

Defence Medical Services Department of Community Mental Health – RAF Digby and RAF Marham

Quality Report

DCMH Digby,
Ashby De La Launde
Lincolnshire
LN4 3LH

Date of inspection: 26 to 29 June 2018

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, and information given to us from the provider and patients.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Requires improvement	

Overall Summary

The five questions we ask about our core services and what we found

We carried out an announced inspection at the Department of Community Mental Health (DCMH) RAF Digby and RAF Marham between the 26 and 29 June 2018. Overall, we rated the service as good.

We found areas of good practice:

- At Digby, the team had very recently moved to a refurbished standalone facility. This was spacious and had sufficient space for waiting, treatment rooms and offices. The service had benefited from the move to the new premises. All patients and staff were very positive about this move and the positive effect it was having on patient outcomes.
- All referrals were triaged by a clinician from the mental health team to determine whether a more urgent response was required and to monitor whether patients' risks had increased since the referral had been made. Staff undertook thorough risk assessments of individual patients that were proportionate to the risks posed.
- Overall staffing arrangements were sufficient to meet the needs of patients.
- Clinicians were aware of current evidence based guidance and standards and patients could access a range of psychological therapies as recommended in NICE guidelines.
- The team consisted of a full range of mental health disciplines working under the clinical leadership of a consultant psychiatrist. The team worked in partnership with other agencies to manage and assess patient needs and risks.
- Patients said they were well supported and that staff were kind and enabled them to get better. Patient satisfaction was also demonstrated by positive patient experience survey results and by the minimal level of complaints.
- The team was meeting the response target for urgent referrals and had reduced waiting lists for low intensity and psychiatric intervention to an acceptable level.
- A range of audit and quality improvement projects were being undertaken.
- Staff reported that they felt supported by their colleagues and that individual members of the management team were approachable and supportive of their work.
- Staff were positive about the improvements to the clinical pathway and felt this was making a positive difference to the quality of care offered to patients.

However, we found areas where the DCMH could make improvements. The Chief Inspector of Hospitals recommends that the DCMH addresses the following:

- At Marham, we were concerned that the building was not secure due to an unstaffed reception and the requirement to leave a fire exit unsecured.
- The team did not always meet the target for assessment following routine referrals. Further work was required to address this. The team had waiting lists for psychology and high intensity treatment.
- We found that not all risks had been captured within the risk and issues logs and had not been reflected within the common assurance framework. We were concerned that the lack of a decision about the long-term future of the mental health base at Marham had not been captured within the team's risk register.
- The service had implemented governance and administration procedures over the previous months but further work was required to embed governance and to produce accurate performance information.
- There had been significant change at the service in the previous 12 months. Staff reported that they

had found the change of leadership style unsettling and they were not always clear on who was in charge. Staff reported that there were aware of differences of opinion within the management team. Staff reported that morale had been poor but had improved slightly.

Professor Edward Baker

Chief Inspector of Hospitals

Are services safe?

Good

We rated the DCMH as good for safe because:

- At Digby, the team had very recently moved to a refurbished standalone facility. This was spacious and had sufficient space for waiting, treatment rooms and offices. The move had made a positive impact on patient experience.
- Environmental risk assessments were in place and environmental concerns were being addressed.
- All referrals were clinically triaged by the mental health team to determine whether a more urgent response was required and to monitor whether patients' risks had increased.
- Individual patient risk assessments were thorough and proportionate to patients' risks. The team had developed a process to share concerns about patients in crisis or whose risks had increased.
- Incidents reported had been appropriately investigated and used to inform practice.
- Overall staffing arrangements were sufficient to meet the needs of patients.

However:

- At Marham, we were concerned that the building was not secure due to an unstaffed reception and the requirement to leave a fire exit unsecured.

Are services effective?

Good

We rated the DCMH as good for effective because:

- Clinicians were aware of current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Patients could access a range of psychological therapies as recommended in NICE guidelines.
- The team used a range of outcome measures throughout and following treatment. These indicated improved outcomes following treatment.
- The team consisted of a full range of mental health disciplines working under the clinical leadership of a consultant psychiatrist. The team worked in partnership with other agencies to manage and assess patient needs and risks.
- Staff could access developmental training and a range of clinical support.
- The team offered a peripatetic service to all the GP practices within the catchment area which included some bespoke treatment sessions, advice and training for primary health care staff. The team reported good working arrangements with primary care, the NHS and third sector.

However:

- Consent was sought from patients but was not always clearly documented.

Are services caring?

