

CQC update

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A reminder of current ratings

Service							Overall
		Safe	Effective	Caring	Responsive	Well led	
Acute Health Services	Aug 2021	Good	Good	Good	Good	RI	Good
Urgent and Emergency Services	Sept 2019	RI	RI	Good	RI	RI	RI
Medical Care (inc Older People's Care)	Aug 2021	Good	Good	Good	Good	Good	Good
Surgery	Aug 2021	Good	Good	Outstanding	Good	Good	Good
Gynaecology	Aug 2021	Good	Good	Good	Good	RI	Good
End of Life Care	Sept 2019	Good	Good	Good	Good	Good	Good
Maternity	June 2018	RI	Good	Good	Good	RI	RI
Critical Care	June 2018	Good	Good	Good	RI	Good	Good
Services for Children & Young People	Aug 2021	Good	Good	Good	Good	Good	Good
Outpatients	June 2018	Good	Not rated	Good	Good	RI	Good
Diagnostics	Aug 2021	Good	Not rated	Good	Good	Good	Good
Community Health Services	Sept 2021	Good	Good	Outstanding	Good	Good	Good
Comm health services for adults	Sept 2021	Good	Good	Outstanding	Good	Good	Good
Comm health services for C & YP	Sept 2019	Good	Good	Good	Good	Good	Good
In-patient comm health services	Sept 2021	Good	Good	Outstanding	Good	Good	Good
Ambulance Services	Sept 2019	Good	RI	Good	Good	RI	RI
Emergency Operations Centre	Sept 2019	Good	RI	Good	Good	RI	RI
Emergency & Urgent Care	Sept 2019	Good	Good	Good	Good	RI	Good
Patient Transport Services	Sept 2019	RI	Good	Outstanding	Good	RI	RI
Mental Health Services	Sept 2021	RI	Good	Good	RI	Good	RI
Mental health crisis and places of safety	Sept 2021	RI	Good	Good	Good	Good	Good
Acute ward for adults + PICU	Sept 2021	RI	Good	Good	Good	Good	Good
Wards for older people w MH problems	Sept 2021	Good	Good	Good	Good	Good	Good
Community MH for adults	Sept 2021	Good	Good	Good	RI	Good	Good
Community MH services for C&YP	June 2018	Good	Good	Good	RI	Good	Good
Comm MH services for people with LD/autism	June 2018	Good	Good	Good	Good	RI	Good
OVERALL	Sept 2021	Good	Good	Good	Good	Good	Good

2021 inspected services only

Service	Date of last report	Rating					Overall
		Safe	Effective	Caring	Responsive	Well led	
Acute Health Services	Aug 2021	Good ↑	Good ↑	Good ↔	Good ↑	RI ↔	Good ↑
Medical Care (inc Older People's Care)	Aug 2021	Good ↑↑	Good ↑↑	Good ↑	Good ↑	Good ↑↑	Good ↑↑
Surgery	Aug 2021	Good ↑	Good ↑	Outstanding ↑	Good ↑↑	Good ↑	Good ↑
Gynaecology	Aug 2021	Good ↑↑	Good ↑↑	Good	Good ↑	RI ↔	Good ↑↑
Services for Children & Young People	Aug 2021	Good ↑	Good ↔	Good ↔	Good ↑	Good ↑	Good ↑
Diagnostics	Aug 2021	Good ↑	Not rated	Good ↔	Good ↔	Good ↑	Good ↑
Community Health Services	Aug 2021	Good ↔	Good ↔	Outstanding ↑	Good ↑	Good ↔	Good ↔
Comm health services for adults	Aug 2021	Good ↔	Good ↔	Outstanding ↑	Good ↑	Good ↔	Good ↔
In-patient comm health services	Aug 2021	Good ↑	Good ↑	Outstanding ↑	Good ↔	Good ↑	Good ↑
Mental Health Services	Aug 2021	RI ↑	Good ↑↑	Good ↔	RI ↔	Good ↑↑	RI ↑
Mental health crisis and places of safety	Aug 2021	RI ↔	Good ↑	Good ↔	Good ↑	Good ↑↑	Good ↑
Acute ward for adults + PICU	Aug 2021	RI ↔	Good ↔	Good ↑	Good ↔	Good ↑	Good ↑
Wards for older people w MH problems	Aug 2021	Good ↑↑	Good ↑↑	Good ↔	Good ↔	Good ↑↑	Good ↑↑
Community MH for adults	Aug 2021	Good ↑↑	Good ↑↑	Good ↔	RI ↑	Good ↑↑	Good ↑↑
OVERALL	Aug 2021	Good ↑	Good ↑	Good ↔	Good ↑	Good ↑	Good ↑

