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 the latest update on progress against these is contained in this briefing paper.

This is in addition to update briefing papers we provided to HASC in November and June 2019.

A recap of the CQC report

The Care Quality Commission published its comprehensive report in October 2018, following a series of inspections that 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 report from October 2018 (note, I=inadequate, RI=requires improvement, G=good, O=outstanding) – as a point of comparison:

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

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 and to implement Self Administration Policy on (ISD) wards. 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 63/71 (89%) process actions completed and 45/71 (63%) outcome actions achieved, as at 12 December.

This compares to 58/71 (82%) and 37/71 (52%) as at 4 November 2019 – when we last shared a progress update with the HASC.

In total, there are three (4%) process actions overdue and five (7%) outcome actions overdue, as at 12 December. (As noted in the last update, there have been some challenges to completion of actions during the transition to the new divisional structures; in the light of changes to action owners and infrastructures for monitoring and driving through actions).

Quality Improvement Plan (CQC) 2018 Dashboard

RAG status	Overdue (P/O): 4% 7%		At risk (P/O): 0% 0%		On track (P/O): 0% 8%		Unvalidated (P/O): 7% 21%		Completed (P/O): 89% 63%	
	Mar-19		Apr-19		May-19		Jun-19		Jul-19	
	Process	Outcome	Process	Outcome	Process	Outcome	Process	Outcome	Process	Outcome
Overdue	4	2	3	6	2	6	2	5	5	5
At risk	2	2	1	0	0	1	2	1	0	3
On track	38	53	26	45	19	35	11	32	8	26
Complete-Unvalidated	10	7	14	9	15	12	13	12	12	16
Completed	17	7	27	11	35	17	43	21	46	21
TOTAL	71	71	71	71	71	71	71	71	71	71

RAG status	Aug-19		Sep-19		Oct-19		Nov-19		Dec-19	
	Process	Outcome	Process	Outcome	Process	Outcome	Process	Outcome	Process	Outcome
Overdue	6	6	3	5	3	6	3	6	3	5
At risk	1	5	1	3	0	0	0	0	0	0
On track	3	18	2	12	0	7	0	7	0	6
Complete-Unvalidated	10	17	11	22	10	21	5	13	5	15
Completed	51	25	54	29	58	37	63	45	63	45
TOTAL	71	71	71	71	71	71	71	71	71	71

In conclusion, we are on track to complete the majority of the Quality Improvement Plan actions by the end of 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 have increased the number of staff on duty at night at Romsey Hospital with two nurses and two healthcare support workers now rostered at night to ensure a better patient experience and ensure patient safety.
•We have transferred some beds from Romsey Hospital to Lymington Hospital to improve the privacy and dignity of patients at Romsey Hospital.
•We have introduced specific clinics to complete health reviews for children in care which has reduced waiting times for assessment and meant children are being seen in a timely way.
•We have developed a bereavement survey which is being piloted in our community hospitals between January and March 2020 to gain feedback from families to improve our service to people who are at 'end of life'.

CQC 2019 Inspection: Core Services with Well-led Inspection
Further to its 2018 inspections and subsequent report, the CQC also visited the Trust in October 2019 and completed the inspection of four of the Trust's Core Services - Acute and PICU, Crisis, CAMHS and OPMH.

These unannounced visits gave teams the opportunity to demonstrate the changes they have been making since the previous year's inspection. Initial informal feedback following these visits was shared

by the CQC; they told us that they found the inspections to be a positive experience overall and commented on the caring, compassionate and welcoming staff they met and spoke with during their visits.

A 'well-led' review then took place on the 19 and 20 of November 2019 with the CQC interviewing Executive and Non-Executive Directors as well as some other senior managers and user involvement facilitators. The CQC attended the Board meeting on 19 November and listened to a presentation about the Trust and all the transformation that has occurred thus far, as well as plans for the future. Initial informal feedback following the well-led inspection was shared by the CQC - they told us they saw positive changes in the culture and the way the Trust works and commented on 'step change' improvements made in user engagement.

The draft CQC inspection report is now expected in January 2020. Recommendations made in this report will form the basis of the next quality improvement plans and we will share the findings with the HASC at the earliest opportunity.

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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