, the helpline number remained active with any calls being diverted to a Radiology senior manager for action.

- Several patients were identified during this process that had already been managed through other routes and therefore investigated. These patients notes were further reviewed to ensure that there had been no significant delay in the diagnosis, which might have caused them harm. If there was any doubt on the outcome, a Datix form was submitted for full panel review, as per the de novo reporting process.

- CXRs flagged as having a significant finding were reviewed initially by a Senior Radiographer, in order to establish whether these patients had been either treated appropriately (by review of the ED notes), or had had appropriate clinical follow up.

- In any case where the outcome was uncertain, films were then reviewed by a chest radiologist, to decide what course of action should be taken. In general, patients with findings suggestive of infection, who had not had subsequent imaging (Finding 2), were offered a follow up CXR to assess if changes had resolved. Patients where a missed cancer was suspected (Finding 1) were referred to the Chest Physicians for further review.

- The backlog harm review was complicated by the fact that the reports of one of the reporters (a trainee radiologist) were found to contain a number of inaccuracies. Following audit of a sample of reports, the outsourcing company in question undertook to re-report all (n=1000) the CXRs initially viewed by this reporter. These re-reports have subsequently all been completed.

3. Prospective reporting

3.1. In parallel to the retrospective backlog review of unreported films, prospective reporting of all ED images was agreed, commencing November 2017, once additional outsourced reporting had been secured.

3.2. A further business case was required to support this development and the work was again commissioned from the outsourcing companies.

4. Oversight of the Harm Review and management of subsequent change decisions

4.1 A Clinical Advisory Group (CAG) was established, chaired by the Medical Director, with clear terms of reference to oversee the learning and ensure that decisions made during the review were externally benchmarked. Membership included:

- PHT radiologists
- PHT Chest physicians
- PHT Radiology Services Manager
- External Radiologist (UHS)
- External Chest Physician (UHS)
- General Practitioner

4.2 The CAG met fortnightly, after an initial phase of weekly meetings whilst establishing the process

5. Lessons Learned

Clinical Harm identified

5.1 Reporting of the backlog of plain films (to 1st March 2016) was completed on schedule in mid-February 2018.

5.2 The total number of films reported in the backlog was 30,221

5.3 27 potential missed cancers have been identified by CXR review, 22 of which were on images performed at QA, although not necessarily in ED.

5.4 Of these, 1 case had been followed up appropriately for possible infection, so was not “missed”. 3 further cases have been classified as “No Incident” following investigation.

5.5 13 have been through a full panel review and 8 have been graded as No Harm, 2 as Low Harm and **2** as Severe. A 3rd case was difficult to classify due to no cross-sectional imaging being available at the time; due to the significant delay to

diagnosis however, this is best regarded as Severe Harm. Therefore a total of **3** cases have been classed as Severe Harm. One case of "No Harm" was re-opened following further review at the lung MDT.

5.6 5 potential missed cancers on CXRs performed at the ISTC have also been flagged. These have either been investigated internally, and/or notified to the ISTC.

5.7 5 CXR cases are currently under investigation (6 including the reopened case). All of these patients have already been seen by the respiratory team and investigated appropriately – some many months ago. In several cases, abnormalities on the preceding CXRs were only noted once the subsequent imaging was reviewed. Some of the findings are extremely subtle, but all cases will have Datix filled in for thoroughness.

5.8 A further 1 case noted a previously unreported large abdominal aortic aneurysm on AXR. An investigation determined that No Harm ensued from the delayed diagnosis.

5.9 Prospective reporting of ED films "caught up" with the forward demand, so that all plain films are now being reported within a week of being taken.

5.10 Out of a total number of 30,221 CXRs reviewed from the ED backlog, **3** patients have been found to have suffered severe harm as a consequence of the failure to report their CXRs (0.01%). Whilst a small number of cases are still going through the full SI process it appears unlikely that the numbers of significant harm will rise dramatically beyond this level.