Good

We rated the DCMH as good for caring because:

- Staff showed us that they wanted to provide high quality care. We observed some very positive examples of staff providing practical and emotional support to people.
- Patients said they were well supported and that staff were kind and enabled them to get better. Patient satisfaction was also demonstrated by positive patient experience survey results and by the minimal level of complaints.
- Patients told us that staff provided clear information to help with making treatment choices. Care records reviewed demonstrated the patient's involvement in their care planning.
- Staff understood confidentiality and this was maintained at all times.

However:

- Care plans were not routinely given to patients. In practice, plans were in existence but verbally agreed. Patients would benefit from a written reminder of the treatment goals.

Are services responsive to people's needs?

Good

We rated the DCMH as Good for responsive because:

- The team was meeting the response target for urgent referrals and had reduced waiting lists for low intensity and psychiatric intervention to an acceptable level.
- Where a known patient contacted the team in crisis during office hours the team responded positively.
- Both team bases were comfortable and accessible to people with a disability. There were sufficient treatment rooms which were adequately soundproofed to ensure privacy during treatments.
- The team had a system for handling complaints and concerns. Patients felt that they would be listened to should they need to complain. Learning was captured from complaints.

However:

- The team did not always meet the target for assessment following routine referrals. Further work was required to address this.
- The team had waiting lists for psychology and high intensity treatment.

Are services well-led?

Required improvement

We rated the DCMH as requires improvement for well-led because:

- We found that not all risks had been captured within the risk and issues logs and had not been reflected within the common assurance framework. We were concerned that the lack of a decision about the long-term future of the mental health base at Marham had not been captured within the team's risk register.
- The service had implemented governance and administration procedures over the previous twelve months however further work was required to embed governance and to produce accurate performance information.
- Staff reported that morale had been poor but had improved slightly. There had been significant change at the service in the previous 12 months. Staff reported that they had found the change of leadership style unsettling and they were not always clear on who was in charge. Staff reported that

there were aware of differences of opinion within the management team.

However:

- A range of audit and quality improvement projects were being undertaken.
- The service had benefited from the move to the new premises. All patients and staff were very positive about this move and the positive effect it was having on patient outcomes.
- Staff reported that they felt supported by their colleagues and that individual members of the management team were approachable and supportive of their work.
- Staff were positive about the improvements to the clinical pathway and felt this was making a positive difference to the quality of care offered to patients.

Our inspection team

Our inspection team was led by a CQC Inspection Manager Lyn Critchley. The team included one two inspectors and a specialist military mental health nursing advisor.

Background to Department of Community Mental Health – RAF Digby and RAF Marham

The department of community mental health (DCMH) provides mental health care to a population of approximately 16,400 serving personnel from across all three services of the Armed Forces. The catchment for the service includes all service personnel based in 12 military establishments across the counties of Lincolnshire, Nottinghamshire, Rutland, Cambridgeshire, Bedfordshire and Norfolk, and those who have returned to the catchment area on home leave. The service operates from a main base at RAF Digby (the hub) with a secondary service based at RAF Marham (the spoke).

The department aims to provide occupational mental health assessment, advice and treatment. The aims are balanced between the needs of the service and the needs of the individual, to promote the well-being and recovery of those individuals in all respects of their occupational role and to maintain the fighting effectiveness of the Armed Services. The service is mainly clinic based with the majority of appointments being held at the clinics at Digby or Marham. Staff also offered a small number of sessions at RAF Whittering, and peripatetic appointments at other bases where required. At the time of our inspection the DCMH active caseload was approximately 390 patients.

The service operates during office hours. There is no out of hours' service directly available to patients: instead patients must access a crisis service through their GPs or via local emergency departments. The team participates in a National Armed Forces out of hours' service on a duty basis. This provides gatekeeping and procedural advice regarding access to beds within the DMS independent service provider contract with NHS providers.

RAF personnel within the team also form part of Tactical Medical Wing. On a duty basis they may be required to perform psychiatric aeromedical evacuation of overseas Armed Forces personnel.

Why we carried out this inspection

The Care Quality Commission (CQC) carried out this inspection as one of a programme of inspections at the invitation of the Surgeon General in his role as the Defence Authority for healthcare and medical operational capability. Defence Medical Services (DMS) are not required to register with CQC under the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. Consequently DMS services are not subject to inspection by CQC and CQC has no powers of enforcement. However, where CQC finds shortfalls in the quality of services during inspection, we will report them by making a recommendation for action to the Surgeon General's office.

