Report on actions you plan to take to meet Health and Social Care Act 2008, its associated regulations, or any other relevant legislation.

Please see the covering letter for the date by when you must send your report to us and where to send it. **Failure to send a report may lead to enforcement action.**

Account number	R1F
Our reference	INS2-10696241861
Location name	Isle of Wight NHS Trust

Regulated activity	Regulation
Treatment of disease, disorder or injury	**Regulation 12** **Safe care and treatment**
	How the regulation was not being met:
	The trust did not ensure that, on Osbourne ward, staff updated patients' risk assessments following an incident to reflect changing risks and care needs.

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

1) The risk assessment audit tool has been revised to require full completion every time – previously not all fields were mandatory.
    a. Implementation of this action means that the audits are now more effective in identifying areas where risk assessments are incomplete / absent and thus enabling remediation of gaps.
2) A Division wide 'appreciative enquiry' exercise has been undertaken to identify barriers to full and consistent completion of risk assessments.
    a. Conduct of this exercise means that the reasons for previous poor practice are better understood, and can be addressed in the revised process mentioned below at point 3.
3) The Head of Nursing, Head of Service and Ward Managers will develop an improved process for ward-based assurance, incorporating the outcome of the appreciative enquiry, prior to presentation of the proposed process to the Divisional Quality Improvement Committee. Once approved by the Committee, the process will be implemented in all ward areas, not just Osborne.
    a. Making the process easier to follow and addressing other barriers to thorough and consistent conduct and recording of risk assessments will reduce the incidence of missed / incomplete assessments, thereby mitigating the risks identified more effectively.
4) The Clinical Quality Lead will develop a process to triangulate incident report data with patient risk assessments as part of the routine documentation audits.
    a. This will enable improved understanding of the quality of the risk assessments carried out, make it easier to learn lessons where relevant.

Who is responsible for the action?	The Director of Mental Health and Learning Disability Services has overall responsibility for these actions, with tasks allocated as indicated above.

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?
The audits described at point 3) above will enable monitoring of completion of risk assessments. The triangulation of incident data with risk assessments as described at point 4 above will enable monitoring of the quality of risk assessments and impact of any poor / substandard practice. The audit outcomes will be reported at the Divisional Board meeting and the Trust's Quality & Performance Committee. The triangulation activity will be included in individual incident investigation reports and reported periodically to the Divisional Quality Committee and Board.

Who is responsible?	The Director of Mental Health and Learning Disability Services has overall responsibility for this action

What resources (if any) are needed to implement the change(s) and are these resources available?	
No additional resources are required.	
Date actions will be completed:	31.10.21

How will people who use the service(s) be affected by you not meeting this regulation until this date?
In the interim period, there will be enhanced focus on the existing arrangements for the conduct and recording of risk assessments. It is expected that this will lead to an increase in completion rates.

Completed by: (please print name(s) in full)	Lois Howell
Position(s):	Director of Governance & Risk Nominated Individual for the service
Date:	06.10.21

Regulated activity	Regulation
Treatment of disease, disorder or injury	**Regulation 15** **Premises and equipment**
	How the regulation was not being met:
	The trust did not ensure the environment at the health-based place of safety on Seagrove ward was fit for purpose and meet the requirements of the Mental Health Act Code of Practice. The trust did not ensure that the environment provided dignity and respect to users of the service.

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

1) Allocate appropriate budget to fund the required works
    a. The Trust has allocated £250,000 to the completion of the works to ensure that they can be completed within the shortest possible time, rather than awaiting the 22/23 funding round
2) Seek expert / experienced guidance from partner trust Solent NHS Foundation Trust to design and specify the appropriate changes to Seagrove Ward, and engage with key stakeholders in a 'task & finish' group. The stakeholders will include operational staff and service user representatives.
    a. Taking this approach will ensure that decisions about the design and build of the required improvements will reflect both best practice and the needs / concerns of those who will use the facility
3) Conduct an options appraisal
    a. This process will ensure that the Trust makes an informed decision about how to achieve the required improvements
4) Complete the required Estates Works in accordance with a timetable to be agreed

Who is responsible for the action?	The Director of Mental Health and Learning Disability Services has overall responsibility for these actions

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

The process described above will ensure that the revisions to the facility are in line with best practice. The Trust will continue to monitor incidents, complaints and other feedback in respect of use of the improved facility once the works are complete.

Who is responsible?	The Director of Mental Health and Learning Disability Services has overall responsibility for these actions

What resources (if any) are needed to implement the change(s) and are these resources available?

£250,000 has been allocated from the 21/22 budget to complete the required works.

Date actions will be completed:	The options appraisal will be completed by 30.11.21 The timescale for completion of the works will depend on the nature and extent of the works to be undertaken. The Trust will apprise the local inspection team of the planned delivery of the new facility.