5.11 The limited harm identified in other patients, where a diagnosis of cancer was delayed was mainly due to one of several factors: the advanced state of disease at presentation; limited treatment options; or rapid disease progression, leading to very poor prognosis.

5.12 The accepted rate of "discrepancy" for trained reporters on CXRs is quoted as 3-5%. This includes all missed abnormalities, the most significant being a lung cancer. It would appear from the backlog review data that failure to report CXRs through the ED has not led to a significant increase in the levels of harm identified for those patients compared to if the films had been reported by a trained radiographer/radiologist.

5.13 From a total number of films reported of approximately 43,000 (backlog and prospective cases), significant findings have been identified in 1982 patients. This figure includes the suspected cancers outlined above. The large majority of these cases were for suspected infective changes.

5.14 403 patients were offered appointments for repeat CXR.

- 249 were normal or stable on recall, or showed findings not considered significant.

- 133 either declined, did not respond, or did not attend. Non-responders were telephoned on more than one occasion, where possible. A letter was also sent to their GP, containing a copy of the CXR report.
- 8 were living elsewhere; a letter was sent to their GP with relevant information
- 7 patients died before recall; notes and imaging review has not shown any suspicion that the findings on CXR contributed to death.
- 6 were referred to Respiratory for further clinical assessment.

5.15 Any significant findings are now being addressed via the ED Daily Checks folder in PACS, with cases reviewed by an ED consultant.

6. Resource & logistic implications

6.1 Without sufficient in-house reporting capacity, the project was dependent on outsourced plain film reporting

6.2 Costs incurred, to the middle of February 2018, was £196,690. Prospective reporting of ED films commenced in November 2017, so part of this in part represents the cost of prospective reporting.

6.3 Costs incurred in setting up and manning the Helpline were difficult to quantify. The Helpline received a total of **251** calls, of which **70** required a call back once looked into. Of these only **8** required active further investigation

7. Governance around PHT Radiology Plain Film Reporting Policy

7.1 An independent in-depth analysis of the historic circumstances leading up to, and the subsequent handling of decisions around the reporting of plain film X-Rays, was outside the Terms of Reference of this group and has been undertaken by an external company –Verita, the full report of which is to be published. The feedback from Verita regarding steps taken so far and further plans now in place to improve corporate and clinical governance is welcome and encouraging. The arrangements for the corporate identification, assessment and management of operational and strategic risk will continue to be developed, as will plans to enhance multi-disciplinary analysis of incidents, complaints, performance and audit to enable triangulation and improved learning. The review and revision of Trust governance systems to reflect the incoming clinical structure began with a governance workshop on 18 April 2018, and further work will reflect Verita's observations and recommendations.

8. Changes and Recommendations supported by the CAG

8.1 The PHT plain Film Reporting Policy will be updated to include mandated reporting of CXRs taken as inpatients as well as in ED. Though the incidence of severe harm identified through this Harm Review was lower than anticipated, reporting of CXRs is now standard practice in other Trusts and PHT would be an outlier in not doing so.

8.2 There is a lack of published evidence and cost/benefit analysis generally to support this decision and the data from this Harm Review could be published to help inform national debate on the issue.

8.3 Priority must be given to training of advanced practitioner radiographers to undertake CXR reporting

8.4 The current follow up of infection diagnosed on CXR is inadequate and a robust protocol needs to be introduced to address this. This is particularly important with the increase in incidence of adenocarcinoma spectrum disease, which can mimic infection.

8.5 A new process is being drawn up for follow up of chest infection diagnosed in QA, either in ED, or as an in-patient. This will need to be agreed with the Clinical Commissioning Groups, as ideally this needs to be driven by the patient's GP, with follow up films being performed at the site most convenient for the patient.

8.6 A robust protocol should be introduced for follow up of suspected infective change detected on CXR.

8.7 Training of all staff groups in interpreting CXRs should be implemented, to minimise delays in detecting significant abnormalities, but also to avoid over-diagnosis of anatomical variations and technical factors (which can result in inappropriate requesting of CT scans).

