

# CQC's inspection programme of Defence Medical Services: Annual report for Year 6 (2022/ 23)

## Introduction

This annual report sets out what we have found from our inspections of the quality of care in Defence Medical Services (DMS) for 2022/23.

The Defence Medical Services Regulator (DMSR) has continued to commission CQC to inspect health care and medical operational capabilities. The programme of inspections started in 2017/18 and this report covers Year 6.

Our inspections in support of the DMSR aim to:

- Highlight any problems that we find. We make recommendations as needed to ensure that military health services address issues for the benefit of patients – as well as the staff working in them.

Where we found concerns in the first years of the programme, we have carried out follow-up visits to ensure that services have delivered the necessary improvements. In rare cases, where we found poor and unsafe practice that put patients at risk, we escalated our concerns to DMSR who took regulatory action. We have found that almost all services have made improvements.

- Encourage improvement. Our inspection reports highlight exemplary practice to encourage other services to learn from it and adapt what is relevant to use in their own improvement journey. Across Defence Primary Healthcare, we have seen how sharing learning and best practice has improved the quality of care delivered to military patients and their families. Although some key areas still need to improve, most medical centres re-inspected in Year 6 demonstrated sufficient positive improvement to confirm they had improved the quality of care.

In Year 6, we expanded our approach to carry out DMSR-led assessments of a number of unique military healthcare services. DMSR also invited us to carry out 2 pilot reviews of headquarters, focusing on leadership.

DMSR continues to recognise the value of CQC's inspections and the resulting improvements to care. Both our organisations are committed to ensuring that armed forces personnel and their families can access the same high-quality care as the rest of society.

We would like to commend military and civilian personnel for their hard work and commitment to delivering high-quality, safe and effective care.

# Overview of inspections in Year 6

In 2022/23, we carried out 32 first comprehensive inspections of:

- 5 medical centres (including primary care rehabilitation facilities)
- 24 dental centres
- 1 regional rehabilitation unit
- 2 regional mental health networks

We also expanded our approach in assessments led by DMSR of a number of unique military healthcare services. These included:

- DMS Radiology
- DMS Pathology
- Military Advice and Sexual Health/HIV Service (MASHH)
- Tactical Medical Wing (TMW) Aeromedical Evacuation service
- Pre-hospital emergency care (PHEC) Cyprus (pilot inspection)
- Regimental Aid Post Sennelager, Germany (pilot inspection)

We did not apply ratings or publish reports for these inspections as they were either pilot inspections to develop future methods or reviews led and owned by DMSR.

DMSR invited us to carry out 2 pilot reviews of headquarters, focusing on leadership. To do these, we worked in a team alongside DMSR staff to deliver reviews of:

- Royal Navy Healthcare Headquarters
- Royal Fleet Auxiliary healthcare

As DMSR owns these reports, we have not published them, so we cannot comment about the resulting judgements and recommendations.

In Year 6, we also carried out 11 follow-up inspections to ensure that services have resolved the concerns we found on initial inspections. We re-inspected:

- 9 medical centres (including primary care rehabilitation facilities where DMS were able to provide the expertise of physiotherapy and exercise rehabilitation specialist advisors)
- 1 dental centre
- 1 military Department of Community Mental Health

All inspection reports for DMS medical facilities are available on our website:

[www.cqc.org.uk/DMS](http://www.cqc.org.uk/DMS).

# Key findings from our inspections in Year 6

Our year 6 findings are from our inspections of:

- Medical centres
- Dental services
- Defence community mental health services
- Regional rehabilitation units

## Medical centres

All military personnel, some dependants, and some civilian staff are entitled to use the services of a military GP practice. Unlike most NHS patients, military staff do not have the right to register with a GP practice of their choice but must register at the location where they are assigned.

The focus of our approach continues to be the quality and safety of services, based on the things that are important to patients. This enables us to get to the heart of people's experiences.

In 2022/23, as in previous years, DMSR identified the medical facilities to be inspected. Of all the medical facilities, only a small number had not yet had an initial comprehensive inspection, so we were able to inspect the last 5 remaining medical facilities.

There are several differences between military general practice and NHS general practice, for example:

- DMS practice populations are much smaller than NHS practice
- providing services for families is far less common
- there is a greater focus on delivering occupational health throughout the DMS.

Staff see significantly higher numbers of patients with musculoskeletal injuries and fewer patients with chronic conditions.

## First inspections in Year 6

We carried out 5 first comprehensive inspections of medical centres in Year 6. The overall ratings for each centre are determined by aggregating ratings for the 5 key questions.

- 3 were rated overall as good
- 2 were rated overall as requires improvement.

