

06 2019
Communications and Engagement Team

Briefing note: Update on Progress against Southern Health's CQC Report

Overview

On 3 October 2018, 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 an update on progress against these is contained in this briefing paper.

The CQC report

The Care Quality Commission published its comprehensive report in October 2018, following a series of inspections last year – the first report of its type since 2014.

Whilst the Trust overall rating remains one of 'requires improvement', significant and numerous positive changes were recognised by the regulator and the overall picture is one of steady progress. More than 84% of service areas are now rated as 'good' or 'outstanding'. Of particular note, our community services across Hampshire are now rated 'good' overall, and our learning disability inpatient services and our long stay mental health rehabilitation wards are rated 'outstanding' overall.

The report also reflects the significant strides the Trust has made to improve its relationship and involvement with patients/service users and their families and carers, with the CQC feedback showing that: *'Staff had made a genuine commitment to engaging with patients. We saw that they were patient and diligent in helping patients express their views, and liaised with them in all aspects of their care. The feedback from patients and carers was clear that they felt they were not only listened to, but included and involved in their care.'*

The report describes how staff told inspectors they now feel more valued and supported, and that the CQC has seen a positive change in culture at Southern Health.

The report has provided additional confidence that the organisation's approach is making headway, and the Trust remains committed to building on this as there is clearly more work to do - particularly in relation to our staffing levels and ensuring there are enough trained staff to best support patients. Southern Health remains committed to continuously improving its services to deliver the best possible care.

CQC ratings summary table

On the next page are the Trust CQC summary rating tables which show ratings for each domain (safe, effective, caring, responsive, well-led, and overall) against each core service from 2014 and the latest report from October 2018 (note, I=inadequate, RI=requires improvement, G=good, O=outstanding) – as a point of comparison:

OUR VALUES



CORE SERVICE	Safe	Effective	Caring	Responsive	Well-led	Overall
	2014					
OVERALL PROVIDER RATING	RI	RI	G	G	RI	RI
Community health services - adults	RI	G	G	RI	G	RI
Community health services for children & young people	G	G	G	G	G	G
Community health inpatient services	RI	G	G	G	G	G
Community end of life care	RI	RI	G	G	G	RI
Urgent care	RI	RI	G	RI	RI	RI
Acute wards for adults of working age & PICUs	RI	RI	G	RI	RI	RI
Long-stay/rehab mental health wards	G	G	G	G	G	G
Forensic inpatient or secure wards	I	G	G	G	RI	RI
Child/adolescent mental health wards	RI	RI	G	G	G	RI
Wards for older people with MH problems	RI	G	G	G	G	G
Wards for people with a learning disability/autism	RI	RI	G	G	RI	RI
Community mental health services	G	G	G	G	G	G
MH crisis services / health-based places of safety	RI	RI	G	RI	RI	RI
Community mental health services for older people	G	G	G	G	G	G
Community services for people with a learning disability/autism	G	G	G	G	RI	G
Eating Disorder service (not inspected in 2018) *	G	G	G	G	G	G
Perinatal services (not inspected in 2018) *	O	O	O	O	O	O

* These services were not included in the aggregation of the overall provider rating

CORE SERVICE	Safe	Effective	Caring	Responsive	Well-led	Overall
	2018					
OVERALL PROVIDER RATING	RI	RI	G	G	RI	RI
Community health services for adults	G	G	O	G	G	G
Community health services for children & young people	G	G	G	G	G	G
Community health inpatient services	G	G	G	G	G	G
Community end of life care	G	RI	G	G	G	G
Urgent care	G	G	G	G	G	G
Acute wards for adults of working age & PICUs	RI	G	G	G	RI	RI
Long-stay/rehab mental health wards	G	G	G	O	O	O
Forensic inpatient or secure wards	G	G	G	G	G	G
Child/adolescent mental health wards	RI	G	G	G	RI	RI
Wards for older people with MH problems	RI	RI	G	I	RI	RI
Wards for people with a learning disability/autism	G	G	O	O	G	O
Community mental health services	G	RI	G	G	G	G
MH crisis services / health-based places of safety	G	RI	G	G	RI	RI
Community mental health services for older people	G	RI	G	G	G	G
Community services for people with a learning disability/autism	G	G	O	G	G	G
Eating Disorder service (not inspected in 2018)	G	G	G	G	G	G
Perinatal services (not inspected in 2018)	O	O	O	O	O	O

The full CQC report can be found here: <https://www.southernhealth.nhs.uk/news/cqc-finds-further-improvements-at-southern-health/>

In summary, as well as some encouraging feedback, the CQC report also recommended:

- 20 actions the Trust 'must' take in order to comply with its legal obligations
- 74 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
- 7 Requirement Notices relating to the legal requirements the Trust was not meeting

Some of the recommendations were the same across different core services. We therefore recorded one overall action and recorded the others as duplicates.

