

**Sussex Partnership NHS Foundation Trust**  
**Report on actions to date in response to the CQC inspection findings**

**Overview**

In January 2015 the Care Quality Commission (CQC) held a planned, week long inspection of services provided by Sussex Partnership NHS Foundation. In the report of this inspection, published on 27 May 2015, the CQC rated Sussex Partnership as an organisation which ‘requires improvement.’

We have developed action plans which describe what we are doing in relation to the compliance actions raised by the CQC. These were submitted to the CQC on 30 June 2015 and published on our website [www.sussexpartnership.nhs.uk/cqc](http://www.sussexpartnership.nhs.uk/cqc)

As well as specific issues that we need to address, the CQC report highlights issues which require a wider healthcare systems response such as how we deal with delayed transfers of care and respond to pressure upon our services. We will be inviting partner organisations to work with us on a Quality Improvement Programme to explore these issues, building on the Quality Summit hosted by the CQC on 22 May 2015 to share their report on our services.

**1. Overall Ratings**

Overall rating for mental health services	Requires Improvement	●
Are mental health services safe?	Requires Improvement	●
Are mental health services effective?	Requires Improvement	●
Are mental health services caring?	Good	●
Are mental health services responsive?	Requires Improvement	●
Are mental health services well-led?	Requires Improvement	●

	Safe	Effective	Caring	Responsive	Well-Led	Overall
1. Community Based Mental Health Services for Adults of Working Age	Good	Good	Good	Good	Good	Good
2. Child and Adolescent Mental Health Wards	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
3. Wards for people with learning disabilities	Requires Improvement	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
4. Long Stay/Rehabilitation Mental Health Wards for Working Age Adults	Inadequate	Requires Improvement	Good	Good	Good	Requires Improvement
5. Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
6. Forensic Inpatient/secure wards	Good	Good	Outstanding	Good	Good	Good
7. Community based Mental Health Services for Older People	Good	Good	Good	Good	Good	Good
8. Community Mental Health Services for people with Learning Disabilities	Good	Good	Good	Good	Good	Good
9. Wards for Older People with Mental Health Problems	Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
10. Adult Acute	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
11. Community based Mental Health Services for Child and Adolescents	Requires Improvement	Requires Improvement	Outstanding	Requires Improvement	Good	Requires Improvement
12. Overall Provider Report	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

## 2. Summary of findings

This section summarises the CQC findings at the time of the inspection.

Overall, the CQC rated the Trust as requires improvement, in relation to;

- Two core services were rated as inadequate under the 'safe' domain.
- The Trust had no plan in place to tackle the high rate of suicide.
- There were significant gaps in the flow of information, particularly around learning from serious untoward incidents.
- There were significant gaps in training, appraisal and supervision for some staff.
- The quality of care planning was inconsistent and did not always demonstrate how people were involved in their care.
- The Trust lacked strategic direction.
- The Trust had gaps in relation to providing the board with assurance.

However, 'caring' was rated as good or outstanding in all but one service and the Trust was considered to be a place of innovation and ideas, aspiring to best practice in many parts of the services provided.

The inspection team found that some areas of care in learning disability and older people's inpatient services were inadequate. The Trust closed Hanover Crescent (part of Brighton and Hove rehabilitation services) to admissions following feedback the CQC's concerns in relation to shortcomings within the building and the lack of clarity regarding the service model.

The CQC recommended a number of requirement notices to be put into force. These relate to ensuring that standards of hygiene are maintained, that staff are properly supported to receive their mandatory training, that risks are properly identified and people are involved in planning their own care.

The CQC found an elevated risk of people self-harming or committing suicide. Many of these deaths happened whilst people were in receipt of services in the community. The CQC found an elevated risk of suicide within 3 days of discharge and within 3 days of being admitted to an acute setting. In total there were 80 deaths in the period from 1 November to 31 October 2014. Whilst the CQC recognise that it is not just the Trust's responsibility to develop a suicide prevention plan, they have urged the Trust to initiate urgent work with public health and community agencies to address this.

The CQC were concerned that staff were not receiving timely feedback in relation to serious untoward incidents. The CQC therefore asked the Trust to supply them with details of length of time it took from notification of a serious untoward incident to time the report and action was completed and circulated. The data supplied suggested that the Trust was struggling to meet timescales, with some investigations having exceeded the time period stated in the policy. They concluded that this may impact on the ability to close the loop on serious incidents and ensure that learning to avoid / prevent similar incidents from emerging is shared.