We carried out a comprehensive inspection of this service. The Department of Community Mental Health – RAF Digby and RAF Marham was not subject to a CQC inspection as part of the previous inspection programme of DMS facilities.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information the DCMH and the Defence Medical Services had shared with us about the service. This included: risk registers and the common assurance framework, complaints and incident information, clinical and service audits, patient survey results, service literature, staffing details and the service's timetable.

We carried out an announced inspection between 26 and 29 June 2018. During the inspection, we:

- looked at the quality of the teams' environments;
- observed how staff were caring for patients;
- spoke with eight patients who were using the service;
- spoke with the management team, the regional director and the regional operations manager;
- spoke with 15 other staff members; including doctors, nurses, psychologists, social workers, administration and cleaning staff;
- spoke with two GPs and a pharmacy lead;
- reviewed seven comment cards from patients;
- looked at 12 clinical records of patients;
- looked at a range of policies, procedures and other documents relating to the running of the service;
- observed three clinics and a multidisciplinary team meeting;
- attended business, management and governance meetings;
- examined minutes and other supporting documents relating to the governance of the service.

Defence Medical Services

Department of Community Mental Health – RAF Digby and RAF Marham

Detailed findings

Are services safe?

Good

Our findings

Safe and clean environment

- At Digby, the team had very recently moved to a refurbished standalone facility. This was spacious and had sufficient space for waiting, treatment rooms and offices. The building was well decorated and equipped.
- At Marham, the team shared a building with the base's dental facility. The building was well decorated and equipped. However, we were concerned that the building was not secure due to an unstaffed reception and the requirement to leave a fire exit unsecured. The team at Marham confirmed to us that the fire exit issue had been raised with maintenance and that remedial work would be undertaken shortly following our inspection. During the inspection the regional management team confirmed that arrangements would be put in place to ensure that the reception would be staffed in future.
- General health and safety and fire safety checks were in place. There was an environmental risk assessment in place at both bases that the team operated from. These highlighted the risk factors we observed including the presence of ligature anchor points and other relevant clinical environmental risks. Risks highlighted included actions to manage and mitigate the level of risk.
- Both buildings were fitted with a safety alarm for staff to use in the event of an emergency. At Marham, this alarm activated in the reception office that was not staffed at the time of our inspection. Instead, staff had been issued with personal alarms to use in the event of an emergency.
- The team received infection prevention training. Hand wash facilities and hand gels were available and staff adhered to infection control principles, including handwashing. Cleaning schedules and audits were in place at both bases and both facilities were found to be clean throughout.
- Equipment logs were in place. Equipment was found to be clean and had been serviced. Portable appliance testing had been undertaken.

Safe staffing

- At the time of our inspection the clinical team was almost fully staffed. There were three vacancies, for a social worker, a band 6 nurse and a part time psychiatrist. Long term locum staff covered the social

worker and nurse vacancy. Recruitment was ongoing for the psychiatrist post.

- At Marham, there was no receptionist which had impacted on patient care and the safety of the service. During the inspection the regional management team confirmed that arrangements would be put in place to ensure that the reception would be staffed in future.
- Up to thirty-one training courses were classed as mandatory dependent on role. We saw that regular locum staff received training similar to permanent staff. At the time of the inspection overall compliance averaged 84%. However, individual courses ranged from 100% for data protection, Caldicott, military information systems and health and safety for managers, to 33% for health and safety for non-managers. Fourteen courses fell below 75% compliance including: fire safety, manual handling, healthcare governance, environmental awareness, and business continuity. The team told us that some training had been delayed at Digby due to the recent relocation of the team and there were plans in place to deliver all required training in the near future.

