

## BOARD OF DIRECTORS MEETING (Open)

Date: 14 November 2018

Item Ref:

08

<b>TITLE OF PAPER</b>	Care Quality Commission – Trust Action Plan
<b>TO BE PRESENTED BY</b>	Liz Lightbown, Executive Director of Nursing, Professions & Care Standards
<b>ACTION REQUIRED</b>	To receive the report for information and assurance

<b>OUTCOME</b>	Members are informed of the report submitted to the Care Quality Commission (CQC) with actions the Trust is taking in response to the CQC Well-led Inspection (July 2018).
<b>TIMETABLE FOR DECISION</b>	N/A
<b>LINKS TO OTHER KEY REPORTS / DECISIONS</b>	CQC Inspection Reports
<b>STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER &amp; DESCRIPTION</b>	Strategic Aim: Quality & Safety Strategic Objective: A1 01: Effective quality assurance and improvement will underpin all we do.  BAF Risk Number: A1 01i: BAF Risk Description: Inability to provide high quality care due to failure to meet regulatory standards (registration and compliance).
<b>LINKS TO NHS CONSTITUTION &amp; OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b>	Health and Social Care Act 2008 (Regulated Activities) Care Quality Commission's Fundamental Standards Care Quality Commission's Enforcement Policy Mental Health Act 1983
<b>IMPLICATIONS FOR SERVICE DELIVERY &amp; FINANCIAL IMPACT</b>	Failure to comply with CQC Regulatory Standards could affect the Trust's registration, negatively affect care delivery and require additional funding to address.
<b>CONSIDERATION OF LEGAL ISSUES</b>	Non-compliance with regulatory care requirements could result in conditions to the Trust's registration with the CQC and NHS Improvement (segmentation rating).

<b>Author of Report</b>	Julie Walton
<b>Designation</b>	Interim Head of Care Standards
<b>Date of Report</b>	08 November 2018

# SUMMARY REPORT

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**Report to: BOARD OF DIRECTORS**

**Subject: Care Quality Commission – Trust Action Plan**

**Author: Julie Walton Interim Head of Care Standards**

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## 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>
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## 2. Summary

The purpose of this paper is to provide a progress report on the submission of the action plans in response to the Care Quality Commission (CQC) Well-led Inspection (July 2018), which was submitted on 30<sup>th</sup> October 2018. Individual copies of each action plan can be found in Appendix 1.

The final reports from the CQC Well-led Inspection were published on 5th September 2018. The Trust was required to provide a report in compliance with Regulation 17 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The purpose of the report is to inform the CQC of actions the Trust is taking in order to address the 20 legal requirements (Must do) resulting from breaches of regulation identified at the inspection.

Action plans have been formulated by the staff delivering the services and/or are responsible from a corporate perspective. There has been a quality assurance process in operation. This has been a coordinated approach and undertaken in partnership across operational and corporate services. The quality assurance process comprised of:

- Service level formulation of plans, checked and approved at local level
- A quality assurance check and approval by senior clinical operations directors/managers
- A quality assurance check by the task and finish group who have been overseeing the process with executive lead input
- Subject to scrutiny and approval by the Executive Directors Group

### Actions to Address

The 20 requirements related 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 20 requirements (Must do) related to the Trust and services as follows:

- Trust Level x 3
- Acute Wards of Working Age (Burbage & Stanage Wards) & Psychiatric Intensive Care Unit (Endcliffe Ward) x 6
- Long-stay Rehabilitation Wards (Forest Close) x 1
- Forensic (Low Secure) Services (Forest Lodge) x 3
- Acute Wards for Older Adults with Mental Health Problems x 2
- Wards for People with Learning Disabilities and Autism (Assessment & Treatment Service, at Firshill Rise) x 3
- Mental Health Crisis Services and Health Based Place of Safety (Maple Ward) x 2

In addition, there were 39 recommendations (Should do) across the eight services inspected, including four at Trust level. The action plans for these recommendations have been formulated and 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.

### **3 Next Steps**

The Trust master action plan will be updated with the requirements from the inspection.

### **4 Required Actions**

Board Members are asked to receive the reports for information.