The staff survey identified that there was an elevated risk to staff working extra hours and feeling stressed. The Trust had a clear action plan to address this which included reviewing the staffing levels and skills mix on inpatient units and re-introducing a three shift rota.

At the time of the inspection, the Trust acknowledged that there was not a system in place to identify clearly where agency staff were used. The Trust raised this with CQC prior to the inspection.

Overall, caring was rated as good, the trust achieved outstanding ratings in community child and adolescent services and forensic services. Staff were found to be compassionate, kind and motivated to go an extra mile for the people they served. Community services for older people, dementia and people with a learning disability were inspected in East Sussex and rated as good. They found a multidisciplinary approach was

used to support people effectively, national guidance and best practice was used to provide care and risk assessments were comprehensive.

Good solid evidence demonstrated that the Trust was sensitive to individual needs, taking cultural, religious and spiritual needs into account. The Trust also provided good information to people and this was available in a variety of languages and formats.

The CQC found that the Trust is a place where innovation is given priority and this enables them to seek new ways of working and bring about change to service delivery. They commented that there is much creativity at a senior level. They recommended that the Trust continues to ensure that the quality of more traditional services is maintained and that the desire to seek new and innovative ways of working is not at the expense of those services.

The inspection found that the senior management team were very positive about the new Chief Executive Officer (CEO). They felt that having been through a difficult and challenging period and that the culture of the board had changed for the better. The senior team came over as open and transparent in their interviews and discussions. The CEO was able to describe the challenges facing Sussex.

The report concluded that the Trust was in a period of some significant change, including a cultural change. Staff and stakeholders said that relationships with the Trust had been difficult to manage at times but that this was becoming more positive. Many felt that the new CEO was responsible for bringing in a more visible and open approach. The Trust did not have a clear strategic direction that was written down and understood by staff at the time of the inspection and also lacked a framework to ensure that the Board was clear about and understood the more detailed risks and challenges facing the organisation. It had identified the principal risks faced by the organisation.

### **3. Examples of immediate actions the Trust has taken**

- Held a CQC improvement plan event with staff from clinical and corporate services.
- Reviewed ligature risks based on the needs of different client groups and took action where appropriate to reduce risk.
- Taken action to improve the fabric of environments in older people's services
- Closed Hanover Crescent...
- Set up a Task and Finish group trust wide, work is underway on developing a policy and 'Delivering mixed sex accommodation (DSSA) plan for gender separation to promote dignity and privacy.
- Completed infection control audits of all inpatient services.
- Became a partner in Sign up to Safety, a national initiative to help the NHS improve patient safety.
- Introduced a 3 shift system within adult services. Staffing and skill mix has been reviewed and is in line with national guidance.

#### **Ongoing actions**

- 'My Learning' an electronic system for recording training and providing e-learning has been implemented and already used by about 3,000 staff.
- 'Carenotes' electronic patient record has been implemented in CAMHS and is scheduled to be implemented in adult services later this year.
- A review of governance has been undertaken and will be considered by the Board in September 2015.
- An Executive Assurance Committee has been introduced to ensure risk is appropriately triangulated.
- We developed and launched a five year strategy, Our 2020 Vision, following an engagement process involving staff, patients, carers, partner agencies and public. In our most recent series of public events, held in June / July 2015, we highlighted how people's feedback has been used to shape the strategy and involved them in discussions about what we need to do to achieve it.

#### 4. Services inspected in East Sussex

4.1 Acute wards for adults of working age	Department of Psychiatry, Eastbourne DGH, including Heathfield) Woodlands, Conquest Hospital
4.2 Mental health crisis services and health based places of safety	Department of Psychiatry CRHT and 136 suite Woodlands 136 suite
4.3 Wards for older people with Mental Health problems	St Anne's Centre, Gabriel Ward Beechwood Unit, Uckfield
4.4 Long stay/ rehabilitation mental health wards for working age adults	Amberstone Hospital Bramble lodge
4.5 Community-based mental health services for older adults	St Anne's Centre, Hastings Millwood CMHT, Uckfield Hospital

#### 5. Compliance (East Sussex)

**5.1 Wards for older people** some areas were rated as 'requires improvement'. All Older Adult wards were found not compliant with Department of Health requirements for single sex accommodation.