Assessing and managing risk to patients and staff

- Referrals came to the team from medical officers, GPs and other DCMHs. These were indicated as either urgent or routine. Urgent referrals were considered by the end of the next working day. The target to see patients for a routine referral was 15 days. A senior nurse or duty worker was available each working day to review all new referrals. Routine referrals were also clinically triaged by the nurse to determine whether a more urgent response was required. All fresh cases were also taken to the weekly multidisciplinary team meeting to ensure an appropriate response.
- Once a patient was accepted by the team a thorough risk assessment was undertaken and this was reviewed by the multi-disciplinary team. The team operated a process to share concerns with colleagues about specific patients whose risks had increased. This included risks due to safeguarding concerns.
- Where a known patient contacted the team in crisis, the team responded swiftly. However, we were concerned that in one instance, while the team had raised their concerns about a patient through appropriate channels, it was unclear that they had fully communicated this patient's level of risk.
- The team's social workers acted as the designated safeguarding lead at the respective bases. The Ministry of Defence had an up to date policy for child protection. However, we were told that the adult safeguarding policy was being updated as it did not meet the latest guidance. There was however a very clear local procedure for reporting adult safeguarding concerns.
- Child protection training levels one to three were mandatory for DMS staff as appropriate to their role. At the time of the inspection 93% of required staff had undertaken level 3 training and 91% of staff had undertaken levels one and two training. Adult safeguarding was not part of the DMS's mandatory training requirements, however one of the social workers in the team had delivered a session for staff on safeguarding awareness. Staff demonstrated their understanding of safeguarding during the inspection.
- Arrangements were in place for logging which staff were in or out of the building at both bases. However, we were concerned that the lack of a staffed reception at Marham could mean that unknown patients and visitors could access the building without staff being aware. The team had partly addressed this risk through clear signage and instructions for visitors, along with a call bell.
- The DCMH did not dispense medication at either base. On occasion the consultant psychiatrist would prescribe medication but usually this was undertaken via a recommendation to the patient's GP who prescribed the medication. Appropriate arrangements were in place for the safe management of prescribing. No delays were reported in patients receiving their medication.
- There were written procedures for response in a medical emergency. Neither team base had its own defibrillator but these were available at nearby medical facilities. Seventy nine percent of staff had received annual basic life support, defibrillator and anaphylaxis training.
- Business continuity plans for major incidents, such as power failure or building damage were in place. The plans included emergency contact numbers for staff.

Track record on safety

- Between June 2017 and June 2018 there were 11 significant events recorded across the service. Key themes had included issues with administration processes and IT access, a power outage, waiting times, breaches of performance targets and ability to deliver EMDR due to the lack of a supervisor. At

the time of the inspection there were four open investigations. We noted one incident that had occurred in late 2017 that had not been included in the serious events log. However, we received assurance that this matter had been fully investigated and appropriate actions had been put in place to manage this matter.

Reporting incidents and learning from when things go wrong

- The team used the standardised DMS electronic system to report significant events, incidents and near misses. Staff received training at induction regarding the processes to report significant events and were aware of their role in the reporting and management of incidents.
- Significant events were discussed at monthly governance and weekly business meetings, including the outcome and any changes made following a review of the incident. Learning and recommendations were noted within the minutes of these meetings.

Are services effective?

Good

Our findings

Assessment of needs and planning of care

- Formal assessment was undertaken once a patient's referral was accepted by the team. Following this, a thorough assessment of the patient's needs was undertaken. In practice, clear care and treatment plans were developed and this information was shared verbally with patients. However, formal care plans were not formulated. Patients may benefit from a written record of their treatment goals.
- The team had access to an electronic record system which was shared across all DMS healthcare facilities. This system facilitated effective information sharing across mental health and GP services. However, following the move to the new facility at Digby the team had experienced delays in access to computers, printers and scanners. This was exacerbated by a change of operating system causing access problems. By the time of the inspection that was largely resolved. In the interim paper records had been used and scanned on to the system to ensure easy access and safe storage.

Best practice in treatment and care

- Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE and other guidance was reviewed within team and governance meetings.
- The team employed two psychologists. An additional half time psychologist post had also been agreed for the team. The psychologists, and all of the nurses, were trained in a range of psychological treatments. Patients were therefore able to access a wide range of psychological therapies as recommended in NICE guidelines for depression, post-traumatic stress disorder (PTSD) and anxiety. Treatments included the use of cognitive behavioural therapy, cognitive analytical therapy, trauma focussed therapy and eye movement desensitization and reprocessing.
- As an occupational mental health service, the team's role was to assist patients to retain their occupational status or to leave the armed services. Patients could also use the team during the first six months following discharge from the military. The team worked closely with the Military Welfare Services and the NHS Veterans Mental Health Transition, Intervention & Liaison Service (TILS) and a wide range of third sector organisations to ensure effective support with employment, housing and wider welfare.
- The team was developing therapeutic groups to offer more timely access to patients who required lower level and more practical intervention. An anxiety management group was about to commence in July 2018 and there were plans to introduce anger management groups.
- Physical healthcare monitoring, including monitoring of the effects of antipsychotic medication, was primarily undertaken by the patient's GP practice. Staff described the advice and support they would give to colleagues in GP services around specialist mental health monitoring.

- The team used a range of outcome measures throughout and following treatment. These included work and social adjustment scale, patient health questionnaire, generalised anxiety disorder scale, the PTSD checklist and the alcohol use disorders identification test.
- A range of audits were undertaken by the team. These included case notes audits, caseload management reviews, a communication of suicide risk audit, a clinical audit of long term cases, and infection control, cleanliness and environmental audits. The deputy team manager had begun a detailed audit to better understand why assessment KPIs were being missed. This had found that this was due to recording errors, rather than a lack of response. Since, the team had received further training in completing the correct section of the assessment record.