How will people who use the service(s) be affected by you not meeting this regulation until this date?
The Trust will continue to provide training and support to staff who escort people to the health based place of safety of Seagrove Ward so that they are aware of the risks posed by the current configuration. Incidents associated with use of the facility will also be monitored and interim action taken wherever learning opportunities arise. Arrangements will be planned and implemented for the provision of an alternative health based place of safety during completion of the works. The Trust will apprise the local inspection team of these arrangements as soon as the plan is confirmed.

Completed by: (please print name(s) in full)	Lois Howell
Position(s):	Director of Governance & Risk Nominated Individual for the service
Date:	06.10.21

Regulated activity	Regulation
Treatment of disease, disorder or injury	**Regulation 18** **Staffing**
	How the regulation was not being met:
	The trust did not ensure there were enough clinical psychologists or other appropriate staff to meet the needs of patients requiring this service. The trust did not ensure that patients were not waiting for extended periods and did not ensure they were supported appropriately whilst waiting.

Please describe clearly the action you are going to take to meet the regulation and what you intend to achieve

1) The service has recruited two Dialectical Behaviour Therapy trainees to expand capacity to meet referrals regarding emotional dysregulation. The trainees will be in post by 30.11.21, and will undertake a two-year course of diploma study, but will work clinically during this time.

    a. This action will expand the Trust's ability to support those with a borderline personality disorder diagnosis

2) The service will recruit of three assistant psychologists on 12-month fixed term contracts. The individuals will be in post by 31.21.21 and will hold small caseloads and expand the range and scale of group work provided to service users

    a. This will enable the service to provide further support to those on the waiting list while the permanent recruitment mentioned at point 3 below is carried out

3) The service will develop a business case for additional clinical psychologist / psychological therapist roles, including clinical associate psychologists. The business case will be presented for approval by 30.04.22.

    a. This will enable the service to expand its psychology services and reduce waiting times

4) The service will implement the SHaRON (Support Hope and Recovery Online Network) platform - an on-line NHS service which enables moderated peer support for those on the waiting list. The platform will be populated by the Trust with details of relevant local services and be lunched by 31.05.22.

    a. Promotion of the SHaRON platform will provide additional support for those who have to wait for psychological services

5) The services will provide psychosis training to all clinical members of the Community Mental Health Team to ensure that staff have the skills and expertise they need to support service users with complex presentations. The training will be complete by 28.02.22.

    a. Enhancing staff skills in this way will help to ensure that service users experiencing psychosis are supported in ways which better support their particular needs while they wait for psychological therapies. The training will also

        i. help staff to identify additional / alternative support which could be provided to

this particular cohort of patients

ii. ensure that relevant specialist psychological services are allocated to such service users

iii. help staff to prepare service users experiencing psychosis for psychological therapy so it can be more effective

6) The service now discusses all referrals for psychological therapies in locality meetings.

a. This approach enables the early identification of other forms of support which may be available and/or more appropriate, reducing the incidence of long waits and reducing the impact of those which are unavoidable.

Who is responsible for the action?	The Director of Mental Health and Learning Disabilities Services has overall responsibility for these actions

How are you going to ensure that the improvements have been made and are sustainable? What measures are going to put in place to check this?

The service will continue to monitor the length of time that service users have to wait before accessing psychological support, and pursue a reduction in both length of wait and the scale of the waiting list.

The service will also monitor the frequency of contact by the service with those on the waiting list.

These performance indicators will be reviewed at the Divisional Board and the Trust's Quality & Performance Committee and thence the Trust Board.

A psychological therapies transformation work stream has been set up to identify and oversee the implementation of these actions. This will report into the Transformation and Infrastructure Committee.

Who is responsible?	The Director of Mental Health and Learning Disabilities Services has overall responsibility for these actions

What resources (if any) are needed to implement the change(s) and are these resources available?

The Trust has met the cost of the posts referenced at point 1 from existing budgets.

The Trust has committed the funding for the interim additional posts referenced at point 2 above, but the success of the recruitment is dependent on the availability of suitably qualified applicants, of which there is a national shortage.

The resources required for the permanent posts referenced at point 3 will be determined and addressed through the business case process.

The actions set out at points 4, 5 and 6 can be delivered from within existing resources.

Date actions will be completed:	Please see the dates set out above against each planned action

How will people who use the service(s) be affected by you not meeting this regulation until this date?

Those on the island who are waiting for psychological services are likely to continue experience some degree of impaired experience of care until at least the end of 2021 when some of the additional resources and capacity planned become available. The service will continue to conduct regular risk assessments of those who are waiting, so that their wait is as safe as possible. The service will be open and transparent about the likely length of the waits involved and will remain in contact with those on the waiting list.

Completed by: (please print name(s) in full)	Lois Howell
Position(s):	Director of Governance & Risk Nominated Individual for the Service
Date:	06.10.21