9. Other Observation

9.1 There remains insufficient radiology staff resource to undertake CXR reporting. This situation will be amplified following introduction of the updated PHT Plain Film reporting policy.

9.2 Plans have been put in place to train 2 PHT Radiographers in chest X-Ray reporting. Training takes 2 years, and commenced in November 2017, so it is anticipated that fully-trained candidates would be in post by November 2019.

9.3 To report all CXRs prospectively will require more than 2 radiographers, so it is planned to develop further funded advanced practitioner posts to deliver the CXR reporting service. Due to the intensity of the training, and consequent time requirement from Chest radiologists, these posts will need to be staggered, and will also require a further business case.

9.4 It would be necessary to expand the scope of practice of existing appendicular reporting radiographers to include trauma axial reporting and non-trauma appendicular and axial reporting. This will also require additional funding.

9.5 PHT will be reliant on outsourcing companies to provide capacity for some time to come. The radiology department needs to receive the appropriate funding to purchase these services.

9.6 Where feasible, demand management of CXR requesting should take place, so that images are only requested when clinically appropriate and not as a "routine" screen on admission.

9.7 Other steps might include:

9.8 Setting consultants a number of plain films to be reported in job plans; this has the risk of impacting on other work, such as cross-sectional imaging reporting

9.9 Increasing the number of CXRs reported by post Fellowship PHT radiology trainees; this has the potential to impact on training and, in any case, many of this group undertake attachments away from PHT

9.10 Advertising for staff grade level radiology posts to undertake large amounts of plain film reporting; very few appropriately trained doctors are available to fill such posts

9.11 Recruit new consultant thoracic radiologists; this should be considered, as cardiac imaging demand is also expanding, and more consultants will be needed to oversee training of, and to work alongside other reporting grades

9.12 Increase the level of training in interpretation of CXRs for non-radiological staff

9.13 All doctors are trained to varying degrees in the interpretation of CXRs; it should be noted that the ability to interpret CXRs varies, even amongst consultant radiologists. Some lung cancers are extremely difficult to diagnose on CXR and it is likely that some cancers would be missed, even if all films were reported by Consultant Thoracic radiologists.

10. Key messages

10.1 Out of a total number of 30,221 CXRs reviewed from the ED backlog, 3 patients have so far been found to have suffered severe harm as a consequence of the failure to report their CXRs (0.01%)

10.2 There is a lack of published data on risk/benefit of plain film reporting available

10.3 The vast majority of CXRs were interpreted sufficiently well by non-radiologists to enable patients to be treated appropriately. It has not been possible to assess the number of patients who received best care based solely on the timely and accurate interpretation of their CXRs by the ED team

10.4 PHT's Plain Film Reporting Policy is being amended to come in line with typical practice in other Trusts, though there is limited data beyond this Harm Review to inform that decision

10.5 The retrospective backlog reporting and additional prospective reporting has had a significant cost impact. Significant increased funding is required to support changes to the Plain film Reporting Policy, with full consideration of the various staffing changes required to implement this

10.6 The findings of this report could be publicised to help inform rational risk-based decision making with regards to Plain Film reporting nationally

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VERITA

IMPROVEMENT THROUGH INVESTIGATION

Summary findings

A report for

Portsmouth NHS Trust

April 2018

1. Background

1.1 Before 2002, radiology films were not digitised and it is estimated that around 50% of all films were sent to radiologists to review. After 2002, the Picture Archiving and Communication system (PAC) was introduced. PAC digitised all films which meant that 100% of scans were instantly available to be reviewed by the clinician, and the radiologist.

1.2 Although PAC was a leap forward in digital health, the workforce was not prepared for the increase in reporting demands. Suddenly, radiologists were receiving 100% of the films, to report with the same amount of staff. It is estimated that the increase in films required three extra consultant radiologists per hospital to keep up with the additional plain film demand.