Issues highlighted

- Slips, trips and falls
- Out of date risk assessments
- Use of restraint and seclusion
- Access to Occupational Therapy and Psychology
- Holistic, recovery based care planning
- breakaway and de-escalation of violence training for hospitality staff
- access to prompt specialist nursing services e.g. diabetes Nurse
- access to ward pay telephones for use in private
- access care as close to home as possible
- Practice development e.g. Recovery focussed care
- Accredited Inpatient Mental Health service (AIMS).

In addition Gabriel's environment was reported as looking tired and not dementia friendly and the garden was deemed not safe for people with dementia

**5.2 Amberstone Hospital** which provides longer stay/ rehabilitation was rated as 'requires improvement in some areas.

Issues highlighted:

- Mandatory training.
- Secure medicines storage in bedrooms
- independent Mental Health Advocacy service

**5.3 Acute wards for adults** were primarily rated as 'requires improvement'. In East Sussex it was noted that some staff had not received supervision, appraisals or undertaken reflective practice in line with Trust policy.

There were some Trust wide issues across services that apply to East Sussex:

- Mandatory training compliance
- Learning from incidents and complaints
- Service Users involvement in care plans.
- Monitoring of the use of 136 suites
- The discharge pathway

We have developed a comprehensive action plan in response to the CQC inspection which includes areas of specific action for the East Sussex division. The action plans are available at: [www.sussexpartnership.nhs.uk/cqc](http://www.sussexpartnership.nhs.uk/cqc)

## **6. Good Practice**

### **6.1 Examples of good practice highlighted in East Sussex**

#### **Safe**

**On acute wards for adults it was noted that there were good** incident reporting systems in place and strong feedback mechanisms in place in order to learn lessons. Risk formulations were also reported as consistently strong, using a recognised methodology. There were good safeguarding practices and good medicine management.

#### **Effective**

Staff handovers in older people's wards were reported as ranging from good to excellent. Staff from the crisis teams were working with the police as part of the 'street triage' initiative. This was noted as having a significant impact on reducing the number of people detained and brought to 136 suites by the police. Community based mental health services for older people demonstrated that care was provided in accordance with evidence-based national guidelines and care pathways were used extensively to ensure best practice.

#### **Caring**

The environment at Beechwood was dementia friendly with colourful walls and posters/ pictures throughout the unit. The OT on Beechwood was reported as running a weekly 'carers' clinic' looking at improving their experience of the ward. As part of our Crisis and home treatment service, patients are given a 'welcome pack' that included information about what to expect from the crisis service and the care and support available to them.

#### **Responsive**

The crisis team were observed to work flexibly with patients to promote their privacy and responded to patients who found it difficult to meet at home by arranging to meet in cafes or in the hospital instead. Rehabilitation services were observed to be recovery orientated and promoted social inclusion and community involvement. The services encouraged positive risk taking and supported patients towards achieving independence

#### **Well led**

There was evidence of excellent dementia care practice on Beechwood ward. At the Department of Psychiatry and Woodlands, staff demonstrated a good understanding of their responsibilities in relation to the MHA 1983 and the code of practice. Staff had a clear understanding about MCA and DOLs.

### **6.2 Examples of good practice identified more generally**

#### **Safe**

There were services the CQC inspected which they found to be good under the 'safe' domain. This was because they had good systems in place to monitor risk; for instance a 'zoning' system in community services. Staff were able to articulate how to identify abuse and how to implement safeguarding procedures. Some wards had successfully reduced seclusion through implementing a reducing restrictive practices strategy.

## **Effective**

The Trust consistently demonstrated a good awareness of best practice. Staff were able to articulate how NICE guidelines were used. The Trust is clearly committed to using audit as a measure of how services were performing. The Trust has participated in seven national audits and has undertaken a number of local audits. The Trust is creative and keen to innovate and is taking part in national pilots. They are currently participating in the 'Street Triage' pilot, which aims to reduce the number of people detained inappropriately under S136 of the Mental Health Act 1983.

The Trust is also expanding their forensic and secure services. These services were noted for the initiatives they have implemented on patient involvement and improving patient experience.

