

30 June 2016

Our Ref: CQC IAT 1617 0136

Dear Mr Alexander

Thank you for your correspondence of **1 June 2016** in which you asked for information about the inspection of Southern Health NHS Trust in October 2014. Please accept our apologies for the delay in providing this response.

Your questions and the answers are given below:

1. The total cost of CQC's inspection of Southern Health NHS Foundation Trust 7-10 October 2014, including the production of the inspection report.

Cost Type	Amount (£)
Inspection Time Costs (including report writing time)	187,841
Hotels	60,665
Travel	14,831
Meeting Rooms	10,572
Total Costs	273,908

CQC's comprehensive inspections are trust wide and involve assessment of multiple services delivered both in hospital and community settings. They inevitably involve large teams, including specialist inspectors, experts in the field, and members of the public who represent the views of people who use services. They take several days so that time can be spent observing the care that is being delivered across all services, speaking both to people who use services and health and social care professionals, and feeding back initial findings to the providers so that improvements can be made quickly.

Southern Healthcare NHS Foundation Trust is one of the largest providers of mental health, specialist mental health, community, learning disability and social care services in the UK. The trust has 730 inpatient beds spread between 23 sites, and 200 main sites including community hospitals, health centres and inpatient units. As a result our comprehensive inspection of the trust in October 2014 required significantly higher numbers of inspectors than would be needed for an inspection of a smaller trust. The inspection team spent four days at the trust and their findings were published in 17 separate reports detailing the quality of care provided in hospitals, in clinics, and in the community.

We are committed to being a cost effective regulator and will work to keep our costs as low as possible as well as minimising the process requirements we have of providers. We will work more efficiently, delivering savings each year as identified in our business plans, to be a more effective regulator with a lower cost base by 2019/20.

Our five year strategy details that we will be more efficient by:

- Ensuring we are getting good value for money when we buy goods and services
- Making the best use of the skills we have to deliver what we need
- Ensuring we have robust financial management and reporting in place, with clear accountability and effective monitoring and escalation of risk

NOTES ON COSTS

Staff Costs - Inspection

CQC has made the following assumptions in calculating the cost:

Everybody on the NCSC inspection listing attended.

For Substantive Staff we have assumed a daily rate – this is calculated at 210 working days divided by Total Gross Salary (Basic Salary plus on costs of 23%)

We have assumed that all substantive staff attended the inspection for 5 days

For Bank Inspectors, we have assumed a daily rate of £250 plus 16% NI & Pensions and 12% Holiday Pay

National Professional Advisor's costs are taken from the Invoice submitted

For Specialist Advisors we have assumed a Daily Rate of £300 plus 11% NI & Pensions and 12% Holiday Pay

For Mental Health Act Reviewers we have assumed a Daily Rate of £300 plus 11% NI & Pensions

For Experts by Experience, we have assumed £300 per day plus Vat

Staff Costs – Report Writing

We based this on information within the Activity Recording Tool and converted the Daily Rate into an hourly rate at 7.4 hours = 1 Day

Hotels

All costs came from invoices submitted by Redfern with whom all CQC hotels are booked. All hotels are booked in line with the CQC Travel and Expenses Policy which we attach a copy of.

Travel

We have assumed that all travel has been booked for correctly through Redfern & also has been claimed correctly by expenses. All travel is booked

in line with the CQC Travel and Expenses Policy which we attach a copy of.

Meeting Rooms

The costs from Calder's Invoicing for meeting rooms.

2. Details of CQC staff who took part in the inspection, including numbers and seniority and specifically the number of specialist advisors.

The inspection team was divided into two separate teams. The first looked at the inpatient sites (which covered some community care) whilst the second looked at services in the community in general. These were broken down as follows:

Team 1: Inspection Leads Team

<u>Inspection Title</u>	Name and Job Title
CQC Head of Inspection	Karen Wilson
Inspection Chair	Shaun Clee (Chief Executive, 2gether NHS Foundation Trust, Gloucestershire)
Inspection Lead, Community	Anne Davis (Hospital Inspection Manager)
Inspection Lead, Mental Health	George Catford (Hospital Inspection Manager)
Inspection Lead, Mental Health	Jayne Norgate (Hospital Inspection Manager)
Inspection Lead, Mental Health	Alastair Cannon (External)

Team 1: Trust-wide Team

Michael Hutt – Chief Operating Officer - Cumbria Partnership NHS Foundation Trust

Team 1: Locations Team

<u>Location Inspected</u>	Job Title of Person on Inspection Team
<u>Elmleigh – Havant and Melbury Lodge – Winchester</u>	Inspector
	Inspector (support)
	MHA Reviewer
	Psychiatrist
	Nurse
	Student Nurse
<u>Parkland – Basingstoke</u>	Inspector
	Observer
	Psychiatrist
	Nurse
	Social Work professional
<u>Antelope House – Southampton</u>	Inspector

