

Council of Governors: Summary Sheet

22nd October 2015
Item No 6

Title of Paper:

Care Quality Commission Action Plan progress update

Presented By:

Clive Clarke, Deputy Chief Executive

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 | X |
| 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 | X |
| Approving or not increases to non-NHS income of more than 5% of total income | |
| Approving or not acquisitions, mergers, separations and dissolutions | |
| Jointly approving changes to the trust's constitution with the Board | |
| Expressing a view on the Trust's 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. | X |
| Monitoring the Trust's performance against its targets and strategic aims | X |

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

This paper gives assurance to the Council on the Trust's actions following the CQC inspection in 2014. It enables governors to hold the Board to account and to represent the views of members and the public.

Author of Report:

Tania Tailor

Designation of Author:

Business Planning Partner

Date:

9th October 2015

SUMMARY REPORT

Report to: Council of Governors
Date: 22nd October 2015
Subject: CQC Action Plan Update – August Progress
From: Clive Clarke, Deputy Chief Executive

1. Purpose

| <i>For Approval</i> | <i>For a collective decision</i> | <i>To report progress</i> | <i>To seek input from</i> | <i>For information</i> | <i>Other (please state below)</i> |
|---|----------------------------------|---------------------------|---------------------------|------------------------|-----------------------------------|
| | | ✓ | | | |
| To provide the Council of Governors with sufficient assurances in respect of the Trust’s progress towards, and on-going compliance with, the Care Quality Commission’s (CQC’s) Fundamental Standards. | | | | | |

2. Summary

The update for August progress of the Trust’s CQC action plan is summarised below:

| | | |
|-------------------------|-------|------------|
| Delivered and embedded | Blue | 5 |
| On track to deliver | Green | 132 |
| Some issues | Amber | 3 |
| Not on track to deliver | Red | 11 |
| Total | | 151 |

The number of total actions has increased when compared to July because some previously grouped actions have been split into individual points, e.g.

5.1 The Trust must ensure that the standards of record keeping is improved in the following areas

- Observations following the use of rapid tranquilisation
- The recording of benzodiazepines to effect safe use
- Recording of fridge and room temperatures where medication is stored to ensure that medication is stored in appropriate environments.

Current performance:

11 actions are red. Some of these are Trust-wide issues duplicated across services, e.g. the business case for a temperature monitoring system. 5 actions are proposed to turn blue. Appendix 1 attached is a highlight report identifying actions which are red (not on track to deliver) and proposed to turn blue (delivered and embedded). Appendix 2 is the overall action plan with all BRAG ratings.

Validating evidence

As the action plan is now being routinely updated and monitored, new questions have arisen about how the organisation can be assured of progress. For an action to turn blue there must be evidence that the change made has had the desired impact consistently over a period of time. Evidence could include consecutive audit reports, training records, supervision logs, spot checks, or organisation KPI's changing. Over the coming months, directorates will submit their criteria for turning each action blue, using a system of three levels of control, e.g.

| CQC Finding | Remedial Action | Primary control | Secondary control | Tertiary control |
|---|---|--|---|------------------------------|
| Staff supervision were occurring less frequently than the providers six to eight weekly timescale. Members of care staff confirmed that the frequency of their supervision session varied but were not concerned by this. They told us that the registered manager and the deputy manager were supportive and said they could approach them should they need any support of guidance. | The arrangements for supervision and staff support at Wainwright Crescent have been reviewed. Appropriate supervision arrangements for all staff have been arranged and confirmed, along with arrangements for annual PDR's. The service has introduced an internal audit system to ensure progress is monitored. | Improvement in staff supervision and appraisal rates | Management system which captures outstanding supervisions and PDRs e.g. team manager checks | Review of evidence and audit |

3. Next Steps

The Council of Governors will receive a progress update for September at its December meeting.

4. Required Actions

The Council of Governors is asked to note the content of this report

5. Monitoring Arrangements

The monthly CQC update reports will be received by Executive Directors' Group, Quality Assurance Committee and Board of Directors.

6. Contact Details

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CQC Action Plan – August progress



Respect Fairness Ambition Compassion Accountability Partnership

BRAG Rating Scale

Actions are BRAG rated in line with Monitor guidance. Movement between the BRAG colours is based delivery against timescale.

| | | |
|-------------------------|--------------|------------|
| Delivered and embedded | Blue | 5 |
| On track to deliver | Green | 132 |
| Some issues | Amber | 3 |
| Not on track to deliver | Red | 11 |
| | Total | 151 |

Current performance:

11 actions are red (some of these are Trust-wide issues duplicated across services, e.g. temperature monitoring)

5 actions are proposed to turn blue

Red Actions

| Action Plan Ref. | Detail | Service | Executive Lead | Original Delivery Date | Current BRAG Rating |
|--|--|------------|----------------|------------------------|---------------------|
| 1.2 | The trust should ensure that there is improved governance systems to ensure ongoing adherence to the MHA and MHA Code of Practice. | Trust-wide | Clive Clarke | August 2015 | |
| <p>Update:</p> <ul style="list-style-type: none"> • A small group including the chairs of the Mental Health Act Group, Clive Clarke, Cath Dixon and Tania Baxter met on 19th August to review the MHA Group Terms of Reference. This draft ToR was taken to Quality Assurance Committee for approval in September. This new governance structure will improve the Trust's approach to compliance. • The Policy Implementation Group is overseeing changes to policies and protocols to ensure that they comply with the new Code of Practice. This group started to meet in September 2015 and is being led by Guy Hollingsworth. • New delivery date: October 2015 | | | | | |

