Briefing note:
Southern Health’s recent CQC Report and planned actions

Overview
On 23 January 2020, the Care Quality Commission (CQC) published their comprehensive report into Southern Health NHS Foundation Trust. A summary of the key findings from the inspection, as well as the planned improvement plan to respond to the report’s findings, is contained in this briefing paper.

This paper is in addition to update briefing papers about the CQC that we provided to HASC in January 2020, November 2019 and June 2019.

The 2020 CQC Report
We are pleased to confirm that the CQC rated the Trust overall as ‘Good’.

The inspection took place in October 2019 and looked at the quality of four core services:
• acute wards for adults of working age and psychiatric intensive care units (PICUs)
• child and adolescent mental health wards
• wards for older people with mental health problems
• mental health crisis services and health-based places of safety.

The CQC also looked specifically at management and leadership of the Trust.

The ‘Good’ rating demonstrates the significant progress made at the Trust since the previous CQC report of October 2018 (when we were rated as ‘requires improvement’). It reflects the quality of care provided by the staff at Southern Health and their commitment to provide the best possible services to our patients, services users and their families. The report shows that over 90% of Trust services are now rated as good or outstanding, reflecting the continued progress in improving services and care.

Comments from the CQC report include:
“Staff treated patients with compassion and kindness. The privacy and dignity of patients was respected and embedded in the work of staff. Staff understood the individual needs of patients. Patients were supported by staff to understand and manage their care, treatment or condition. Staff put patients at the centre of everything they did.”

“Staff actively involved families and carers of patients in their care appropriately.”

“The board had taken significant steps to improve the culture across the trust and staff felt valued. There was a real focus on doing what was best for people, both staff, patients and carers with a real commitment to the delivery of good quality patient care at every level. Staff at all levels of the trust were proud to work there and morale amongst staff was good.”

OUR VALUES

Patients & people first
Partnership
Respect
Karen Bennett-Wilson, the CQC’s Head of Hospital Inspection for the South, also added: “At Southern Health, our inspectors found a really strong patient-centred culture with staff committed to keeping their people safe and encouraging them to be independent. Patients’ needs came first, and staff worked hard to deliver the best possible care with compassion and respect. Inspectors saw many areas of good practice, with care delivered by compassionate and knowledgeable staff. Several teams led by example with a continuous focus on quality improvement. The trust did face some challenges and there are still some areas of improvement required but there has been a significant improvement in the services at this trust. Staff, patients and the leadership team should be proud of the work done so far.”

CQC ratings summary table
Below is a visual demonstration of the progress made against the different CQC domains since the CQC’s 2014 report on Southern Health.

Combined CQC results 2014

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As well as lots of positive feedback, the latest CQC report has given us a valuable insight into the areas where we still must improve to ensure all of our services receive at least a good rating. We have been looking closely at the report and have now developed a quality improvement plan (QIP) for the coming months (see attached abridged version of our QIP 2020).
In this latest report, the CQC report has outlined:

- 8 actions the Trust ‘must’ take in order to comply with its legal obligations
- And 15 actions the Trust ‘should’ take to comply with a minor breach that did not justify regulatory action, to avoid breaching a legal requirement in the future or to improve services.

*Compare this to the significantly higher 20 ‘must’ actions, 74 ‘should’ actions (and 7 ‘requirement notices’) in the previous 2018 report – all of which were completed as part of a previous QIP.*

**The Quality Improvement Plan**

The Quality Improvement Plan has taken the CQC’s 23 actions and assigned staff to lead a programme of improvements against each of these. The planned improvements are outlined in the attached document, which was submitted to the CQC just this month.

The 8 ‘must’ do actions in the latest report are as follows:

1. ensure all patients have access to a clinical psychologist and psychological therapies
2. ensure female lounges are not used by male patients and are constantly available for females
3. ensure staff record their decision-making when carrying out mental capacity assessments and ensure staff have a sound understanding of the Mental Capacity Act 2005
4. ensure there is a patient alarm system on all older people’s wards which enables patients and visitors to alert staff to their need for urgent support
5. ensure consistency in the disposal of clinical waste in line with policy on handling and disposal of healthcare waste (and ensure the carpet on Beechwood ward meets infection control standards)
6. ensure all patients in the crisis service have holistic, person-centred care and a crisis plan in their records. Records must be clear, up-to-date and recorded consistently in the electronic record
7. ensure the physical environment of the health-based places of safety are fit for purpose and meet the requirements of the Mental Health Act Code of Practice
8. ensure the Trust meets its legal obligations in the health-based places of safety.

The 15 ‘should’ do actions in the latest report are as follows:

1. ensure patients’ privacy maintained on Elmwood ward
2. ensure patients can make phone calls in private
3. ensure staff know about plans for the eradication of dormitory accommodation
4. ensure all care plans are patient centred and patients are given a copy if they want it
5. ensure staff are confident and able to assess and record capacity assessments and best interest decisions for patients who might have impaired mental capacity
6. ensure patients have access to physical health checks within the crisis service
7. ensure there is clear senior oversight of the service, particularly the health-based places of safety
8. ensure that the furniture at Hawthorns 1 and 2 is fit for purpose
9. ensure that any maintenance work is completed in a timely manner
10. ensure staff are able to observe and communicate with patients in all areas of Hawthorns 2 seclusion room whilst maintaining the dignity of patients
11. continue work to ensure female patients requiring psychiatric intensive care beds are accommodated as close to home as possible
12. ensure there are enough activities for young people throughout the week
13. ensure that all staff receive regular supervision
14. review procedures for booking carer/family visits on Hill ward to ensure they run smoothly
15. continue addressing staff morale at Bluebird (and provide support for forthcoming changes).

In order to effectively address these issues, the Trust has once again introduced a themed approach to the management of the plan with a focus on quality improvement methodologies and the outcomes we want to achieve to improve patient care and experience. The actions are grouped into seven overarching themes with identified executive/theme leads and action owners and mapped to existing reporting structures.

The seven themes are:
- Workforce
- Patient Safety
- Patient Experience
- Privacy and Dignity
- Mental Health Legislation
- Records Management
- Operational

This Trust-wide Quality Improvement Plan has executive-level ownership for each theme, and it is hoped that the themed approach will ensure staff and stakeholders better understand the improvements required and how progress is being made against each theme.

Monitoring of progress and initial validation of the evidence to record an action as ‘complete-unvalidated’ will take place at the relevant workstream reporting meeting. Final validation that there is sufficient evidence to record an action as complete will take place at a monthly evidence review panel chaired by the Director of Nursing.

Progress dashboards and exception reports provide an update for the action plan with a summary of completed actions and any risks to actions not being completed within the deadlines identified. Exception reports will be submitted to the Trust Executive Committee (weekly), Senior Management Committee (monthly) and to the Quality and Safety Committee, with a summary presented to Trust Board.

In Conclusion
This latest inspection is the next step towards Southern Health working to becoming an outstanding Trust. We would be very happy to update the HASC later this year on progress against our new CQC Quality Improvement Plan.

Any questions?
If you have any questions or would like further information, please contact:
- Quality Improvement Plan 2018 - Briony Cooper, Programme Lead: on 023 8087 4009 or via email: qualityPMO@southernhealth.nhs.uk
- CQC Inspections - Tracey McKenzie, Head of Quality Assurance (interim): on 023 8087 4288 or via email: qualityPMO@southernhealth.nhs.uk

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