In Year 6, as we have found in every year of the programme, problems are more often related to the centre's approach to safety and how well the centre is led and managed. We found that all patients were able to access compassionate, effective and responsive care (figure 1).

**Figure 1: First inspections of medical centres by key question and overall (Year 6)**

Service	Safe	Effective	Caring	Responsive	Well-led	Overall
Bassingbourn Medical Centre	Good	Good	Good	Good	Good	Good
Kentigern House Medical Centre	Good	Good	Good	Good	Good	Good
Neptune Medical Centre	Good	Good	Good	Good	Good	Good
Maidstone Medical Centre	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
Winchester Medical Centre	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

## Improvement on re-inspection

Where we identify shortfalls in the quality of care, we return to re-inspect to ensure the service has made sufficient improvement. In Year 6, we re-inspected 9 medical centres to follow up previous concerns (figure 2). Of these:

- 5 received a second inspection
- 3 received a third inspection
- 1 received a fourth inspection.

Of the 9 services re-inspected, 6 demonstrated sufficient positive improvement to confirm that the quality of care had improved. Three medical centres had not been able to sufficiently address issues around safety, and one medical facility had ongoing concerns around effectiveness of treatment and leadership.

High Wycombe Medical Centre had improved the standard of care delivered to its patients and the environment in which its staff work. We highlighted outstanding leadership as a key factor in achieving this turnaround.

Brawdy Medical Centre was inspected for the fourth time and has improved as far as it can, given significant recruitment challenges due to its geographical position.

**Figure 2: Re-inspections of medical centres by key question and overall (Year 6)**

**Bramcote Medical Centre**

	Safe	Effective	Caring	Responsive	Well-led	Overall
1st	RI	RI	Good	Good	Good	RI
2nd	RI	Good	Good	Good	Good	Good
3rd	Good	X	X	X	X	Good

**Brawdy Medical Centre**

	Safe	Effective	Caring	Responsive	Well-led	Overall
1st	Inadequate	Inadequate	Good	RI	Inadequate	Inadequate
2nd	RI	RI	Good	Good	RI	RI
3rd	RI	Good	Good	Good	Good	Good
4th	RI	X	X	X	X	Good

### High Wycombe Medical Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
1st	Inadequate	Inadequate	Good	RI	RI	Inadequate
2nd	RI	RI	Good	RI	RI	RI
3rd	Good	Good	Good	Good	Outstanding	Good

### Kinloss Medical Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
1st	RI	Good	Good	Good	RI	RI
2nd	Good	Good	Good	Good	RI	Good



## Lyneham Medical Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
1st	RI	Good	Good	Outstanding	Good	Good
2nd	Good	X	X	X	X	Good

## Nelson Medical Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
1st	Inadequate	Inadequate	Good	Good	RI	Inadequate
2nd	Inadequate	RI	Good	Good	RI	RI

## Newcastle Medical Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
1st	Inadequate	RI	Good	Good	Inadequate	Inadequate
2nd	RI	Good	Good	Good	RI	RI
3rd	Good	Good	Good	Good	RI	Good

## Thorney Island Medical Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
1st	RI	RI	Good	Good	RI	RI
2nd	Good	Good	Good	Good	Good	Good

## Waddington Medical Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
1st	Inadequate	RI	Good	Good	RI	RI
2nd	RI	Good	Good	Good	Good	Good

## Safe key question

In Year 6, we found concerns around safety at 2 medical centres inspected for the first time and at 3 medical centres to follow up a previous inspection. As in previous years, there continues to be a clear link between a lower rating for leadership (the well-led key question) and a lower rating for safety.

We saw some improvements from the previous 5 years, but there are some common areas that still need to improve across medical centres.

## Safe: Areas needing continued improvement

Safe levels of staffing

Across the 6 years of this programme, we have consistently identified concerns around shortages in the workforce and the resulting challenges in delivering safe and effective care. Services with poorer ratings tend to have more vacancies and posts that have not been covered by locums. Healthcare teams face gaps in staffing when military healthcare staff are deployed, sometimes at short notice, on operational duty and Navy, Army or RAF tasks. This, together with the lack of available civilian and locum staff, means that some services struggle to deliver continuity of service. In year 6, we continued to see medical centre teams that struggle with significant workforce shortages.

However, we note that regional teams and networks are often using innovative approaches to mitigate these risks.

The following are some examples of issues resulting from staff shortages, taken from inspection reports:

### **Nelson Medical Centre**

The shortage of clinical staff posed a risk to safely and effectively meeting patient demand. Some elements of the service normally provided as routine in primary care were not being delivered or had backlogs, such as:

- carrying out health checks for patients aged 40 and over
- summarising patient notes and providing force protection (immunisations).

