Council of Governors: Summary Sheet

Title of Paper:	Care Quality Commission (CQC) Well-led Inspection May-July 2018
Presented By:	Liz Lightbown, Executive Director of Nursing, Professions and Care Standards

Action Required:

For Information	✓	**For Ratification**		**For a decision**	
For Feedback		**Vote required**		**For Receipt**	✓

To which duty does this refer:

Holding non-executive directors individually and collectively to account for the performance of the Board	✓
Appointment, removal and deciding the terms of office of the Chair and non-executive directors	
Determining the remuneration of the Chair and non-executive directors	
Appointing or removing the Trust's auditor	
Approving or not the appointment of the Trust's chief executive	
Receiving the annual report and accounts and Auditor's report	
Representing the interests of members and the public	
Approving or not increases to non-NHS income of more than 5% of total income	
Approving or not significant transactions including acquisitions, mergers, separations and dissolutions	
Jointly approving changes to the Trust's constitution with the Board	
Expressing a view on the Trust's operational (forward) plans	
Consideration on the use of income from the provision of goods and services from sources other than the NHS in England	
Monitoring the activities of the Trust to ensure that they are being conducted in a manner consistent with its terms of authorisation and the constitution	
Monitoring the Trust's performance against its targets and strategic aims	

How does this item support the functioning of the Council of Governors?

It provides an overview of the Trust's recent well-led inspection by the CQC and the required improvements that the Trust needs to make.

Author of Report:	Julie Walton / Anita Winter
Designation:	Head of Care Standards / Associate Director of Patient Safety
Date:	27 November 2018

SUMMARY REPORT

Report to: Council of Governors

Date: 6 December 2018

Subject: Care Quality Commission (CQC) Well-led Inspection May – July 2018

Author: Julie Walton, Head of Care Standards
Anita Winter, Associate Director of Patient Safety

1.   Purpose

For approval	*For a collective decision*	*To report progress*	*To seek input from*	*For information/ assurance*	*Other (Please state below)*
				✓	

2.   Summary

The CQC's well-led inspection (July 2018) reports were published on 5th October 2018. This was the first time the Trust was inspected under the new CQC methodology, which focussed on leadership at all levels, from ward/team to Board. The five key questions assessed at inspection were, 'Are services safe, effective, caring, responsive and well-led'. Only eight mental health services were inspected. Not all areas and teams were inspected as part of the process. Services inspected were:

- Acute wards for adults of working age and psychiatric intensive care units – *Burbage, Stanage, Endcliffe & Maple wards*
- Long Stay or Rehabilitation mental health wards for working age adults – *Forest Close*
- Forensic wards – *Forest Lodge*
- Wards for older people with mental health problems – *Dovedale & G1 wards*
- Wards for people with a learning disability or autism
- Crisis and health based places of safety – *Maple Ward*
- Community-based mental health services for adults of working age
- Community-based mental health services for older people

The outcome to the inspection was the Trust was rated 'Requires Improvement' overall. Of the services inspected one (Community-based mental health services for older people) was rated as 'Outstanding'; six services were rated as 'Good' and four services were rated as 'Requires Improvement'.

The Five Key Questions (Domains) – Ratings

	Outstanding	Good	Requires Improvement	Inadequate
Safe		2	5	1
Effective		8		
Caring	1	7		
Responsive	1	6	1	
Well-led		7	4	

CQC Inspection Findings
The Trust received 20 requirements (must do's) relating to four Requirement Notices for breaches in Regulation 12 (Safe Care and Treatment), Regulation 15 (Premises and equipment), Regulation 17 (Good Governance) and Regulation 18 (Staffing).

The requirements (must do's) were given as below:

Core Service	No. of Requirements
Trust-wide	3
Acute Wards of Working Age & Psychiatric Intensive Care Unit	6
Long-stay Rehabilitation Wards	1
Forensic (Low Secure) Services	3
Acute Wards for Older Adults with Mental Health Problems	2
Wards for People with Learning Disabilities and Autism	3
Mental Health Crisis Services and Health Based Place of Safe	2

Action Plan Development
Each of the 20 requirements has an associated action plan that has been developed and approved through robust governance processes before being submitted to the CQC in accordance with the required regulations.

The action plans for the 39 'should do' recommendations are going through the same quality assurance process as the requirements (must do). This is expected to be concluded by the end of November 2018. The 'Should do' action plans are for internal improvement only and are not required to be submitted to the CQC.

The actions to address both the 'must dos' and the 'should dos' are being monitored through a 'master action plan', creating a central contemporaneous record of progress.

Themes
In the tables below are the 'themes' identified through the requirements and areas for improvement recommended by the CQC within this inspection.

Trust Level Actions:

	'Must do'
1	The Trust must ensure that effective systems and processes are in place to monitor and manage staff access to clinical supervision.
2	The Trust must ensure that its telephone systems are fit for purpose and ensure there is a system in place to monitor the volume of calls to the single point of access.
3	The trust must ensure that policies are reviewed and updated to reflect current national guidance and best practice.
	'Should do'
4	The trust should continue to monitor and review the impact of the reconfiguration of community services, including the waiting times for patients accessing the single point of access.
5	The trust should continue to consider and monitor the impact of the implementation of the digital integrated mental health care programme on operational staff to prevent future risks to the organisation.
6	The trust should ensure that that learning from incidents is shared with staff across all services.
7	The trust should ensure that the accessible information standard is fully implemented.

Service Level Action Themes:

	Themed 'Must do'
1	Staffing: • Staffing levels – including physical intervention trained • Induction • Supervision • Mandatory training • Staff sickness
2	Environment : • Risk assessments to include blind spots • Nurse call alarms • Seclusion (Forest Lodge) • Telephone system
3	Physical Health: • Health monitoring related to prescribed medication • Medical reviews (MHA) during seclusion • Health monitoring following administration of rapid tranquillisation
4	Medication: • Medicine management and storage
5	Emergency equipment: • Access and checking
6	Policies: • Dissemination, review and timely implementation
7	Incidents: • Lessons learnt
8	Mental Health Act Assessments

	Themed 'Should do'
1	Environment:
	• Green room' function
	• Nurse call alarm
	• Access to spiritual/prayer facilities
	• Safety of a garden path
2	Smoke free environment
3	Care plans and risk assessment:
	• Accuracy, involvement/collaboration and review
4	Communication with carers, including how to complain
5	Clinical supervision
6	Governance processes:
	• Use of data, monitoring staff assaults, cancelled leave, staff shortages, recording and monitoring waiting lists

3. Next Steps

Following the approval of the 'should do' action plans, the Trust's master action plan will be updated with all the requirements from the inspection.

4. Required Actions

The Council of Governors is asked to:

• Receive this report

5. Monitoring Arrangements

The individual action plans will be monitored through:

• Clinical Operations governance meetings
• Senior Clinical Operations, Performance and Governance meetings
• Executive Directors Group
• Quality Assurance Committee

6. Contact Details

For further information, please contact:
Liz Lightbown
Executive Director of Nursing, Professions and Care Standards
Email: liz.lightbown@shsc.nhs.uk