

# THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

## IMPROVEMENT NOTICE

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| <b>Name of Trust:</b><br>South Eastern Health and Social Care Trust<br>(RQIA ID: 12002)  | <b>Name of Trust's Responsible Individual:</b><br>Ms Roisin Coulter, Chief Executive |                           |
| <b>Address of Trust:</b><br>South Eastern Health and Social Care Trust, Trust Headquarters, Ulster Hospital ,<br>Dundonald, BT16 1RH   |  |                           |
| <b>Issue Date:</b> 25 May 2021   | <b>Extended From:</b> 24<br>December 2021  | <b>IN Ref:</b> IN000009E1 |
| <b>Minimum standard requiring improvement:</b><br><br><b><i>The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (DoH, 2006)</i></b><br><br><b><i>Safe and Effective Care:</i></b><br><br><i>5.1 Standard Statement: Safe and effective care is provided by the HPSS to those service users who require treatment and care. Treatment or services, which have been shown not to be of benefit, following evaluation, should not be provided or commissioned by the HPSS.</i><br><br><i>Criteria 5.3</i><br><br><i>5.3.1 Ensuring Safe Practice and the Appropriate Management of Risk</i><br><br><i>The organisation:</i><br><br><i>a) has effective person-centred assessment, care planning and review systems in place, which include risk assessment and risk management processes and appropriate interagency approaches;</i><br><br><i>f) has properly maintained systems, policies and procedures in place, which are subject to regular audit and review to ensure:</i><br><i>- address recommendations contained in RQIA reports (when available), service and case management reviews.</i><br><br><i>5.3.3 Promoting Effective Care</i><br><br><i>The organisation:</i><br><br><i>e) uses recognised clinical and social care standards and outcomes as a means of</i> |  |                           |

*measuring health and social care quality:*

- f) promotes the implementation of evidence based practice through the use of recognised standards and guidelines including guidance from the Department, NICE, SCIE and the National Patient Safety Agency (NPSA);*

**Accessible, Flexible and Responsive Services:**

*6.1 Standard Statement: Services are sustainable, and are flexibly designed to best meet the needs of the local population. These services are delivered in a responsive way, which is sensitive to individual's assessed needs and preferences, and takes account of the availability of resources.*

*Each organisation strives to continuously improve the services it provides and/or commissions.*

*Criteria 6.3*

*6.3.1 Service Planning Processes*

*The Organisation:*

- a) has service planning processes which promote an equitable pattern of service provision or commissioning based on assessed need, having regard to the particular needs of different localities and people, the availability of resources, and local and regional priorities and objectives;*

*6.3.2 Service Delivery for Individuals, Carers and Relatives*

*The organisation:*

- a) ensures that all service users, carers and relatives are treated with dignity and respect and that their privacy is protected and promoted, including, where appropriate, the use of advocates and facilitators*

**Specific failings to comply with the statement of minimum standard:**

An Improvement Notice was issued to the South Eastern Health and Social Care Trust (the Trust) on 25 May 2021. The Improvement Notice was issued as a result of the Trust failing to ensure that the individual and human rights of patients are safeguarded in Ward 27. The mixed model of care and the ward environment did not provide a therapeutic environment appropriate to the needs of the two distinct categories of patients being managed in this ward as identified during inspections in September 2015, July 2017, November 2018 and April 2021.

Following the issue of the Improvement Notice we met with representatives from the Trust on 6 September 2021. Updated information describing action underway in respect of the May 21 action plan, was provided on 3 September and 7 December 2021. This demonstrated progress towards compliance with the actions outlined in

the Improvement Notice issued on 25 May 2021. The information provided assurances that the Trust fully understood its responsibilities and had an effective programme of work in place to address requirements set out in the Improvement Notice.

An unannounced inspection of Ward 27, Downshire Hospital from was undertaken between 4 and 25 November 2021. Our inspection team found further evidence of significant improvements.