To try to manage the increased workload, staff were not taking block leave to enable the practice to stay open throughout standard leave periods. The leaders identified this as a high risk that could potentially cause staff burnout, and added it to the risk register. At our inspection, we found the centre had taken action to address the workload issues, but staff still spoke of being 'stretched'.

## **Maidstone Medical Centre**

There were not enough staff to ensure that the practice could keep providing safe clinical care. There was a risk that low staffing numbers could affect the health and wellbeing of the staff themselves, as well as compromising patient safety because of human error. Staff gave us examples of when they had activated the business continuity plan because of staff shortages, which included closing the practice and redirecting patients to other medical centres.

## **Brawdy Medical Centre**

The medical centre has been heavily supported through the General Practice Remote Support (GPRS) South Wales group network. This is a strategy led by the regional Senior Medical Officer (SMO) for 6 medical centres in the group. One of the network's objectives was to strengthen resilience during times of staff shortage. Although we found the GPRS network was facilitating ongoing safe and effective clinical care for patients, sustaining adequate clinical staffing levels to oversee clinical aspects of the practice remained a key risk.

At the time of our inspection, there were no doctors working at the practice. The team was being supported remotely by Brecon Medical Centre, which had blocked out daily appointments for Brawdy patients if needed. If a patient needed a face-to-face appointment, they would have a 90-minute journey to Brecon Medical Centre.

Read the [full reports for these services](#) on our website.

## Information systems

As in previous years, DPHC's information system cannot provide a comprehensive set of performance indicators across its medical services, as recommended in guidance from the National Institute for Health and Care Excellence (NICE).

Across this inspection programme, and in previous annual reports, we have highlighted concerns with the completeness and accuracy of patient records at some services. We have found that:

- the accuracy of Read coding is variable, as there is no:
- agreed listing of the codes that should be used
- agreed standards and DPHC-wide policy for staff to work to
- comprehensive audit programme to ensure overall improvements in coding
- clinical diagnoses can be unclear and hidden within numerous screens, sometimes resulting in insufficient summarisation
- services use multiple clinical templates written in isolation from policy, which results in an inconsistent approach, problems with coding and gaps in reviews for some patients.

In 2022/23, DPHC has carried out positive work to implement a comprehensive suite of clinical searches. This has enabled medical teams to quantify and provide evidence around the safety, quality and effectiveness of care.

However, there are continued specific issues around the interface between clinical recording systems, including between:

- the Defence Medical Information Capability Programme (DMICP)
- DMICP Fixed
- Fixed Overseas
- Maritime
- DMICP Deployed.

Maintaining accountable oversight of patients who are deployed is challenging when they move between several versions of the clinical recording system – particularly patients with a chronic condition.

Firewall restrictions also cause problems for medical centre staff:

- They do not have access to Integrated Clinical Environment (ICE) order communications software. This supports multiple diagnostic specialities including pathology, radiology, cardiology and endoscopy. Pathology and radiology results are therefore not easily available to military medical centres, so they need to use 'workarounds', which introduce an additional level of risk.
- Staff cannot receive electronic discharge letters.
- When patients leave military service, staff cannot easily transfer records to NHS services.

In Year 6, some practices continued to alert us to failures in IT networks and power. In some cases, these resulted in extended periods without access to the military patient records system. Where this has happened, in line with policy, clinical staff have only seen patients with urgent needs and delayed seeing patients at routine appointments until they could restore access to patient records. There are clear risks around delaying appointments and seeing patients without any access to their records.

## Effective key question

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence. An effective medical centre routinely reviews the effectiveness and appropriateness of its care as part of quality improvement. When care and support is effective, people have their needs assessed and their care and treatment is delivered in line with current legislation, standards and evidence-based guidance.

In our year 6 inspection work, we found that almost all medical centres we visited were providing effective care to their patients. Many factors contributed to this, including for example:

- providing training for staff that is relevant to their role
- inviting eligible patients for health screening
- having an effective recall of patients diagnosed with a long-term condition and maintaining accurate registers
- addressing backlogs in assessments and summarising clinical records
- regularly auditing clinical notes
- using the DMICP patient records system to facilitate clinical searches, assure recall programmes and monitor performance
- having a rolling programme of work to continuously improve patient outcomes.

In our report on High Wycombe Medical Centre, we noted the team had designed and trialled a number of initiatives that aimed to improve outcomes for patients, including:

- a proactive approach to managing last minute requests for appointments to prepare for deployment to ensure best access for patients while maximising clinical capacity to meet priority needs
- a new 'Well Woman' clinic to support patients with a variety of symptoms
- a quarterly newsletter for units and departments across the station to provide updates on upcoming events and relevant health information, including seasonal health risks
- a streamlined and failsafe system to manage specimens

- a primary preventative approach focusing on promoting good mental health
- using PCRf data proactively to promote injury prevention.