The Harold Kidd Unit and the electroconvulsive therapy department are all accredited by the Royal College of Psychiatry.

CAMHS and forensic services belong to the Quality Network for Inpatient Care (QNIC) The network aims to demonstrate and improve the quality of inpatient care through a system of review against the QNIC service standard. The CQC saw that forensic services had implemented changes based on recommendations from the QNIC peer review.

### **6.1. Caring**

Caring was rated as good. This was because staff were found to be compassionate, kind and motivated to make a difference. Caring was rated as good across all core services. In some areas this was rated as outstanding.

The inspection team received positive feedback from patients and their carers and observed many instances where staff were kind and compassionate.

### **6.2. Responsive**

Positively, the proportion of patients followed up within 7 days of discharge was in line with the England average of 97%.

### **6.3. Well Led**

It was clear that there have been some significant changes at a senior level of the organisation. Work has been started to ensure that the Trust is open and transparent. The CEO was in the process of developing his team.

The Trust has a set of values and these were set out in the 'better by experience' booklet that lists and describes the five values: We welcome you. We hear you. We work with you. We are helpful. We are hopeful for you.

There was good financial management in place and the Trust had devolved budgets to the level of the clinical team.

Staff overall were very positive about their managers and most core services were rated as good.

## **7. Areas for Improvement:**

### **7.1. Action the provider MUST take to improve**

The CQC identified the following areas where the Trust must improve services across the organisation and specifically in East Sussex. The Trust has now developed action plans to address each of the following areas:

## **Older peoples' inpatient wards do not comply with DH gender separation requirements**

### **Action taken (Trust wide)**

A policy has been drafted to formalise the safeguarding of any patient placed in a bedroom which necessitates them having to walk past toilet/ bathing facilities of the opposite sex and ensures that this is resolved as soon as possible. Currently there is a group working to developing a 'Delivering Same-Sex Accommodation' (DSSA) Action Plan to include the operationalizing of this policy and our intentions with regard to our ward environments.

Some staff on acute wards for adults had not received supervision, appraisals or undertaken reflective practice in line with Trust policy and at Amberstone almost all staff had not completed basic or intermediate life support training and less than half the qualified nurses were up to date with mandatory medicines management training.

### **Action taken (Trust wide)**

The new learning management system "My Learning" is now live and provides self-service and manager access to training compliance records, E-Learning and booking courses. Locally, individuals training records will be looked at in supervision and appraisal as a matter of routine, this means that every member of staff will have a review of their mandatory compliance on a monthly basis. Staff will be required to take action to address training compliance gaps immediately and failure to address gaps within three months will result in disciplinary action.

### **Action the provider SHOULD take to improve**

#### **Older peoples' inpatient services SHOULD ensure:**

- Slips, trips and falls training should be cascaded across all older adult wards to support the pilot project on falls reduction
- The Trust should update its procedures on the use of restraint to reflect current guidance on the use of seclusion.
- Therapeutic activities and access to occupational therapy and psychology should be consistently and equally available across all older people's services.
- All patients should have access to outside areas; ward gardens were not safe for people with dementia
- The Trust should ensure all of its older adult inpatient services have access to prompt specialist nursing
- care record documentation should reflect a holistic, person centred recovery approach highlighting strengths of patients
- that staff receive regular updates and refreshers to promote the most current practice e.g. Recovery focussed care
- Consider participating in a national quality improvement plan such as the Accredited Inpatient Mental Health service (AIMS).
- learning from untoward incidents should be shared within and across wards and teams including night staff
- That all staff receive feedback from complaints

#### **Action taken**

- Redesigning our two dementia units in East Sussex to provide one new Dementia Intensive Care Unit (DICU).
- Service level agreement needs agreeing with local community NHS Trusts
- Slips trips and falls training now in place across older peoples' services
- Seclusion training included in adult services physical interventions training

- Practice development programme for older adult inpatient wards to be commenced on Raphael October 2015
- Clinical Academic Group (CAG) for older adult services is considering AIMS accreditation
- 'Report and learn' forum set up monthly to share learning from serious incidents and complaints open to staff across adult services and disseminated down to teams.
- Clinical Audit Committee set up to oversee and plan clinical audits and monitor CQINs, CQC action plans and LIA initiatives and disseminate learning through DLT and report and learn forum via a Clinical audit newsletter.