Note: The two uncompleted actions in the 2017 Improvement Plan (CQC) have been added to the current plan – these were to improve response times to complaints (this action should be completed by September 2019) and to implement Self Administration Policy on (ISD) wards (which should be complete by August 2019).

With the addition of the two actions above, a total of 71 actions are being tracked in the QIP.

Progress

A Quality Improvement Plan (QIP) was developed in collaboration with clinical and corporate leads, using the CQC actions/recommendations and quality metrics, and submitted to the CQC in November 2018.

In order to more effectively address the issues raised by CQC, the Trust then introduced a themed approach to 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
- Safeguarding
- End of Life Care
- Records Management
- Medicines Management
- Privacy and Dignity
- Operational/Patient Safety

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' takes place at the relevant workstream reporting meeting. Final validation that there is sufficient evidence to record an action as complete takes 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 are 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.

The Quality Improvement Plan has 42/71 (59%) process actions completed and 20/71 (28%) outcome actions achieved, as at 13 June.

There are 2 (3%) process actions overdue and 6 (8%) outcome actions overdue, as at 13 June. Four of the outcome actions relate to the provision of single sex accommodation in Older Peoples Mental Health (OPMH) inpatient services. These will be addressed by the Trust's confirmation of the option chosen to meet single sex accommodation standards.

Quality Improvement Plan (CQC) 2018 Dashboard																				
RAGs to focus	Overdue (PO): 3%		8%		At risk (PO): 0%		1%		On track (PO): 25%		48%		Unaudited (PO): 13%		14%		Completed (PO): 59%		28%	
	Nov18		Dec18		Jan19		Feb19		Mar19		Apr19		May19		Jun19		Jul19		Aug19	
	Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome		Process / Outcome	
Overdue	0	0	1	1	4	2	5	3	4	2	3	6	2	6	2	6				
At risk	0	0	0	0	0	0	0	0	2	2	1	0	0	1	0	1				
On track	64	67	56	61	48	60	40	55	38	53	26	45	19	35	18	34				
Complete-Unaudited	0	0	7	5	8	4	13	7	10	7	14	9	15	12	9	10				
Completed	7	4	7	4	11	5	13	6	17	7	27	11	35	17	42	20				
TOTAL	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	71	0	0	0	0

In summary, we are on track to complete the majority of the Quality Improvement Plan actions by December 2019 with one action to be completed in 2020 as it is linked to a national programme.

Some examples of completed actions, where real progress has already been made, include:

- We are continuing with our programme to provide dementia friendly environments. This includes the recent re-opening of Beaulieu ward as dementia friendly.
- We are undertaking a quality improvement project to improve the response times to complaints and to improve the experience of the person making a complaint.
- We are introducing scenario based training to help staff put into practice the theoretical learning about the Mental Capacity Act. This will help support their decision making, particularly in complex cases.
- We have engaged with service users and staff in our inpatient specialised services to provide a wider variety of food options which are clearly labelled - for example, vegan and non-gluten ingredients.

Southampton's Antelope House

In addition to the CQC inspections and report in 2018, the CQC also carried out an inspection of Antelope House in March 2019 and published their final report of this in April. A Quality Improvement Plan specifically for this unit has been submitted to the CQC, with progress to be overseen by the Antelope House Steering Group.

Engagement & Next Steps

We continue to engage with our various audiences in regard to progress against our CQC Quality Improvement Plan. For example:

Patients

The Quality Improvement Plan was presented and discussed at the Working in Partnership Board meeting in December 2018 and an update given in April 2019 to ensure patient engagement. Progress updates will continue to be given on a quarterly basis to enable patient involvement.

Commissioners

External oversight of the Plan will continue at the Clinical Quality Review Meetings (CQRM) with each of our commissioners and at our regulatory performance meetings.

Staff

A SharePoint site - with the most recent version of the Plan uploaded every Friday afternoon - enables staff to view both the Plan and the evidence collated for each action.

In conclusion, progress continues to be made against the Plan with a small number of actions overdue/at risk which are regularly scrutinised with at various levels of the Trust, including at Trust Board.

We will continue working hard to address all the actions contained within the Plan by the set deadlines.

Any questions?

If you have any questions, please contact Briony Cooper, Programme Lead Quality Governance, on tel: 023 8087 4009 or email: briony.cooper@southernhealth.nhs.uk.

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