Read the full report for [High Wycombe Medical Centre](#).

## Well-led key question

We looked at governance arrangements, culture, leadership capacity, vision and strategy, managing risks, issues and performance, and continuous improvement under this key question. Poor performance under the well-led key question affects all areas – particularly the safety and effectiveness of care and treatment.

For the well-led key question, of the 5 medical centres inspected for the first time:

- 3 were rated as good
- 2 were rated as requires improvement

Of those being re-inspected, we focused on leadership at 6 centres:

- 1 was re-rated as outstanding
- 2 were re-rated as good
- 3 were re-rated as requires improvement

Medical centres rated as outstanding foster a culture where challenge and transparency allowed teams to fulfil their duty of candour. Outstanding leadership focuses not only on the decisions and work carried out in a medical centre – it encourages and enables partnership working with internal and external stakeholders to deliver meaningful improvements for patients. In outstanding medical centres:



- staff have the capacity, experience and skillset to lead
- teams are resilient
- deputies are able to support during periods of high demand or when key staff are deployed.

We always look for examples of outstanding leadership to share with other services so that they can adapt and implement changes to improve.

At High Wycombe Medical Centre, we saw specific key areas that contributed to success:

- visible leadership
- a culture shift to support staff and enable them to speak up if they had concerns
- consistent communications
- managing local risk and escalating this appropriately as needed
- a strong governance framework that staff understood and could deliver against
- a collaborative team approach to promote learning and innovation.

The new leadership team worked exceptionally well together and demonstrated high levels of experience, capability and resourcefulness to provide a person-centred and sustainable service for the patient population.

A coherent and collaborative leadership approach meant the smooth running of the practice did not depend on any one individual. The leadership team had taken a proactive approach to addressing the risks and limitations that we had identified at previous inspections.

In the short period the team had been established, we found they had made substantial improvements to address the shortfalls identified at previous inspections. Leaders described responsive and effective support from the regional team.

Read the full report for [High Wycombe Medical Centre](#).

## Well-led: Areas needing continued improvement

Five medical centres were rated as requires improvement for the well-led key question in Year 6. We will re-inspect these services in Year 7 to ensure that they have delivered improvements.

We identified the following key areas for improvement and continue to make recommendations to Defence through DMSR to encourage improvement.

### Leadership capacity

Professional isolation and lack of resilience continues to be an issue at some practices. Small practice teams sometimes find it difficult to implement and maintain strong governance systems to deliver safe and effective care continuously. These teams are also disproportionately affected by gaps in staffing. In Year 6, we still found concerns with some practices that had insufficient GP hours to provide a good level of clinical oversight and leadership. Staffing shortages meant they could not ensure that all lead roles were covered effectively, resulting in under-developed clinical improvement work, particularly clinical audit.

We still find that the medical centres that collaborate, affiliate, and share resources are more resilient to overcome challenges and are more likely to deliver consistently good care.

## Effective practice management

The role of the practice manager is essential to:

- a good track record for safety
- safe information practices
- maintaining a learning culture
- ongoing delivery of quality care.

We have noted a difference in the routes that staff might follow before they manage a DPHC medical facility and the differing levels of support and training available to them.

RAF practice managers generally follow a career pathway to practice management. They often work in medical centres throughout their career, and they are trained and developed into the role over several years. However, Army and Navy personnel can be placed in a practice manager role without any previous experience of working in a medical centre and without any training. The role of the Army practice manager can be particularly broad, and the post holder might find themselves taking on a large range of roles and responsibilities that they have no previous experience in.

Civilian practice managers may be recruited to the role without any experience in medical services or the Ministry of Defence. Without mentorship and support, the learning curve can prove too steep.

There is scope to standardise the role of practice manager across the Forces, to agree generic terms of reference across Defence and to build a recognised career pathway for practice managers to pursue. To do this, DMS should:

- implement consistent policies and standing operating procedures for practice managers to adopt across DPHC Medical, which should be reviewed and updated consistently
- provide mentorship for deputy and junior practice managers
- ensure all practice managers attend a well-structured training course focusing on the practical delivery of the day job
- ensure there is consistent access to external qualifications in health and social care leadership and management, and health and safety qualifications.