Skilled staff to deliver care

- The team consisted of a full range of mental health disciplines working under the clinical leadership of a consultant psychiatrist. These included psychiatrists, nurses, psychologists and social workers.
- New staff, including locums, received a thorough induction. Development training, such as in cognitive behaviour therapy and EMDR, was available to staff. Some nursing staff were undertaking additional academic qualifications financed by the service. The team also hosted student nurses training within the Armed Forces. Additional bespoke training had been delivered by members of the team such as a session on adult safeguarding procedures.
- Staff had support through weekly multidisciplinary, caseload management and business meetings. Staff were also involved in monthly governance meetings.
- Records provided to us highlighted gaps in clinical supervision. However, all staff we spoke with confirmed that they had protected time for supervision and professional development and received regular supervision and caseload management. An area of concern for the team was the lack of a supervisor for EMDR practice. This was recorded on the team's risk register as a high risk. To mitigate this the team received peer supervision from the Marham team manager, who was a EMDR consultant in training, arranged their own external supervision or used telephone sessions with an external psychologist.

Multidisciplinary and inter-agency team work

- Care and treatment plans were reviewed regularly by the multi-disciplinary team in weekly management and multidisciplinary team meetings. Patients at risk were also discussed in these meetings.
- The team worked in partnership with a range of services both within and outside the military. This included liaison with the NHS providers who are independent service providers of psychiatric beds. The team had a liaison officer whose role it was to work with the NHS team to ensure effective care and discharge from the service.
- As an occupational health service, the team worked closely with a range of agencies to support military personnel to leave the Armed Forces. This role included access to employment, housing and welfare organisations including the Defence Medical Welfare Service and NHS Veterans Mental Health Transition, Intervention & Liason Service (TILS). Where necessary, when handing care over on discharge of a patient from the services, the team met with the receiving NHS teams.
- The team also offered a peripatetic service to all the GP practices within the catchment area where each received at least one visiting clinic per week. This included some bespoke treatment sessions, advice and training for primary health care staff. GPs, we spoke with during the inspection, stated that they valued this support.

Adherence to the Mental Health legislation

- Staff were knowledgeable about relevant mental health legislation.
- The Mental Health Act was used very infrequently at the service. Should a Mental Health Act assessment be required the provider worked with local NHS provider to access this through civilian services. Staff told us that there were good relationships between the DCMH and the NHS inpatient service providers which facilitated timely access to a bed.

Good practice in assessing capacity and consent

- Staff did not receive specialist training in the Mental Capacity Act. There was not a specific policy on the Act that staff were aware of and could refer to. However, all staff spoken with had an awareness of the

principles of the Act and the need to ensure capacity and consent.

- We found some evidence of capacity assessments in the records we reviewed. In line with the principles of the Act, staff assumed capacity unless there was evidence to suggest otherwise.
- We observed staff discussing consent to treatment with patients. In most cases we found records of consent to share information. However, we did not find records of consent to treatment in all records. It is the individual healthcare professional's responsibility to assure capacity and gain consent and this should be considered on an ongoing basis.

Are services caring?

Good

Our findings

Kindness, dignity, respect and support

- Staff showed us that they wanted to provide high quality care. We saw staff that were kind, caring and compassionate in their response to patients. We observed staff treating patients with respect and communicating effectively with them. This included both clinical and administrative staff.
- All the patients we spoke with told us that staff were kind and supportive, and that they were treated with respect. We received several extremely positive comments from patients about the treatment that they had received.
- Staff demonstrated that they were knowledgeable about the history, possible risks and support needs of the people they cared for. We saw staff working with patients to reduce their anxiety and behavioural disturbance.
- Confidentiality was understood by staff and maintained at all times. Staff maintained privacy with people, who were asked if they would like their information shared with their relatives, within the chain of command and other bodies, including CQC. Information was stored securely, both in paper and electronic format.