1.3 Over the subsequent years, the large and ever-increasing demand on radiologists meant that each NHS Trust had a growing number of films that required reporting. In 2015 the RCR (The Royal College of Radiologists) identified a delay in diagnostic reporting in NHS hospital Trusts across the United Kingdom. The disparity between the number of radiologists and their workload meant that 97% of UK radiology departments were unable to meet their reporting targets in 2016.[1]

1.4 To cope with this backlog, Trusts began to outsource their reporting demands at significant expense. In 2016, the NHS spent nearly £88 million paying for backlogs of radiology examinations. Today, even the outsourcing companies are struggling to keep pace with demand.

[1] Clinical radiology UK workforce census 2016 report

2. Clinical aspects

2.1 By late 2006, it had become clear that routine reporting on plain films in the trust had reached an untenable position. 250,000 x-rays were taken, but some 125,00 were not reported by a radiologist.

2.2 In the 2007 policy, as well as stating what would not be routinely reported, provides range of options for obtaining "Radiological opinion in problem cases".

2.3 It is unfortunate that the contemporaneous paperwork mentions only cost as the factor that prevented alternative options to the 2007 policy – the recruitment of more consultant radiologists or outsourcing plain film evaluation – from being adopted by PHT in 2007. From the (albeit limited) evidence that we have seen, the new policy simply formalised what had effectively been happening prior to the introduction of PACS in 2002.

2.4 While the 2007 policy did make PHT something of an outlier, we cannot state that this policy was fundamentally flawed.

2.5 We have had compelling testimony that, if requested, the opinion of a radiologist was always available. Users of the radiology service saw no discernible change post-introduction of the new policy.

2.6 In March 2011 when the ED reporting backlog was identified on the CSC risk register, the non-compliance with trust policy must have been, even then, a long standing one. This period represented a significant opportunity to address the radiology capacity issue that was missed by the trust. The non-compliance with policy was clear, and should have prompted decisive action. It did not.

2.7 The fact that a further three years (from March 2011) elapsed without significant action on the backlog issue is a clear failure of CSC and trust governance. We can only conclude that the 2007 policy had changed to one in which ED plain films would not be routinely reported by a radiologist. It appears that clinicians within radiology had, in effect, assessed the risks of not reporting ED plain films, and concluded that this risk was sufficiently small to allow a de-prioritisation of this activity.

2.8 We have not seen any evidence that the radiology department communicated this fact in strong enough terms to the wider trust governance community. Executives were, however, fully aware of the non-compliance with policy, but were not directive in their response.

2.9 We believe that, while the issue rested ultimately with the trust board, the radiology department missed an opportunity, which they should have taken, to assist the board in their decision-making. While the decision to 'tolerate' may have been based on sound clinical judgement, a strong response from the radiology department would have been to provide evidence of the level of risk that the trust board would be accepting.

2.10 As we have argued, the ED backlog must have been building for a number of years by 2014, so there was the potential to review a statistically significant sample of a large cohort of unreviewed patients in order to determine if any harm had befallen them – evidence based medicine.

2.11 The NHS operates in a resourced-constrained environment. However much they might want to, healthcare staff cannot give 'all things to all people'. As a result of this, decisions with a potentially huge personal impact are constantly taken. At the systemic level, this may be the authorisation of a new drug by NICE, to local decisions about the treatment of a single patient by Multi-Disciplinary Teams in a trust.

2.12 There is a generally accepted error rate in the interpretation of a plain film by a skilled, experienced radiologist of between 3.5 - 5%.

2.13 Unless the conclusions of the Harm Review change radically after this report is finalised, the numbers of patients that can be identified as suffering harm as a result of the failure of PHT to adhere to its Plain Film Evaluation and Reporting Policy fall very significantly within the accepted error rate of a qualified radiologist.

2.14 Although we have identified significant issues with the way that the policy was governed, the de facto decision taken by the department not to routinely report on ED plain films would have been justifiable, particularly in light of the huge resource constraints and competing demands on radiologist time.

2.15 The situation reached by PHT is regrettable, but the Harm Review can provide a resource that, we strongly believe, should be used to start a national debate about the most sensible utilisation of a scarce resource.