## Good governance

Governance systems are not always effective and do not support practices to deliver consistently high-quality services. We identified the following common issues in Year 6:

- Practices do not always understand and monitor their own performance.
- Staff are not always following central policy and procedures, sometimes leading to inconsistent care.
- There are not always planned improvement programmes focused around delivering meaningful and improved outcomes for patients.
- The arrangements to identify, record, and manage risks and issues, and implement mitigating actions, are sometimes ineffective.

# Dental services

We inspect only 10% of high street dental services each year and we do not formally give a rating to these services. We take the same approach in the DMS inspections – although there is no rating, we judge whether the quality of care at the service is meeting regulatory standards and we make recommendations in the inspection report.

In Year 6, DMSR asked CQC to carry out first comprehensive inspections at 24 dental centres. Of these, 21 were meeting the regulations for all key questions (Figure 3). Common shortfalls were due to poor infrastructure and failure by the contractor or station to provide clear information and resolve risks relating to routine water safety checks and the cleaning contract.

**Figure 3: Inspections of dental centres in Year 6**

Dental service	Outcome of inspection
Abingdon Dental Centre	All standards met for all key questions
Benson Dental Centre	All standards met for all key questions
Boulmer Dental Centre	All standards met for all key questions
Britannia Dental Centre	All standards met for all key questions
Chivenor Dental Centre	All standards met for all key questions
Collingwood Dental Centre	All standards met for all key questions
Coningsby Dental Centre	All standards met for all key questions
Corsham Dental Centre	All standards met for all key questions
Edinburgh Dental Centre	All standards met for all key questions
Excellent Dental Centre	All standards met for all key questions

Hereford Dental Centre	All standards met for all key questions
Honington Dental Centre	All standards met for all key questions
Leconfield Dental Centre	All standards met for all key questions
Northolt Dental Centre	All standards met for all key questions
Odiham Dental Centre	All standards met for all key questions
Shawbury Dental Centre	All standards met for all key questions
Shorncliffe Dental Centre	All standards met for all key questions
Stonehouse Dental Centre	All standards met for all key questions
Tern Hill Dental Centre	All standards met for all key questions
Valley Dental Centre	All standards met for all key questions
Wyton Dental Centre	All standards met for all key questions
Blandford Dental Centre	Standards not met for safe key question only
Brawdy Dental Centre	Standards not met for safe key question only
Halton Dental Centre	Standards not met for safe key question only

The dental service has been operating as a joint (RAF, Navy and Army) service for 25 years and the benefits of operating together are clear, with standardised operating procedures used consistently and centralised guidance. There is also a strong focus on preventative health promotion work through delivering Project MOLAR/MOLAIR. This is a treatment strategy used to improve the dental health of personnel entering military service. The project ensures that recruits have protected time for dental assessment and treatment during their training.

However, as in previous years, there are a couple of areas that require action to secure a system-wide solution:

**Water safety:** Station teams are often responsible for monitoring water safety and have a remit to ensure that water temperatures sit within certain parameters to minimise the risk of Legionella in the water system. But the results of these checks are often not shared with dental teams. As in previous years, we have found instances where water temperatures have strayed outside an acceptable range, but there has been no mitigating action and the dental centre team were not informed.

DPHC must ensure water temperature checks are routinely shared with the practice so they have assurance that the checks are being carried out and that temperatures are within the parameters as outlined in HTM 01-05 (chapter 19).

**Building maintenance:** Facilities that are not custom-built to deliver dental care or are poorly maintained were unable to achieve 'best practice' as detailed in [Health Technical Memorandum 01-05: Decontamination in primary care dental practices](#) and [The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance](#). Although dental teams had placed the risk on their risk registers, escalated the risk appropriately and submitted statements of need for remedial work, funding had not been approved and so improvements had not been delivered.

## Improvement on re-inspection

We re-inspected one dental centre in Year 6 to follow up our previous recommendations (figure 4). As with all DPHC facilities, dental centres are unable to address environmental or infrastructure concerns themselves, relying on the station's Health and Safety Team or Regional Headquarters to bid for funding for improvement work. We re-inspected Wittering dental centre after essential building work to create a new central sterile services department and laboratory. As a result, the dental centre now complies with national guidance on infection prevention and control and decontamination.

**Figure 4: Re-inspection of Wittering Dental Centre in Year 6**

	Safe	Effective	Caring	Responsive	Well-led	Overall
1st	Not met	Met	Met	Met	Met	Not met
2nd	Not met	X	X	X	X	Not met
3rd	Met	X	X	X	X	Met

# Defence community mental health services

Defence medical services provide occupational mental health assessment, advice and treatment through a network of departments of community mental health (DCMHs), mental health teams and additional staff at deployed locations.



By March 2022, we had carried out an initial inspection of all DCMHs and mental health teams as part of this programme. This has given us a clear understanding of the challenges faced by the services and the areas of practice that needed additional improvement.