The involvement of people in the care they receive

- Care plans were not routinely given to patients as is DMS practice. However, in practice, plans were verbally agreed with patients. Patients we interviewed and feedback reviewed suggested staff provided clear information to help with making treatment choices. Care records reviewed demonstrated the patient's involvement in their care planning. Patients may benefit from a written record.
- Most patients we spoke with did not want involvement of their families. However, one patient confirmed their family had been involved with their permission. They confirmed the team had arranged for external support for their partner. Relatives' needs were noted to be considered within patients notes.
- Information was available at the service about a range of organisations that would provide advice and support to serving and former Armed Forces personnel. Staff told us about many positive relationships with support organisations.
- The team also had access to a range of booklets regarding clinical conditions and treatments available to support the conditions. These were shared with patients routinely.
- The team undertook patient experience surveys on an ongoing basis. In June 2018, 18 people had participated in a survey at Digby. All participants had confidence in their clinician and felt they were given enough time to discuss their care. All felt they were treated with respect and that their confidentiality was respected. All stated they would recommend the service to friends and family should they need to use it. All participants stated that the facility' environment was acceptable. This had been a vast improvement compared to the previous survey results which was conducted at the team's previous building.
- At the time of the inspection a survey was open regarding access to the mental health team at Marham.

Over 180 patients, primary care clinicians and commanding officers had participated at the time of our inspection. Almost all participants stated that they valued the team being available to them at Marham. 76% of patients stated that they would not want to travel to Digby for their treatment. 91% of participants stated that they may find it easier to contact a clinician if they had direct access to an administration at Marham.

Are services responsive to people's needs?

Good

Our findings

Access and discharge

- In line with DMS requirements the service operated during office hours only. There was no out of hours' service directly available to patients: instead patients had to access a crisis service through their GPs or via local emergency departments.
- Where a known patient contacted the team in crisis during office hours the team responded promptly.
- The team participated in a National Armed Forces out of hours' services on a duty basis. This provided gatekeeping and procedural advice regarding access to beds within the DMS independent service provider contract with NHS providers.
- At the time of the inspection two patients were in beds within the NHS. Staff confirmed good relationships between the DCMH and the NHS provider which facilitated timely access to the bed. The team attended the ward round and met with the patient on a weekly basis when DCMH patients were admitted as inpatients.
- Clear referral pathways were in place. Referrals came to the team from medical officers, GPs and other DCMHs. These were indicated as either urgent or routine. Urgent referrals were considered by the end of the next working day. The target to see patients for a routine referral was 15 days. A senior nurse or duty worker was available each working day to review all new referrals. Routine referrals were clinically triaged by the nurse to determine whether a more urgent response was required. All fresh cases were also taken to the weekly multidisciplinary team meeting to ensure an appropriate response.
- At the time of the inspection the team's active caseload was 391; 90 patients at Marham and the remainder at Digby. This was a significant reduction on the caseload compared to 2017. The team explained that a new care pathway had been introduced by the DMS in 2017 meaning that GPs now offered first line treatment to patients with lower levels needs, rather than immediately refer to the DCMH. The team offered peripatetic clinics to each of the GP practices, part of this role was to support primary health workers' knowledge about managing common mental health issues.
- Information provided showed that in May 2018 the DCMH was meeting its targets for assessment following urgent referral. This had been an improvement on the previous month when the team had only met 60% of the target (3 of 5 referrals). The team explained that they had reviewed this and found that the two missed cases related to a recording error.
- The information received from the team ahead of the inspection showed that the team had received 37 routine referrals during May 2018. The information indicated that the team had missed the response time to these in 13 cases (35%). This had been a slight improvement on previous months. The deputy team manager had begun a detailed audit to better understand why assessment KPIs were being missed. This had found that this was due to recording errors, rather than a lack of response. Since, the team had received clearer guidance and further training in completing the correct section of the assessment record.
- It was noted that overall waiting lists for treatment had decreased continuously since December 2017. At the time of the inspection 11 people were waiting for low intensity treatment at Digby. Only one of

these had been waiting more than four weeks. Twenty patients were awaiting high intensity treatment. Twelve of the patients had been waiting more than six months. The management team explained that these individuals were receiving low intensity support but required further intensive intervention from a psychologist or advanced therapist. The team confirmed that by the Autumn there would be further capacity to address this due to additional funding approved to buy in complex treatment services and an additional band 7 nurse.

- In March 2018, the team had undertaken an audit to look at the reasons for long term cases, where a patient had been with the team for over 12 months. The audit had found that proportion of the patient's cases had not had the clear clinical oversight required. Since, the team had reorganised their case load management to ensure that all patients with a care pathway of over three months would be scheduled for a psychiatric appointment. The team had implemented joint clinic appointments involving both a nurse and psychiatrist. The psychiatrists also implemented a notes review system to add additional clinical oversight. In addition, the psychiatrists scheduled weekly slots in their diaries to respond to emergency appointments. At July 2018, there were only four patients on the waiting list to see a psychiatrist. The longest wait was one month. The number of long term cases had reduced from 70 patients at the time of the audit to 57 patients in July 2018. We also observed that there was rapid access to a psychiatrist in an emergency.
- Within the Armed Forces, personnel can be ordered to attend for a medical appointment. However, personnel do not have to accept treatment. The team had a procedure regarding following up patients who did not attend their appointment (DNA process). The team confirmed that usually only patients who had been deployed to other duties at short notice did not attend. The DNA rate at May 2018 was 9%. This was within the DMS target of 10% and had been an increase on previous months when it had averaged just 5%. During the inspection we became aware of one instance where a patient had failed to attend an appointment. As the team were concerned about this patient they had followed the DNA policy in alerting the patient's GP. However, we were concerned that while the team had raised their concerns about a patient through appropriate channels, it was unclear that they had fully communicated this patient's level of risk.