2.16 While we have been critical of some aspects of the radiology departments response to their increasing lack of adherence to policy, the facts identified by the Harm Review strongly suggest that the radiology department actually exercised good clinical judgement in how they utilised their resources.

3. Governance

3.1 We set out some governance principles that we think should be followed when implementing a new policy:

- That is properly evaluated beforehand, with risks clearly identified
- Measures are put in place to mitigate the risks that are identified
- The implementation of policies is monitored
- Appropriate changes are identified and implemented.

3.2 We reviewed the 2007 radiology policy in this light. Poor record keeping, particularly at board and executive management team level make it difficult to be certain on some points. This itself is a governance failing.

3.3 The decision to implement the 2007 policy is well documented. We believe that proper consideration was given to the policy before it was implemented and that risks were considered. Some measures were put in place to mitigate the risks.

3.4 Monitoring of the outcome of the policy was weak. This made it difficult to make, or even identify, appropriate changes.

3.5 While the risk arising from the failure to follow policy was identified as early as 2011 and repeatedly discussed, no explicit action was taken. The decision to "tolerate" the risk was, in effect, a decision to implement a different policy. For implicit choices to be made about clinical issues without proper evaluation is undesirable.

3.6 Auditing of the implementation of the policy is also an area of concern. Despite representation that were made about the robustness of the audit process, it was in fact weak.

3.7 We found more general concerns with the risk management processes in earlier years. For example, the Board Assurance Framework was not tied to corporate objectives

and progress was not clearly identified. The reporting of risks to the board was also inconsistent.

4. Trust response

We have considered how the trust has reacted following the identification of the issues in this report - firstly the serious incident reporting and secondly changes to the wider governance system.

Review of serious incident reporting

4.1 The NHS England Serious Incident Framework sets out the responsibilities of NHS trusts in managing serious incidents. The National Patient Safety Agency also produced guidance on the root cause analysis of patient safety incidents. Although the agency was dissolved and its functions dispersed through the NHS, the good practice guidance is still in use. We used these documents as our good practice benchmarks.

4.2 Portsmouth Hospitals NHS Trust has developed its own a policy for the management of serious incidents. We reviewed the policy to see if it met the standards set out national good practice. It provides guidance on what steps to take to carry out an investigation into a serious incident and ensure that the lessons learned to inform future practice.

4.3 We reviewed the three serious incident reports that were written as a result of PHT's backlog of unreported radiology films in order to determine whether they address the systemic issues effectively. For comparative purposes, we also reviewed a random sample of four unrelated SI reports.

4.4 Overall, we found that the SI reports were completed to a good standard - better than the majority of those that we review.

4.5 We found that each SI report was in line with hospital policy and follows the template provided. However, the reports suggest that there is confusion amongst investigators about the difference between the mistakes that staff made at the point of delivering care and the terms root cause and lessons learned. As a result, the root causes could be better identified.

4.6 Five out of the seven reports describe the scope of the investigation i.e. the period of care of treatment being investigated. Only two of the investigation reports provide a clear idea of the breath of the investigation i.e. which departments and services are included in the review.

New executives and the new approach

4.7 We have been impressed by the governance arrangements that the trust has put in place following the CQC notice and the identified issues of previous boards.

4.8 The trust has demonstrated a clear commitment to learning lessons from what happened. Verita were given an open brief to look at what happened, and received excellent cooperation in our work.

4.9 From our knowledge of it, the Harm Review has been done well. It is well constructed, comprehensive and open with patients that may have suffered harm. The engagement with the external reviewer has been positive and constructive.

4.10 The Trust has been open in providing us with all the information that we need, and open when this information cannot be found.

4.11 We fully support the plans for restructuring. The CSC structure had clearly become unwieldy, and appeared to promote a lack of clarity rather than providing it. We believe that a divisional approach will improve management going forward.