	Inspector
	MHA Reviewer
	Nurse Consultant
	Expert by Experience
<u>Various community locations across Basingstoke, Winchester, Southampton, Havant & Gosport</u>	Inspection Manager
	Senior Nurse
	Senior Nurse
	MHA Reviewer
<u>Slade House and Evenlode – Oxford</u>	Inspector
	MHA Reviewer
	National Professional Advisor
	Nurse
	Ex by Ex
<u>Ridgeway Centre – High Wycombe</u>	Deputy Head of Inspection & Inspector
	Nurse
	Ex by Ex
	Another professional
	Nurse
<u>Moorgreen Hospital and Woodhaven – Southampton</u>	Inspector
	Social Worker
	MHA Reviewer
	Another professional
<u>Ravenswood House – Fareham and Southfield – Southampton</u>	Inspector
	MHA Reviewer
	Psychiatrist
	Nurse
	Nurse
	Ex by Ex
<u>Leigh House – Winchester and Trust Headquarters, Bluebird House– Southampton</u>	Inspector
	MHA Reviewer
	Psychiatrist
<u>Eating Disorder Service</u>	Inspector
	MHA Reviewer
	Specialist (3 days)
<u>Older people inpatient and community</u>	Inspector
	MHA Reviewer
	Nurse
	Senior Nurse
	Psychiatrist
<u>Older people inpatient and community</u>	Inspector
	MHA Reviewer
	Nurse
	Nurse

There was also an Inspection Planner, Inspection Planner Support, Data Analyst and a recorder which supported all the above teams.

Team 2: Community Inspections

<u>Location Inspected</u>	Job Title of Person on Inspection Team
CQC Head of Inspection	Joyce Frederick
Inpatient & MIU	Geriatrician
	Surgical/Theatre Nurse Specialist
	Emergency Nurse Practitioner
	Older people nurse/ Community hospital matron/ward sister
	OT/ Physio /SALT
	Occupational Therapist / rehabilitation
	Senior Matron Rehabilitation
	Inspector
	Inspector
	Inspector
	Inspector
Adult Community Services	GP
	District Nurse
	District Nurse
	Community Matron
	Tissue viability nurse specialist
	Community physiotherapist
	Requested by HHI
	Locality manager (adult community services)
	Inspector
	Inspector
	Inspector
Children & Families	School nurse
	School nurse
	Locality manager (children services)
	Children's safeguarding lead (or 3rd HV)
	Inspector
	Inspector
	Inspector
	Inspector
CQC Inspectors - End of Life Care	Palliative care specialist nurse
	Palliative care specialist nurse
	Inspector

There were also 4 experts by experience engaged, a data analyst, 2

pharmacy inspectors and observer and a note taker.

3. The seniority of CQC personnel who directly reviewed the trust's serious incidents records and deaths data during the inspection

A variety of people from the Inspection Team will have looked at serious incidents and deaths. The Head of Inspection looked at the governance arrangements and policies and procedures but inspection managers, inspectors and SPAs will have followed up in the core services.

That said, CQC didn't look at it in as much detail as we did in the most recent inspection where we looked in detail at a sample of specific cases. During the October 2014 inspection we would have just spoken to staff about process and looked at a small number of cases - more concentration on whether staff understood and reported.

There is some info in the report about incidents (http://www.cqc.org.uk/sites/default/files/new_reports/AAAB9266.pdf) as the trust had a backlog but monitor was monitoring this and said there had been an improvement.

4. Total hotel, travel and staff expenses costs for the inspection

See response to point 1

Feedback

CQC will always endeavour to provide the highest quality responses to requests for information and seek to provide responses that are as helpful as possible. We would therefore appreciate if you can complete our online feedback form by visiting the following website:

<http://webdataforms.cqc.org.uk/Checkbox/InformationAccessFeedback.aspx>

Any information you provide will be held securely and only used for the purposes of improving the Information Rights service that CQC provide.

Yours sincerely

Russell Wynn
Senior Information Access Officer
Legal Services & Information Rights
Care Quality Commission
Citygate
Gallowgate
Newcastle Upon Tyne, NE1 4PA

Telephone: 0191 233 3587
Fax: 03000 200 240

The Care Quality Commission is the independent regulator of all health and adult social care in England. www.cqc.org.uk. For general enquiries, call the National Customer Service Centre (NCSC) on 03000 616161 or emailenquiries@cqc.org.uk.

Statutory requests for information made under access to information legislation such as the Data Protection Act 1998 and the Freedom of Information Act 2000 should be sent to: information.access@cqc.org.uk.

The contents of this email and any attachments are confidential to the intended recipient. They may not be disclosed to or used by or copied in any way by anyone other than the intended recipient. If this email is received in error, please notify us immediately by clicking "Reply" and delete the email. Please note that neither the Care Quality Commission nor the sender accepts any responsibility for viruses and it is your responsibility to scan or otherwise check this email and any attachments. Any views expressed in this message are those of the individual sender, except where the sender specifically states them to be the views of the Care Quality Commission