The facilities promote recovery, comfort, dignity and confidentiality

- Both team bases were accessible to people with a disability. Both had toilet facilities that met the needs of disabled patients.
- Both bases had comfortable and well-equipped waiting areas. However, we were concerned that during the inspection at Digby, due to the waiting area layout, that we could observe patients completing confidential paperwork. We raised this with the management team who designated an additional room for this purpose and for use as a quiet area for patients following treatment.
- There were sufficient treatment rooms at both bases. Treatment rooms were adequately soundproofed to ensure privacy during treatments.
- Information was available in public areas on treatments, local services, patients' rights, and how to complain.
- The team had successfully bid for RAF benevolent fund money to provide a therapeutic garden at Digby. This work was beginning during the inspection.

Meeting the needs of all people who use the service

- The team could offer flexible appointment times during office hours. Patients confirmed that they were given time off to attend appointments and the chain of command was supportive of this. The team told us of plans in the future to open for longer hours at Digby.
- The DCMH serves patients from 12 military establishments across the counties of Lincolnshire, Nottinghamshire, Rutland, Cambridgeshire, Bedfordshire and Norfolk, and those who have returned to the catchment area on home leave. Presently travelling required by patients for appointments was within an acceptable time allowance at generally less than one and half hours. The team undertook a patient experience survey on an ongoing basis. In June 2018, the survey at Digby found that 89% of participants felt their appointment was at a convenient location. However, throughout the inspection both patients and staff expressed concerns regarding the long-term uncertainty regarding the operation

of the team from Marham and the impact closure of this service would have on treatment and travel required to attend appointments. These concerns were supported by the findings of the 'access to the mental health team at Marham' survey that was underway at the time of the inspection.

Listening to and learning from concerns and complaints

- The team had a system for handling complaints and concerns. The department manager was the designated person responsible for managing all complaints. A policy was in place and information was available to staff. Staff demonstrated awareness of the complaints process and had supported patients to raise concerns.
- Patient waiting areas had posters and leaflets explaining the complaints process. The patient experience survey at Digby in June 2018 found that 28% of patients were unsure how to make a complaint. However, patients spoken with during the inspection understood how to make a complaint and all felt they would be listened to if they complained
- In the 12 months prior to our inspection there had been three formal complaints. These had related to poor communication and staff attitude. The department manager confirmed that he had fully investigated all the complaints. None of the complaints had resulted in an armed service complaint or had been referred to the Armed Forces Ombudsman.
- During the twelve months prior to our inspection the team had received 68 compliments about the service. However, during the inspection we reviewed the comments book at Marham and noted several concerns relating to a lack of receptionist and poor communication as a result of this.
- Staff received feedback on complaints and investigation findings during business and governance meetings. We saw evidence of information sharing in meeting minutes.

Are services well-led?

Requires improvement

Our findings

Vision and values

- The DCMH leadership team told us of their commitment to deliver quality care and promote good outcomes for patients. The teams mission was to:
“...provide occupational mental health assessment, advice and treatment for all individuals in the Armed Services. The aim is balanced between the needs of the service and the needs of the individual, to promote the well-being and recovery of those individuals in all respects of their occupational role and to maintain the fighting effectiveness of the Armed Services. To achieve this we need to communicate effectively whilst maintaining patient confidentiality. We need to acknowledge diversity and be respectful at all times. We are committed to providing high quality leadership, training and support for all our staff and other medical professionals, to underpin the provision of an excellent service.”
- All staff we spoke with during this inspection were clear regarding the aims of the service and supported the values of the team.

