

Southern Health NHS Foundation Trust

Response to inspection findings (CQC comprehensive inspection October 2014)



Response to Inspection Findings

Katrina Percy, Chief Executive

- ➡ Trust perspective on reports
- ➡ Positive findings
- ➡ Plans for improvement
- ➡ Way forward
- ➡ Questions and clarifications



Trust perspective on reports

Core Service	S	C	E	R	W-L
Acute MH wards and PICU					
MH community - adults					
MH community - OPMH					
MH crisis/s136 services					
MH inpatient - OPMH					
MH long stay/rehab					
MH secure/forensic					
MH CAMHS					
LD community					
LD inpatients					
Community in-patients					
Community children					
Community adults					
Community EOL care					
Community urgent care					
MH Perinatal	☆	☆	☆	☆	☆
MH Eating Disorders					

Core Service

S – safe

C – caring

E – effective

R – responsive

W-L – well led

Key

Green & star - Outstanding

Green - Good


Amber - Requires Improvement

Red - Inadequate


Please note the red panel refers to building requirements at Ravenswood House.

Southern Health contacted CQC prior to its inspection to describe robust action already taking place to refurbish the building as part of a £1.7m investment in improving security, security and the environment for patients.

Trust perspective on inspection reports

- ➡ Accept findings
 - ➡ Confirms our own improvement priorities
 - ➡ Useful information to add to Trust's internal intelligence monitoring
 - ➡ Grateful for collaborative approach of Chair/Lead inspector
 - ➡ Some challenges for inspectors to understand breadth of service provision
 - ➡ Factual accuracy process ongoing
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Positive findings

- Overwhelmingly positive about committed, enthusiastic, caring staff
 - Patients treated with kindness and provided with patient-centred and holistic care
 - Effective evidence-based care with valued research programme
 - Strong recovery focus
 - Perinatal services 'outstanding'. Eight others 'good'.
 - Number of groups/support for patients/carers
 - Peer review programme collaborative and inclusive
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Positive findings

- ➡ Integrated working showing benefits
- ➡ Innovative working in non-traditional settings
- ➡ Clear vision/goals which staff were sighted on
- ➡ Leadership development programmes delivering benefits and endorsed by staff
- ➡ Use of performance dashboards ahead of national picture



Plans for improvement

129 'must' or 'should do' recommendations

34 actions already completed

Antelope House


Work on track to assess seclusion room and make necessary adjustments

Work underway to improve handling of episodes of restraint, including employing a consultant practitioner for patient safety to lead and oversee programme on reducing episodes of prone restraint

Observation recording sheets being amended to allow more accurate recording of observations on mental health wards, and training revised where appropriate to ensure more accurate recording of observations


On Hamturn ward work done to ensure no restriction of phone or bathroom use

Capital bid made for a drinks machine for Hamturn ward patients. Meanwhile a dedicated staff member responsible for providing drinks to patients to meet their needs



Plans for improvement

Ravenswood patients decanted to Woodhaven – Estate work underway
Elmleigh staffing/resus equipment/ligature removal and assessment.
New seclusion paperwork and 20% reduction in use of seclusion
Increased uptake of PRISS training and 20% decrease in use of prone restraint
Windows obscured with film (privacy and dignity)
OPMH single sex zoning
Targeted bespoke training
Estates work allocated as part of 2015/16 capital programme

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Plans for improvement

76 further actions begun and on track. Will be driven and monitored through the Quality Programme.



**Reporting and
learning**



**Record keeping &
care planning**



Peer Review



Patient Experience



Workforce



**Divisional
Governance
Structures**



**Medicines
Management**



Estates

Plans for improvement



Quality Programme Executive
Director led


Corporate and Divisional
membership

Increased scrutiny by Board
Committee

Validation of delivery through
use of peer review programme
(includes external
stakeholders) and
performance dashboards

Stakeholder support

A number of actions require stakeholder support:

- ➡ Ravenswood House
 - ➡ Mental Health Crisis care and out of area beds
 - ➡ Staffing levels in community teams
 - ➡ Therapy waiting times
 - ➡ Oxfordshire LD provision
 - ➡ End of Life Care
 - ➡ Minor Injuries Units
 - ➡ Timeliness of Equipment Provision
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Way Forward

- Action Plan already completed and in final draft stage
- Individual meetings to be organised with stakeholders from whom support is required to enable delivery of plans
- Will share final action plan with stakeholders prior to submission to CQC within the required timeframe



Questions & Clarification