In relation to the delineation of the two distinct models of care (Psychiatric Intensive Care (PICU) and low secure rehabilitation) provided on the ward, the staffing requirements for each group of patients had been clearly determined using the Telford Model. A deputy ward manager had been allocated to each separate patient group to support their needs. Individual lifestyle/resettlement plans were in place for a group of patients requiring low secure rehabilitation and specific staff had been allocated the task of advancing the resettlement work for this group of patients. It is acknowledged that, for as long as both categories of patients continue to remain in the same ward there will remain a requirement for a flexible model to address staffing challenges, in particular at times of staff shortages and high patient acuity. The Trust must ensure the staffing model is kept under continual review to ensure it meets the therapeutic needs of all patients accommodated. It is our determination that compliance with this action has now been achieved.

In relation to the refurbishment of the environment, there was evidence of significant refurbishment having been completed. Large areas of the ward had been redecorated and new furniture had been ordered for the lounges and dining areas. A new quiet space for use by patients had been created. Two of the four bathroom areas have undergone extensive refurbishment with the remainder either in progress or planned. The standard of cleanliness had improved significantly with evidence of good oversight and monitoring and plans were in place to refurbish the seclusion room to include ventilation and a window. The outside space had undergone significant works with further works planned. Work in relation to patient bays had been delayed due to the need to relocate patients to enable the work to be completed. Ongoing regional bed pressures have impacted decisions to relocate patients and close beds. Steps have been taken to address patient privacy and dignity concerns in the interim period. We have determined that good progress has been made by the Trust with regard to this required action.

In relation to establishing a PICU facility which meets with the National Minimum Standards for Psychiatric Intensive Care, building works had commenced for a new dedicated PICU unit. The completion date for the works remains on target for September 2022. Once the building is completed the Trust will be required to spend some time preparing the unit to receive patients. The target date for completion and a move of patients to the new unit is November 2022. It is our determination that significant progress has been made by the Trust in respect of the new build and thus the date by which the actions in this Improvement Notice must be achieved is extended from 30 September to 30 November 2022.

In relation to developing and implementing personalised discharge/resettlement plans which meet individual patient needs progress had been made for all eight patients with low secure rehabilitation needs. Since the inspection in April 2021 resettlement planning for patients has commenced. The Trust have demonstrated sustained commitment to progressing the resettlement of this group of patients. We have determined that good progress has been made by the Trust with regard to this required action.

In relation to establishing robust arrangements for monitoring delivery of the actions outlined in the Improvement Notice including oversight by Trust Board and providing RQIA with progress reporting at the end of August and November 2021, there was evidence of robust arrangements for oversight in place and updates had been provided to RQIA as required. The arrangements include regular internal Trust meetings, meetings with regional Health and Social Care Board and updates to the Trust Board. It is our determination that compliance with this action has now been achieved. The Trust have committed to continue to provide RQIA with updated action plans detailing the progress being made.

As a result of the improvements identified, RQIA determined to update the Improvement Notice and amend elements of the actions taking account of the significant progress made by the Trust and evidenced during the inspection 4 to 25 November 2021. In addition, we have extended the date for compliance until 30 November 2022 to enable the completion and commissioning of the PICU.

**Improvements necessary to achieve compliance:**

The Chief Executive, Executive Team and Director of Adult Services and Prison Healthcare must:

1. Complete the refurbishment of the current environment to optimise the available facilities to better support the complex needs of the patient population.
2. Complete and commission the new build PICU facility in line with, the National Minimum Standards for Psychiatric Intensive Care (NAPICU) by November 2022. Any deviations from the proposed timescales should be clearly articulated to all relevant stakeholders in a timely manner.
3. Continue to progress the discharge/resettlement plans for patients who are delayed in their discharge to include securing the required resources to deliver on the resettlement plans.
4. Continue to provide updates to RQIA at the end of January 2022 and thereafter every three months.

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The Registered Person/s/Trust's Responsible Individual/s may make written representations to the Chief Executive of RQIA regarding the issue of an Improvement Notice, within one month of serving of the original notice issued to you on the above date.

Date by which compliance must be achieved: 30 November 2022



Signed.....

Director of Mental Health, Learning Disability, Children's Services and Prison Healthcare

*This notice is served under Article 38 and 39 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Department of Health, Social Services and Public Safety.*

*It should be noted that failure to comply with the measures identified in this Improvement Notice may result in further enforcement action by RQIA.*