During 2022/23, there were a number of key changes within the Defence community mental health services. Because of increased demand for services and challenges in workforce recruitment and retention, defence mental health services have needed to look for new solutions to deliver care and treatment. This has led to some formal merger of services and some DCMHs working collaboratively across regions. In line with these changes, we adapted our methods to look at how some of the systems that had been set up were working and to consider the role of the regional management teams in oversight and governance of the services. This included looking at:

- the London and South Region, which had developed a network across DCMHs Portsmouth, Aldershot and London
- the Central and Wessex Region where DCMHs Bulford and Brize Norton and the mental health team at St Athan had joined to form a single team.

During the year we:

- revisited DCMH Digby, which was previously rated as requires improvement for the well-led key question
- supported a wider DMSR-led review of the Aeromedical Evacuation Service based at RAF Brize Norton; this was to consider how the mental health transfer team undertook the medically supervised movement of patients to and between medical treatment facilities by air transport (we do not give a rating for DMS assurance reports or publish them on our website).

## **Figure 5: Ratings of Defence Community Mental Health Services in Year 6**

	Safe	Effective	Caring	Responsive	Well-led	Overall
Central and Wessex Region (Bulford, Brize Norton and St Athan)	Good	Good	Good	Requires improvement	Good	Good
DCMH Digby	Good	Good	Good	Good	Good	Good
Portsmouth and London and South Region Network	Good	Good	Good	Requires improvement	Good	Good

## DCMHs Portsmouth and the London and South Region Network

The Portsmouth team is part of a network of 3 DCMHs that cover London and the South of England. The other 2 services are based at Woolwich Barracks in London and the Centre for Health in Aldershot. Since September 2021, the 3 services have increasingly worked together as a single point of access (SPA) to respond to initial referral requests, assess patients and offer treatment across the teams.

DCMH Aldershot became the single point of access and undertook initial triage of all newly-referred patients. Following this, the team at Aldershot would transfer the patient's care to the most appropriate DCMH for detailed assessment and further treatment.

During this inspection, we looked in detail at the quality of care and treatment provided in Portsmouth and gave a rating. We considered how the 3 teams in the region had come together to undertake triage and assessment. We also looked at how the regional management team had taken oversight of the network and its plans to increase this integration. We did not rate this aspect of the inspection.

Overall, we rated the service at Portsmouth as good, although the responsive key question required improvement.

We found:

- Staff worked collaboratively across the 3 teams. Multidisciplinary team processes were working well. A standardised recording system was operating, and all new referrals were discussed at the multidisciplinary team.
- All referrals and the waiting lists were overseen by the management team to share resources appropriately and address blockages. The team had a process to contact patients on the waiting list who were most at risk and assess them regularly while they awaited treatment. More group work provided more timely access to patients who required lower level, more practical or pre-therapy intervention.
- Patient experience was good. Patients we spoke with during the inspection were positive about the service and the patient survey in November 2022 showed overwhelmingly positive responses to all questions. The service had received many positive comments from patients and other professionals.

- Leaders had worked well together to find effective solutions to deliver safe and effective care. Staff reported that morale had improved, they felt supported by their colleagues and said the management team were approachable and supportive of their work. Staff were involved in developing the single point of access and had contributed to developing and refining procedures and guidance for this function. They had access to all necessary supervision and a wide range of continuous professional development.
- The team had an overarching governance framework to help deliver the service, consider performance and ensure continuous learning. Potential risks that we found were captured in the risk and issues logs and had been escalated appropriately. The common assurance framework included detailed mitigation and action plans.

However, some areas required further work and action:

- There were some gaps in key posts that the team had not been able to fill with locum staff. Although recruitment was underway, this had affected waiting lists for treatment at the busy service, which had continually increased over previous months. Patients told us that although their care was good, the wait for treatment to start was frustrating.

At the time of the inspection:

- 70 people were waiting for low intensity therapy (the longest length of wait was 195 days)
- 69 people were waiting for high intensity therapy (the longest length of wait was 286 days)
- 15 people were waiting for psychology (the longest length of wait was 174 days).

However no people were waiting for psychiatry.

# Central and Wessex Region – DCMHs Bulford and Brize Norton and mental health team St Athan

The Central and Wessex Region DCMH was formed following concerns about staffing levels and lack of available leadership at Brize Norton and St Athan, together with no facility at Brize Norton. These teams merged with Bulford DCMH in November 2021. Following the merger, the team developed working groups to ensure it adopted best practice from each site to develop a standard approach across all areas. This resulted in a review of operating procedures for triage, assessment, allocation and review, a shared governance system, and integrated information systems.