4.12 The board is now developing an exemplary approach to risk management. The BAF itself is very strong – one of the best we have seen. It is well thought through and comprehensive, clearly linking risks to strategic objectives. Each risk is well explained, and progress toward completion well documented. The rationalisation of the number of risks from previous BAF's is positive.

4.13 The issues seen in previous decision-making groups – the lack of minutes, poor communication, poor filing and retrieval – have been identified, accepted and addressed.

4.14 Members of staff outside of the senior management group that we have spoken to are aware of, and supportive toward, the new approach. Confidence in the executive team is high. We received a strong message that the direction of travel for the trust is believed to be positive.

5. Overall conclusions

5.1 There were clearly problems in the past – the trust is open about these and openly wish to learn from these problems. We have confidence in the board, the new governance arrangements and the commitment of staff going forward.

5.2 The key issue that, we believe, needs much further debate is whether plain films need to be routinely reviewed by a radiologist in a resource constrained environment?

5.3 We entirely understand, given the context under which it has been formed, the revised policy on plain film reporting in PHT.

5.4 The Harm Review is, we understand, the first comprehensive study of the effects of not routinely reporting all plain films.

5.5 We believe that the study should be considered for publication in a suitable peer reviewed journal, leading to a national debate about how the learning from this case should inform radiology practice in future.

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health and Adult Social Care Select (Overview and Scrutiny) Committee (HASC)
Date of meeting:	17 May 2018
Report Title:	Work Programme
Report From:	Director of Transformation and Governance

Contact name: Members Services

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1. Purpose of Report

1.1 To consider the Committee's forthcoming work programme.

2. Recommendation

That Members consider and approve the work programme.

WORK PROGRAMME – HEALTH AND ADULT SOCIAL CARE SELECT OVERVIEW & SCRUTINY COMMITTEE: 2018/19

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	17 May 2018	10 July 2018	18 Sept 2018
Proposals to Vary Health Services in Hampshire - *to consider proposals from the NHS or providers of health services to vary health services provided to people living in the area of the Committee, and to subsequently monitor such variations. This includes those items determined to be a 'substantial' change in service.*							
Andover Hospital Minor Injuries Unit	Temporary variation of opening hours due to staff absence and vacancies	Living Well Healthier Communities	Hampshire Hospitals NHS FT	Updates on temporary variation last heard in June 2017 (via electronic briefing) Next update to be considered July 2018		Update to be considered **(E)**	
Dorset Clinical Services review **(SC)**	Dorset CCG are leading a Clinical Services review across the County which is likely to impact on the population of Hampshire crossing the border to access services.	Starting Well Living Well Ageing Well Healthier Communities	Dorset CCG / West Hampshire CCG	First Joint HOSC meeting held July 2015, CCG delayed consultation until 2016. Last meeting August 2017 to consider consultation outcomes. Decision made by CCG in line with Option B 20 September, which HASC supports.	Verbal update to be received once next meeting has been held. **(M)**		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	17 May 2018	10 July 2018	18 Sept 2018
North and Mid Hampshire clinical services review **(SC)**	Management of change and emerging pattern of services across sites	Starting Well Living Well Ageing Well Healthier Communities	HHFT / West Hants CCG / North Hants CCG / NHS England	Monitoring proposals for future of hospital services in north and mid Hampshire since Jan 14. Latest update indicated whole system review to report in Jan 17 as part of STP. Status: considered Jan 2018, to be reconsidered in May once further work has been completed	To be considered **(M)**		
Move of the Kite Unit	Move of neuropsychiatric inpatient unit from St James Hospital, Portsmouth, to Western Community, Southampton	Living Well Ageing Well	Solent NHS Trust	Considered March 2017 and support provided by Committee. Monitoring update received Summer 17. Next update early 2018	Update on move of unit **(E)**		