Good governance

- The team had an overarching governance framework to support the delivery of the service, to consider performance and ensure continuous learning. The team had a monthly governance meeting which all staff attended. The meeting considered good practice guidelines, policy development, risk issues, learning from complaints and adverse events, team learning and service development. In addition, weekly business meetings and multidisciplinary meetings, and fortnightly management meetings considered areas of governance and practice.
- There had been several positive developments and improvements in the previous 12 months. These

included the improved environment at Digby, changes to the care pathway, additional roles and the development of peripatetic clinics at GP practices. These had improved treatment options for patients and had also addressed waiting list issues. Patient experience had improved and had become very good. Work had been undertaken to capture learning from adverse events and had led to changes in practice. Local processes had been developed, including the development of incident and complaints, training and supervision logs and local procedures for managing referrals and safeguarding.

Partnership working with other parts of the defence medical services, NHS and voluntary groups was very effective.

- However, while systems and processes had been set up to capture governance and performance information, these had not all been updated or fully implemented. For example, supervision logs did not demonstrate that supervision was occurring as required while individual records held by staff did. We noted three different documents around the service and within the information supplied during the inspection holding different information about the secondary roles that staff members had been assigned.
- The common assurance framework (CAF), is a DMS structured self-assessment internal quality assurance process, which should form the basis for monitoring the quality of the service. We found that while this document had been partially updated following the team's move from Cranwell to Digby not all information included was correct or up to date. We also noted that not all issues relevant to Marham had been incorporated in the document.
- The department manager was the nominated risk manager. Risk and issues were reviewed quarterly or as identified and logged on the regional headquarters risk and issues registers. These were overseen by the regional operations manager. The risk and issues logs included: reduced access to service due to reduced manning and skill mix, IT access, building security, breaches of KPIs and waiting times, communication failure at Marham and access to panic alarms. Environmental risk assessments were in place for both bases and included all relevant risks.
- However, while identified risks had been mitigated where possible and action taken to remedy the problem, not all risks that we found had been captured within the risk and issues logs and had not been reflected within the common assurance framework. We were particularly concerned that the lack of a decision about the long-term future of the mental health base at Marham which had led to staffing issues, a lack of a receptionist and to poor patient experience had not been captured within the team's risk register.

Leadership, morale and staff engagement

- The management team consisted of a clinical lead, a deputy clinical lead, a department manager and a practice manager, a mental health team manager at Marham and a lead psychologist. The clinical lead had joined the team in the previous 12 months and had taken up the clinical leadership role in the previous six months. At the time of the inspection the practice manager was leaving the service and the department manager has announced his move to a different DCMH in early 2019.
- Sickness and absence rates at the team were minimal.
- A whistleblowing process was in place that allowed staff to go outside of the chain of command. Staff knew about the whistleblowing process and most would feel confident to use this. There had been no formal reported cases of whistleblowing or bullying at the team.
- All staff attended team meetings and monthly governance meetings. Staff told us that new developments were discussed at these meetings and they were offered the opportunity to give feedback on the service.
- Staff reported that morale had been poor but had improved slightly. There had been significant change at the service in the previous 12 months. This had included a change to clinical leadership, changes to the care pathway and the move to RAF Digby from Cranwell. Staff reported that they had found the

change of leadership style unsettling and they were not always clear on who was in charge. Staff reported that there were aware of differences of opinion within the management team. While all the staff at Digby welcomed their new building, staff stated that the move had been very prolonged and at times difficult. Following the move access to IT had proven a significant challenge. Staff reported that as things had begun to settle the further planned management changes had added to their concerns.

- Staff at Marham reported that the reduction of the team at Marham had been difficult and staff remained unsettled about the potential closure of Marham as a team base and the impact this would have them and patients.
- Despite this, staff reported that they felt supported by their colleagues and that individual members of the management team were approachable and supportive of their work.
- Staff were positive about the improvements to the clinical pathway and felt this was making a positive difference to the quality of care offered to patients.

Commitment to quality improvement and innovation

- A range of audits were undertaken by the team. These included case notes audits, caseload management reviews, a communication of suicide risk audit, a clinical audit of long term cases, and infection control, cleanliness and environmental audits.
- In March 2018, the team had undertaken an audit to look at the reasons for long term cases, where a patient had been with the team for over 12 months. The audit had found that proportion of the patient's cases had not had the clear clinical oversight required. Following this the team had reorganised their case load management to ensure that all patients had more timely access to a psychiatrist and treatments. Since, waiting times had decreased significantly.
- The team at Digby had very recently moved from a small and substandard building at RAF Cranwell to a refurbished standalone facility. This was spacious and had sufficient space for waiting, treatment rooms and offices. The building was well decorated and equipped. All patients and staff that we spoke with were very positive about this move and the positive effect it was having on patient outcomes. The team had affected the move without any disturbance to the clinical programme.
- The team had successfully bid for RAF benevolent fund money to provide a therapeutic garden at Digby. This work was beginning during the inspection.