**Community-based services for older people SHOULD ensure;**

- The discharge pathway is identifiable with peoples' records.
- That people's risk assessments are up to date.
- That people are actively involved in developing and reviewing their care plans.

**Action taken**

- Trust wide 'Care notes' electronic patient record is being implemented in CAMHS and is scheduled to be implemented in adult services later this year and will address these issues.
- On-going supervision includes a case note audit to include monitoring of risk assessments and Service Users involvement in care planning
- Clinical audit programme, Trust wide includes auditing of health care records including SU involvement and risk assessments

**Amberstone hospital SHOULD ensure:**

- patients taking care of their own medicines can safely secure and store medicines in their bedrooms
- Put in place an independent Mental Health Advocacy service so that detained patients have access to an independent Mental Health Advocate

**Action taken**

- Facilities have been put in place to allow for Patients to safely store medicines in their bedrooms.
- An independent Mental Health Advocacy service is now in place

**136 suites providing a 'Place of Safety' SHOULD ensure:**

- Monitoring of the use of 136 suites should be reviewed, to improve the experience of patients, as there were gaps in key information about patients, such as arrival and discharge times

**Action taken**

- There is an on-going monthly 136 monitoring meeting held, which addresses key issues. This is attended by representatives from acute services, Sussex Partnership, adult social care and the Police. There were some gaps in the data collection forms at the time of the CQC visit, but the process has since been tightened up and all forms are now scrutinised to ensure the information is complete.

## **8. Our 2020 Vision: Outstanding care and treatment you can be confident in**

We have taken the CQC's findings into account when in developing our strategy for the next five years: Our 2020 Vision. Its overarching vision is to provide 'outstanding care and treatment you can be confident'. To achieve this, we have developed five strategic goals which will steer us towards where we want to be:

1. Safe, effective, quality patient care
2. Local, joined up patient care
3. Put research, innovation and learning into practice
4. Be the provider, employer and partner of choice
5. Live within our means

Our 2020 Vision describes what we will do over the next five years to improve the services we provide to patients. To help us plan this we've spoken to people about what they think of our services, the care we provide and what they would like us to do in future.

We've looked long and hard at where we know we need to improve. Carers and people who have used our services have told us, for example, that they can find it hard to know where to get help and sometimes feel like they are being passed around 'the system'. Whilst the way mental health services are provided is complex and involves a lot of organisations, this is something patients and carers shouldn't need to worry about. They shouldn't even notice. Our job is to work so well with our partners that people only notice the quality of care and support they are receiving. At the same time, it should be clear about where people should go if they have concerns or complaints at any time about their care.

Many of our services have developed new ideas to improve services for patients, but we are not as good as we should be at learning from these positive examples and putting them into practice elsewhere. More broadly, it can take up to 20 years in the UK for the learning from healthcare research to be used to benefit patients. We want to help reduce that gap. The mind and body continue to be treated separately, whereas it would be better for patients if physical and mental health care were brought more closely together.

### **8.1 Engagement**

The engagement strategy to develop Our 2020 Vision involved:

- six public events in January 2015 which were attended by patients, carers, staff, partner agencies and public.
- discussions with staff.
- discussions with our Board and Our Council of Governors, the latter of which includes patient, carer and public representation.
- sharing the draft strategy with stakeholders and adapting it in response to feedback.
- a further round of six public events in June / July 2015 where we demonstrated how we have used feedback to develop the strategy and invited people to be involved in discussion about how we implement it.

We are planning further engagement activity to continue the conversation with stakeholders how we achieve our vision to provide outstanding care and treatment you can be confident. Our 2020 Vision is available on our public website: [www.sussexpartnership.nhs.uk/our-strategy](http://www.sussexpartnership.nhs.uk/our-strategy)

We are also producing an overarching Quality Improvement Plan which describes what we are doing, in partnership with other organisations we work with, to address the wider issues raised by the CQC. This will be considered by our Board in September 2015 and will be published on our website. The Sussex Clinical Commissioning Groups and Local Authorities have been engaged and are contributing to the plan as not all the actions are within the sole gift of the Trust and will require the support and prioritisation in local plans and resource allocation.