Red Actions

| Action Plan Ref. | Detail | Service | Executive Lead | Original Delivery Date | Current BRAG Rating |
|---|---|---------------------------------------|----------------|------------------------|---------------------|
| 4.1 & 5.2 | A review of the Seclusion room facilities has been initiated. This review will consider the environment, design, environmental controls and aids to support communication. The review of the Seclusion Room facilities and environments to conclude in July 2015 with clear recommendations to deliver improvements to ensure necessary and desired standards are maintained. | Forest Lodge, Adult acute wards, PICU | Clive Clarke | July 2015 | |
| <p>Update:</p> <ul style="list-style-type: none"> • Immediate environmental issues were addressed soon after the inspection such as providing clocks, and replacing the scratched panels within seclusion rooms. • The review into seclusion rooms was undertaken by Rhodri Hannan by July 2015. • The next step following this is sign off of the implementation plan, which the Inpatient senior management team will do by 13th October and then take to EDG. • Improvement work will be complete by December 2015. • New delivery date: December 2015 | | | | | |

Red Actions

| Action Plan Ref. | Detail | Service | Executive Lead | Original Delivery Date | Current BRAG Rating |
|---|---|--------------|----------------------------------|------------------------|---------------------|
| 4.2 | A patient call system will be installed | Forest Lodge | Liz Lightbown & Phillip Easthope | July 2015 | |
| <p>Update:</p> <ul style="list-style-type: none"> • The intercom system has been ordered and will be installed in the seclusion room at Forest Lodge in early October. • This is part of wider improvement to seclusion rooms trust wide in line with Estates specification. • New delivery date: October 2015 | | | | | |

Red Actions

| Action Plan Ref. | Detail | Service | Executive Lead | Original Delivery Date | Current BRAG Rating |
|---|--|----------------------|----------------|------------------------|---------------------|
| 5.1 | <p>The Trust must ensure that the standards of record keeping is improved in the following areas</p> <ul style="list-style-type: none"> - Observations following the use of rapid tranquilisation <p>COMPLIANCE ACTION</p> | Acute wards and PICU | Liz Lightbown | July 2015 | |
| <p>Update:</p> <ul style="list-style-type: none"> • A memo to clinicians and leaders has been sent from the directorate and pharmacy in relation to rapid tranquilisation. • Stanage Ward will be piloting electronic observations after rapid tranquilisation during October. Following this pilot and evaluation, the directorate will implement electronic observation across all units. • New delivery date: November 2015 | | | | | |

Red Actions

| Action Plan Ref. | Detail | Service | Executive Lead | Original Delivery Date | Current BRAG Rating |
|--|---|----------------------------|----------------------------------|------------------------|---------------------|
| 5.2 | A further assessment of the risks presented from access to unobserved areas, taps and door hinges will be completed by the end of July 2015. The conclusions from the risk assessment will inform an agreed action plan to ensure the environments on the wards are safe. | Adult acute wards and PICU | Liz Lightbown & Phillip Easthope | July 2015 | |
| <p>Update:</p> <ul style="list-style-type: none"> • All wards have had a very recent ligature / safety assessment carried out, with an external person to support the process of risk identification. All actions followed up and method of managing residual risk documented. Therefore there is no immediate risk to service users. • Richard Bulmer, Lorena Cain, Maxine Statham, Helen Payne, Geoff Rawlings and Mark Gamble will meet in October to devise the plan and position statement regarding ligature risks presented by taps and door hinges. This will be brought to EDG in November 2015 for discussion and decision making. • New delivery date: November 2015 | | | | | |

Red Actions

| Action Plan Ref. | Detail | Service | Executive Lead | Original Delivery Date | Current BRAG Rating |
|---|--|------------|----------------|------------------------|---------------------|
| 5.1, 6.2, 8.1 | The further introduction of e-based monitoring systems in respect of safe storage of medicines will be explored by the Trust with an implementation plan agreed by July 2015 | Trust-wide | Clive Clarke | July 2015 | |
| <p>Update:</p> <ul style="list-style-type: none"> Trust wide approach agreed. Corporate business case and specification for fridge temperature monitoring system is currently being developed. This will be market tested to identify cost and procurement requirements. The importance of manually checking fridge temperatures has been emphasised in all relevant wards and services, and in some places new processes have been introduced for this. Within the inpatient directorate, a member of the SMT has audited the ward areas to check compliance, as a secondary tier management control. New delivery date: November 2015 (procurement underway) | | | | | |