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	17 May 2018	10 July 2018	18 Sept 2018
West Surrey Stroke Services	Review of stroke services	Living Well Ageing Well	NE and SE Hampshire CCGs	To be considered once the consultation has closed Heard at June 2017 mtg, where Committee supported proposals. Monitoring heard Nov 17. To be next considered September 18.			Next update to be considered **(M)**
Issues relating to the planning, provision and/or operation of health services – *to receive information on issues that may impact upon how health services are planned, provided or operated in the area of the Committee.*							
Care Quality Commission inspections of NHS Trusts serving the population of Hampshire	To hear the final reports of the CQC, and any recommended actions for monitoring.	Starting Well Living Well Ageing Well Healthier Communities	Care Quality Commission	To await notification on inspection and contribute as necessary. SHFT – next update Sept 18	PHT re-inspection action plan **(M)**		SHFT update **(M)**

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	17 May 2018	10 July 2018	18 Sept 2018
Sustainability and Transformation Plans: one for Hampshire & IOW, other for Frimley	To subject to ongoing scrutiny the strategic plans covering the Hampshire area	Starting Well Living Well Ageing Well Healthier Communities	STPs	H&IOW initially considered Jan 17 and monitored July 17, Frimley March 17 STP working group to undertake detailed scrutiny – updates to be considered through this		Next STP updates to be received to formal meeting (TBC)	
Overview / Pre-Decision Scrutiny – *to consider items due for decision by the relevant Executive Member, and scrutiny topics for further consideration on the work programme*							
Budget	To consider the revenue and capital programme budgets for the Adults' Health and Care dept	Starting Well Living Well Ageing Well Healthier Communities	HCC Adults' Health and Care (Adult Services and Public Health)	Considered annually in advance of Council in February			
Older People and Physical Disability Day Services	To consider prior to decision the outcomes of the OPPD consultation	Living Well Ageing Well Healthier Communities	HCC Adults; Health and Care	Considered February 20180. For an evaluation item to be considered once data is available (TBC)			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	17 May 2018	10 July 2018	18 Sept 2018
Scrutiny Review - *to scrutinise priority areas agreed by the Committee.*							
STP scrutiny	To form a working group reviewing the STPs for Hampshire	Starting Well Living Well Ageing Well Healthier Communities	STP leads All NHS organisations	ToR agreed September 2017	Verbal updates to be received when appropriate		
Real-time Scrutiny - *to scrutinise light-touch items agreed by the Committee, through working groups or items at formal meetings.*							
Adult Safeguarding	Regular performance monitoring of adult safeguarding in Hampshire	Living Well Healthier Communities	Hampshire County Council Adult Services	For an annual update to come before the Committee. Update Nov 17, next due Nov 18			

Topic	Issue	Link to Health and Wellbeing Strategy	Lead organisation	Status	17 May 2018	10 July 2018	18 Sept 2018
Public Health	To undertake pre-decision scrutiny and policy review of areas relating to the Public Health portfolio.	Starting Well Living Well Ageing Well Healthier Communities	HCC Public Health	Substance misuse transformation to be considered (deferred TBC)	Substance misuse update to be considered		

Key

(E) Written update to be received electronically by the HASC.
(M) Verbal / written update to be heard at a formal meeting of the HASC.
(SC) Agreed to be a substantial change by the HASC.

CORPORATE OR LEGAL INFORMATION:

Links to the Strategic Plan

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

Section 100 D - Local Government Act 1972 - background documents

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

Document	Location
None	

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionally low.

1.2. **Equalities Impact Assessment:** This is a document monitoring the work programme of the HASC and therefore it does not therefore make any proposals which will impact on groups with protected characteristics.

2. Impact on Crime and Disorder:

2.1 This is a forward plan of topics under consideration by the Committee, therefore this section is not applicable to this report. The Committee will request appropriate impact assessments to be undertaken should this be relevant for any topic that the Committee is reviewing.

3. Climate Change:

3.1 How does what is being proposed impact on our carbon footprint / energy consumption?

This is a forward plan of topics under consideration by the Committee, therefore this section is not applicable to this report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

3.2 How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?

This is a forward plan of topics under consideration by the Committee, therefore this section is not applicable to this report. The Committee will consider climate change when approaching topics that impact upon our carbon footprint / energy consumption.

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