### **5 Monitoring Arrangements**

The action plans will be monitored through:

- The Senior Clinical Operations, Performance and Governance meeting
- The Executive Directors Group
- Quality Assurance Committee

### **6 Contact Details**

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## Appendix 1

### Regulation 17 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

#### Sheffield Health & Social Care NHS Foundation Trust Report: Action Plans

No	Requirement Actions (Must Do)	Item
<b>1.</b>	<b>At Trust level</b>	
<b>1.1</b>	The trust must ensure that effective systems and processes are in place to monitor and manage staff access to clinical supervision.	 <b>20181025 Trust Level Clinical Supervi</b>
<b>1.2</b>	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.	 <b>20181025 Trust Telephone System Fil</b>
<b>1.3</b>	The trust must ensure that policies are reviewed and updated to reflect current national guidance and best practice.	 <b>20181025 Trust Level Policies FINAL.p</b>
<b>2.</b>	<b>Acute wards for adults of working age and psychiatric intensive care units</b>	
<b>2.1</b>	The trust must ensure that staffing levels are sufficient to meet the needs of patients, including the use of physical interventions.	 <b>20181025 Acute and PICU Respect FINAL.p</b>
<b>2.2</b>	The trust must ensure that staff undertake the required physical health monitoring following the administration of rapid tranquilisation and ensure nursing and medical reviews are completed during seclusion.	 <b>20181025 Acute and PICU Rapid Tranq Fil</b>
<b>2.3</b>	The trust must ensure that medicines are stored and managed safely and emergency equipment is checked in line with the trust policy.	 <b>20181025 Acute and PICU Emergency Equi</b>
<b>2.4</b>	The trust must ensure that child visitors are safeguarded from potential abuse.	 <b>20181025 Acute and PICU Child Visitors Fil</b>
<b>2.5</b>	The trust must ensure that environmental risk assessments include the identification and mitigation of blind spots and that these are reviewed following serious incidents and copies are available on the wards.	 <b>20181025 Acute and PICU Blind Spots FIN</b>
<b>2.6</b>	The trust must ensure that systems and processes are established and operated effectively to identify issues relating to staffing, supervision, recording following restrictive practice, cancelled section 17 leave and patients	 <b>20181025 Acute and PICU Local Governan</b>

	being unable to return to a bed on the ward following a period of leave.	
<b>3.</b>	<b>Long-stay or rehabilitation mental health wards for working age adults</b>	
<b>3.1</b>	The trust must ensure that patients have the necessary physical health monitoring in relation to their prescribed medication in line with current national guidance.	 <b>2018 1025 Long Stay Rehab Health Monitor</b>
<b>4.</b>	<b>Forensic inpatient or secure wards</b>	
<b>4.1</b>	The trust must ensure that the seclusion room meets the minimum requirements of the Mental Health Act Code of Practice.	 <b>2018 1025 Forensic Seclusion FINAL.pdf</b>
<b>4.2</b>	The trust must ensure that nurse call systems are installed in all areas to which patients have access.	 <b>2018 1025 Forensic Nurse Call FINAL.pdf</b>
<b>4.3</b>	The trust must ensure that policies are disseminated to staff and implemented in a timely manner.	 <b>2018 1025 Forensic Policies FINAL.pdf</b>
<b>5.</b>	<b>Wards for older people with mental health problems</b>	
<b>5.1</b>	The trust must ensure that there are systems and processes in place to routinely check the emergency equipment on each ward.	 <b>2018 1025 Wards OA Emergency Equip FIN</b>
<b>5.2</b>	The trust must ensure that there is easy access and signage to aid visibility to nurse call systems throughout ward G1.	 <b>2018 1025 Wards OA Nurse Call FINAL.pdf</b>
<b>6.</b>	<b>Wards for people with a learning disability or autism</b>	
<b>6.1</b>	The trust must ensure that staff receive an induction in line with trust policy before they start work on the ward.	 <b>2018 1025 Wards LD &amp; A Induction FINAL</b>
<b>6.2</b>	The trust must ensure that there is the minimum number of staff trained in managing aggression and violence on all shifts as outlined in trust policy.	 <b>2018 1025 Wards LD &amp; A Respect FINAL.p</b>
<b>6.3</b>	The trust must ensure that managers review all incidents in a timely manner and provide feedback on lessons learned to staff.	 <b>2018 1025 Wards LD &amp; A Incidents FINAL.p</b>
<b>7.</b>	<b>Mental health crisis services and health-based places of safety</b>	
<b>7.1</b>	The trust must ensure that Mental Health Act assessments are carried out in a timely manner.	 <b>2018 1025 Crisis &amp; HEPoS MHA Assess F</b>
<b>7.2</b>	The trust must ensure that its crisis 24/7 telephone line is fit for purpose.	 <b>2018 1025 HEPoS Telephone System F</b>