2021 inspection report

- Three 'Must-do' requirements:
 - Address waiting times for psychology services
 - Improve the health based place of safety (s136 suite)
 - Ensure risk assessments kept up to date on Osborne ward
- 44 'Should-do' requirements:
 - 8 Trust-wide
 - 16 re: mental health services
 - 20 re: acute services
- No deadline for compliance
 - Requirements to be assessed over coming weeks
 - Associated actions to be added to local QIPs or Trust wide QIP as appropriate
 - Quarterly report to Q&P to supplement existing quarterly QIP report
 - CQC will review at quarterly engagement meetings

Must-do items

The trust must ensure there are enough clinical psychologists/or other appropriate staff to meet the needs of patient requiring this service. The trust must ensure that patients are not waiting for extended periods and ensure they are supported appropriately whilst waiting.

- 9 out of 17 actions completed (53%)
 - Only one action overdue – demand and capacity review
 - Expected in next month
 - Will inform further recruitment planning
- Waits have not yet reduced significantly
 - The waiting list currently stands at 183 service users
 - The max wait is now 205 weeks
 - The average wait now stands at 78 weeks
- Demand has increased further since the inspection
- Safe waiting protocols in place
 - Increased risk assessment now conducted
 - Increased access to alternatives to formal therapy in place **HHHHH**
- Notable achievements
 - Three assistant psychologists and one Consultant Clinical psychologist appointed
 - SHaRON (Support Hope and Recovery / Resources Online Network) app development progressing, implementation due by end of April

Must-do items

The trust must ensure the environment at the health-based place of safety on Seagrove ward is fit for purpose and meet the requirements of the Mental Health Act Code of Practice. The trust must ensure that the environment provides dignity and respect to users of the service.

- New facility designed
 - Input from service users to plans facilitated by peer support workers
 - Solent NHS Foundation Trust has provided advice and guidance
- Estates contract awarded
 - Commencement of work delayed by weather
 - Project completion still currently on track for end of May
- No incidents of harm associated with use of current health-based place of safety reported

Must-do items

The trust must ensure that, on Osborne ward, staff update patients' risk assessments following an incident to reflect changing risks and care needs.

- Revised risk assessment tool designed and implemented
 - Barriers to completion reviewed and addressed
- New Standard Operating Procedures developed with staff input and circulated
- Audit tool developed
 - Base line assessment against audit tool to be conducted first week of March
 - Monthly audits to commence end of March
 - Non-compliance to be addressed via Divisional Quality Committee
- Principles applied beyond Osborne ward

Should-do items

- Action plans have been developed for all 44 should do requirements
 - Divisional requirements are monitored through divisional quality committees and divisional Boards
 - Corporate should do requirements are monitored through the most appropriate Board Committee, reporting into the Trust Board.
- Delivery is progressing in many areas, including
 - Process and materials for providing copy consent forms for patients agreed and ordered
 - Additional radiology appointment made in January
 - Pain scoring system now includes in pre-procedure assessments in Radiology
 - Additional quality manager appointed to help improve learning from complaints
- However, development has been hampered in some areas by latest wave of COVID and operational pressures over winter, including
 - Introduction of Board visits programme (starting 15 March)
 - Consistent locking of ward-based notes trolleys
 - Implementation of additional training / development to support patients from the LGBTQ+ community
 - Re-location of early pregnancy out-patient clinics