Red Actions

| Action Plan Ref. | Detail | Service | Executive Lead | Original Delivery Date | Current BRAG Rating |
|---|---|------------|----------------|------------------------|---------------------|
| 9.2 | The provider should review the provision of dedicated pharmacist input into all trust services. | Trust-wide | Tim Kendall | July 2015 | |
| <p>Update:</p> <ul style="list-style-type: none"> • The increase in pharmacy capacity is pending progression and approval of a corporate business case. The business case proposes extra capacity for the Community, Specialist and Learning Disabilities Directorates. • Executive Directors Group received the business case and will receive a further iteration in October 2015. • New delivery date: October 2015 | | | | | |

Red Actions

| Action Plan Ref. | Detail | Service | Executive Lead | Original Delivery Date | Current BRAG Rating |
|---|---|------------------------------------|----------------|------------------------|---------------------|
| 12.5 | <p>Service line management arrangements are under review by Service Director & Clinical Director and the appropriate leadership structures will be confirmed.</p> <p>Recruitment of band 7 senior nursing staff for CLDT.</p> | Community Learning Disability Team | Liz Lightbown | July 2015 | |
| <p>Update:</p> <ul style="list-style-type: none"> • CLDT & ISS Restructure and Directorate Management Structure in final stages of sign off. • Sign off of structure delayed until October 2015 (originally planned for August). • Proposed revised date: October 2015 | | | | | |

Blue Actions

| Action Plan Ref. | Detail | Service | Executive Lead | Original Delivery Date | Current BRAG Rating |
|---|---|----------------------|------------------|------------------------|---------------------|
| 2.3 | As part of the Trust's inpatient rehabilitation strategy the bungalow/ ward design and environment at Forest Close will be extensively reviewed, and plans approved for a range of alterations and improvements. As part of this work appropriate refreshment / drinks bay facilities will be incorporated within the new design. The re-design will consider the provision of an assessment kitchen and the installation of internet access. | Rehabilitation wards | Phillip Easthope | Completed | |
| <p>Update:</p> <ul style="list-style-type: none"> The business case for plans at Forest Close was approved by Board in August. This business case detailed the design for alterations and improvements that will make the environment more therapeutic for service users. Work to be completed in March 2016 | | | | | |

Blue Actions

| Action Plan Ref. | Detail | Service | Executive Lead | Original Delivery Date | Current BRAG Rating |
|---|--|----------------------|----------------------------------|------------------------|---------------------|
| 6.5 | Door closures within the Ward to be reviewed and appropriate solutions actioned by end of July 2015. | Rehabilitation wards | Liz Lightbown & Phillip Easthope | Completed | |
| <p>Update:</p> <p>Installation of door guards on Dovedale took place 21st August 2015.</p> <p><u>Evidence provided:</u></p> <ul style="list-style-type: none"> • Screenshot of order on system • Email confirming it was installed | | | | | |

Blue Actions

| Action Plan Ref. | Detail | Service | Executive Lead | Original Delivery Date | Current BRAG Rating |
|--|---|---------------|----------------|------------------------|---------------------|
| 10.9 | The registered person did not have effective systems in place to monitor the quality of the service delivery. COMPLIANCE ACTION | Woodland View | Liz Lightbown | Completed | |
| <p>Update:</p> <p>New governance structures and monthly performance meetings are being maintained.</p> <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Monthly agendas and meeting minutes from Jan 14 - August 15. • Progress and review against the comprehensive Service Project Plan. • Service Review Steering Group Terms of Reference. <p>Approaches in place to gather feedback about resident and staff experiences.</p> <p><u>Evidence</u></p> <ul style="list-style-type: none"> • Survey results for June 2014 (paper and electronic versions were available). • 'You said, we did' posters were displayed at WV after changes were made. • The survey has recently been repeated for both staff and residents and evidence of the letter to carers and residents has been provided (June 2015) | | | | | |

Blue Actions

| Action Plan Ref. | Detail | Service | Executive Lead | Original Delivery Date | Current BRAG Rating |
|---|---|------------------------------------|----------------|------------------------|---------------------|
| 12.1 | The provider should ensure there is a long term strategy to manage staff sickness and impact on workload and waiting lists. | Community Learning Disability Team | Liz Lightbown | Completed | |
| <p>Update:</p> <ul style="list-style-type: none"> • A joint programme with Human Resources Department has been in place since early 2015. This ensures plans are in place to support staff experiencing difficulties with health and sickness issues. • A protocol is in place to manage caseloads during and following short or long-term sickness of a clinician. • Caseloads are monitored on a weekly basis via activity meetings. • Staff are proactively supported through sickness management procedures. <p><u>Evidence provided</u></p> <ul style="list-style-type: none"> • CLDT & ISS Community Sickness Protocol • Email confirming implementation of protocol in CLDT | | | | | |

Blue Actions

| Action Plan Ref. | Detail | Service | Executive Lead | Original Delivery Date | Current BRAG Rating |
|---|---|---|----------------|------------------------|---------------------|
| 13.4 | We noted a strong malodour in one of the bedrooms. The registered manager was present and said that they would purchase new flooring for this room. | Learning Disabilities (Warminster Road) | Liz Lightbown | Completed | |
| <p>Update:</p> <ul style="list-style-type: none"> The service used specialist cleaning rather than replacing the flooring. This has successfully removed the odour and there have been no further problems. | | | | | |