Overall, we rated the service at Central and Wessex Region as good, although it did require improvement in the responsive key question.

We found that:

- Leaders were capable and worked well together to unite the service. Staff reported that morale had improved, and that the management team were approachable and supportive of their work. All staff that we spoke with were positive about the leadership team and the improvements in practice since the merger. Staff could access mandatory and developmental training and a range of clinical support.
- The team had implemented safe systems and processes to ensure clear oversight of clinical risk to patients. All referrals were clinically triaged to determine whether they needed a more urgent response and to monitor whether patients' risks had increased. Individual patient risk assessments were thorough and proportionate. The team had a process to share concerns about patients in crisis or whose risks had increased. We saw good evidence of the multidisciplinary team reviewing and following up any known risks.

- Staff had a good awareness of safeguarding and the procedures and practice around managing incidents. They had reported all relevant events and had taken appropriate action to investigate and learn from these, which was used to drive a safety culture.
- The team had met the response target for referrals in recent months.

However, some areas required further work:

- The team had a process to ensure they regularly contacted and risk assessed patients on the waiting list who were at most risk while they awaited treatment, but patients told us that this could be improved.
- Patients did not have equal access to mental health care as this depended on where they were based. The team did not have a permanent facility at Brize Norton. While this was mitigated by staff working at home and offering patients virtual appointments, this is required to ensure all patients have equal access.
- Although the merger had ensured a timelier response to assessments, waiting lists were very high across the whole service at the time of our inspection. There was a substantial number of gaps in key posts that the team had not been able to fill with locum staff. Recruitment was underway but the team was approximately 54% staffed, with 29 additional vacancies, for posts across all disciplines. This had affected waiting lists for treatment at the service, which had risen over the previous year.

At the time of the inspection:

- 139 people were waiting for low intensity therapy (the average wait was 82 days)
- 176 people were waiting for high intensity therapy (the average wait was 181 days)
- 120 people were waiting for psychiatry (the average wait was 52 days).

DCMH Digby

We inspected DCMH Digby previously in June 2018 and rated the service as good overall, but it required improvement under the well-led key question.

In our Year 6 inspection, we found improvement and rated the service as good for all key questions. We found that:

- Leaders worked well together to ensure safe and effective care for patients and to address the previous leadership concerns at the service. Staff reported better morale, with support from the management team. They could access mandatory and developmental training and a range of clinical support.
- The team had implemented safe systems and processes to ensure clear oversight of clinical risks for patients. There was good awareness of safeguarding and incident management procedures and practice, with all relevant events reported and appropriate action taken to investigate and learn from these for continuous improvement.
- Improved governance processes supported the delivery of the service and helped to consider performance and ensure continuous learning. All potential risks that we found had been captured in the risk and issues logs and the common assurance framework. They included detailed mitigation and action plans and were escalated appropriately.

However, as with other community mental health facilities, some further action was required at DCMH Digby.

- Despite the team escalating some concerns about the environment, including a lack of soundproofing in clinical rooms and no way of observing the waiting area, regional headquarters had still not addressed them.
- The team had not been able to fill some key posts with locum staff, which resulted in large waiting lists for treatment at the service.

At the time of the inspection:

- 83 people were waiting for low intensity therapy
- 18 people were waiting for high intensity therapy
- 12 people were waiting for psychology
- the average waiting time overall was 140 days.

## Key challenges to address

From February 2023, the newly-formed Defence Healthcare Recovery Group (DHRG) had taken over leadership of all mental health services within the military. This provides an opportunity to address core concerns that we have found throughout the programme, to consider standardised processes and look for the most effective and equitable way to provide community mental health support.

The key areas to address include:

- **Insufficient staff:** staffing levels did not meet the demand of the services we have looked at. Recruitment and retention remain a challenge across all services. While locum staff had been used to fill gaps in services, locum recruitment had not been successful at all services.
- **Waiting lists:** All DCMHs had waiting lists for treatment following assessment, particularly for psychiatric appointments or high intensity treatment. Although some services had addressed waiting lists by developing therapeutic groups, using the psychiatrist's time in different ways or by commissioning external IAPT (Improving Access to Psychological Therapies) services to increase capacity, overall waiting lists are growing in terms of the number of people waiting for treatment and the length of time that people wait.
- **IT connectivity:** Throughout these inspections we found recurring issues, which led to access problems and the loss of documents from records systems. This issue is a concern given the levels of virtual therapy that the teams now offer.



# Regional rehabilitation units

Regional rehabilitation units (RRUs) are provided through Defence Primary Healthcare (DPHC) HQ under the Defence Healthcare Recovery Group (DHRG). They deliver intermediate rehabilitation within the Defence Medical Rehabilitation Programme (DMRP).

