

# 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	Amber	Green	Amber	Amber	Amber
MH community - adults	Green	Green	Green	Green	Green
MH community - OPMH	Green	Green	Green	Green	Green
MH crisis/s136 services	Amber	Green	Amber	Amber	Amber
MH inpatient - OPMH	Amber	Green	Green	Green	Green
MH long stay/rehab	Green	Green	Green	Green	Green
MH secure/forensic	Red	Green	Green	Green	Amber
MH CAMHS	Amber	Green	Amber	Green	Green
LD community	Green	Green	Green	Green	Amber
LD inpatients	Amber	Green	Amber	Green	Amber
Community in-patients	Amber	Green	Green	Green	Green
Community children	Green	Green	Green	Green	Green
Community adults	Amber	Green	Green	Amber	Green
Community EOL care	Amber	Green	Amber	Green	Green
Community urgent care	Amber	Green	Amber	Amber	Amber
MH Perinatal	Green & star	Green & star	Green & star	Green & star	Green & star
MH Eating Disorders	Green	Green	Green	Green	Green

## 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





## 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



## 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