During 2022/23, we carried out one first comprehensive inspection.

**Figure 6: First inspection of Northern Ireland RRU in Year 6**

Safe	Effective	Caring	Responsive	Well-led	Overall
Good	Good	Good	Good	Requires improvement	Good

## Safe key question

The service provided safe care. Essential systems, processes and practices were available to ensure patient safety, which included reporting and recording significant events. The unit assessed and monitored risks to patients to keep them safe. There were also adequate arrangements to respond to emergencies and major incidents.

## Effective key question

Patients benefitted from effective rehabilitative care. Their needs were assessed and care and treatment were delivered in line with current legislation, standards and evidence-based guidance. Staff had the right qualifications, skills, knowledge and experience to do their job. They had the information needed to plan and deliver care and treatment when they needed it through the unit's patient record system and their intranet system.

Staff asked patients to consent to care and treatment in line with legislation and guidance. The service identified patients who may need extra support and advised them how to find relevant services by:

- displaying helpline and welfare phone numbers in the waiting room
- talking to patients during appointments about other services they could use to help them manage their condition and improve the outcome of rehabilitation.

However, the service was unable to demonstrate that it routinely used information from patient outcomes and clinical audit to make improvements to care. Although this information was collected, the results were not routinely collated or analysed at a local level and there was no systematic programme of regular audit to review the quality of clinical care.

## Caring key question

Patients told us they felt involved in decision making about their care and treatment. They felt that staff listened to and supported them and they had enough time during initial assessment and ongoing consultations to make an informed decision about the choice of treatment available. We also saw that care plans were personalised.

## Responsive key question

The unit used information about the needs of the Population at Risk (PAR) within the Area of Responsibility (AOR) to inform how it planned and delivered services. We saw a plan that enabled them to meet the needs of the PAR, particularly for people with complex care needs, long-term or career-limiting conditions. Patients could access initial assessment, diagnosis or urgent treatment quickly in a way that suited them. The unit had a system for handling concerns and complaints.

## Well-led key question

An overarching governance framework supported the service to deliver its strategy and provide good quality care. It was clear from patient feedback and interviews with staff that there was a patient-centred culture at the unit. Staff described how the leadership team promoted an inclusive and open-door culture with everyone having an equal voice, regardless of rank or grade. Support was available to the RRU in Northern Ireland from both the Regional Clinical Director and from Operations Rehabilitation DHRG, whose contribution was appreciated and valued.

However, there was scope to improve the leadership of the service:

- Staff were doing their best to ensure that responsibilities were clear and that quality, performance and risks were understood and managed. However, lines of accountability were blurred as key staff were absent from post.
- Managers worked hard to run the service and to meet patients' needs. However, the managerial post for the RRU was being covered by a locum who assumed no accountability for healthcare governance and was unable to line manage due to their locum status. Although all staff prioritised safe, high-quality and compassionate care, some were being asked to assume accountability beyond their terms of reference.
- There was an inconsistent process for staff supervision or peer review. Some staff groups received regular formal peer supervision, but there was no formal process for other groups.

# Conclusion

At the end of the sixth year of our inspection programme, we see mostly positive change within DMS services. Military personnel and entitled dependants continue to receive prompt access to almost all services, and most have a very short wait to see a healthcare professional.

We re-inspected a number of services to follow up recommendations from previous inspections (in one case, a fourth). These have generally shown positive improvement in the quality of care across all service types, demonstrating organisational learning and improved quality. Sharing best practice and innovation across some services has resulted in significant benefits for staff and patients.

Our inspections highlighted a number of internal factors that contribute to high-quality care, and the majority of staff working in medical facilities engage their specialist skillset to balance delivering occupational health care alongside meeting people's individual needs.

However, a small number of medical centres have ongoing requirements. Where we have seen examples of poor-quality care, we have escalated our concerns and DMSR has taken appropriate enforcement action in line with its own regulatory policy. Our recommendations are always designed to improve care to benefit both patients and healthcare staff.

A variety of factors may inhibit the ability to provide high-quality care. These range from applying policy and procedure inconsistently, to gaps in workforce management and information management concerns that prevent effective recall of patients with a long-term condition.

In some areas, patients were waiting longer than is ideal to access mental health support and treatment.

A small number of dental centres still have issues with old infrastructure, which means they cannot meet infection prevention and control guidelines.

We acknowledge that some of these concerns resulted from issues that frontline services could not influence themselves. For example, workforce capacity, staff vacancies and infrastructure. We have escalated these through DMSR to DPHC and other stakeholders.

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