

## Board of Directors

Date: 10 June 2020

Item Ref: 05b

|                           |  |
|---------------------------|--|
| <b>TITLE OF PAPER</b>     | <b>Care Quality Commission Section 29A Action Plan Update</b>  |
| <b>TO BE PRESENTED BY</b> | Dr Mike Hunter, Medical Director   |
| <b>ACTION REQUIRED</b>    | The Board is asked to: <ul style="list-style-type: none"> <li>Receive this report for information and assurance</li> </ul> |

|  |  |
|--|--|
| <b>OUTCOME</b>   | To update the Board on progress with action plans following the issuing of a Section 29A Warning Notice for discussion and assurance.  |
| <b>TIMETABLE FOR DECISION</b>  | 10 June 2020   |
| <b>LINKS TO OTHER KEY REPORTS/DECISIONS</b>                                    | CQC Inspection Reports<br>CQC updates to the Quality Assurance Committee<br>CQC updates to Trust Board   |
| <b>STRATEGIC AIM STRATEGIC OBJECTIVE</b>                                       | Quality & Safety<br>1.1 Effective governance, and quality assurance and improvement will underpin all we do.   |
| <b>BAF RISK NUMBER &amp; DESCRIPTION</b>                                       | A101i<br>Failure to meet regulatory standards (registration and compliance).   |
| <b>LINKS TO NHS CONSTITUTION/OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC</b> | Health and Social Care Act 2008 (Regulated Activities)<br>Care Quality Commission's Fundamental Standards<br>Care Quality Commission's Enforcement Policy<br>Mental Health Act 1983<br><br>Risk 4240 - Risk that the Trust may not improve the quality of patient care due to being unable to evidence the completion of all must do and should do actions |
| <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>   | Failure to comply with the Health and Social Care Act 2008 (Regulated Activities) and in particular the recent enforcement notice issued could leave the Trust open to further action by the CQC, with a potential financial and reputational impact.  |

|                         |                     |
|-------------------------|---------------------|
| <b>Author of Report</b> | Andrea Wilson       |
| <b>Designation</b>      | Director of Quality |
| <b>Date of Report</b>   | 2 June 2020         |

# Summary Report

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## 1. Purpose

| For approval  | For assurance | For collective decision | To seek input | To report progress | For information | Other (Please state) |
|---|---------------|-------------------------|---------------|--------------------|-----------------|----------------------|
|   | √             |                         |               | √                  |                 |                      |
| To update the Board on progress on the actions taken to address the requirements identified within the CQC Section 29A Warning Notice issued. |               |                         |               |                    |                 |                      |

## 2. Summary

We had previously received a Section 29A Warning Notice on 17 February 2020, which stated:

“This warning notice serves to notify you that the Care Quality Commission has formed the view that the quality of health care provided by Sheffield health and Social Care NHS Foundation Trust for the regulated activities above requires significant improvement.”

The CQC identified four areas requiring significant improvement:

- Staffing of the acute wards, particularly the imbalance of experience and newly qualified staff (timescale 31 March 2020);
- Compliance with mandatory training and supervision across the trust (timescale 31 May 2020);
- The management of physical health needs and understanding the side effects of medications prescribed (timescale 31 March 2020);
- Ineffectiveness of systems within the trust to identify and alert us to risks that required mitigation and action (timescale 29 May 2020).

Action continues to be taken to achieve the improvements required in the key areas identified by the CQC with regular oversight and reporting in place in all areas.

A dashboard has been developed to show progress with the four points of the notice with the addition of actions being taken to improve our environments and estates for information as this is a priority for action within the Trust.

For the latest dashboard summarising our position as at 24th May 2020 please see Appendix A.

Reporting consists of:

- Physical health monitoring - all inpatient services are reporting each day their compliance with monitoring physical health observations including medication related, condition related and rapid tranquilisation
- Mandatory training compliance – weekly reporting
- Supervision – weekly reporting
- Governance – weekly reporting.

Work is underway to identify areas of potential concern and actions that can be taken to address them. Though improvements continue to be made, of particular note are the mandatory training related subjects where suitable alternatives to face to face delivery continue to challenge the Trust's ability to achieve 80% compliance in all teams and services. As noted on the dashboard, these are Intermediate Life Support (basic life support is offered as an alternative), RESPECT Training and Moving and Handling (Level 2).

### 3. Next Steps

All appropriate actions to be taken to ensure that the Trust is able to report a significantly improved position as at 31st May 2020.

To prepare to transition arrangements for the delivery, monitoring and scrutiny of S29A actions into the overall work programme (Back to Good) and to ensure that the improvements achieved are sustained as business as usual.

### 4. Required Actions

Board is requested to:

- Note the progress made in relation to the S29A notice.
- Note the oversight and scrutiny in place and that work continues to identify potential areas of risk to delivery. To also note that remedial actions are being identified wherever possible to maximise the Trusts opportunity to demonstrate significant improvement as required.
- Note that support is being made available to all teams and services as required to support them to deliver.

### 5. Monitoring Arrangements

The Section 29A warning notice action plans are monitored through:

- Weekly CQC S29A action plan oversight calls (led by the Medical Director)
- Quality Assurance Committee and Trust Board

### 6. Contact Details

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**CQC Section 29A Warning Notice: Weekly Progress Report**

|                         |          |                        |                           |                         |             |
|-------------------------|----------|------------------------|---------------------------|-------------------------|-------------|
| Progress Rating Summary |          | Report Date:           | Executive Sponsor:        | CQC Delivery Programme  |             |
| Current                 | Previous | Status: Implementation | Report Type: Programme    | 24/05/2020              | Mike Hunter |
|                         |          |                        | Planned Start: 21/02/2020 | Planned end: 31/05/2020 |             |

**Staffing & Supervision**

**Aim: We will ensure that there are suitable and sufficient qualified, skilled and experienced staff within inpatient services.**

We plan our staffing according to the Actual Funded Establishment and monitor this using Safe Care Analysis. We work on agreed minimum safe staffing numbers for the acute wards which are noted as follows:

- Burbage, Stange, Dovedale and G1 wards: 2:4 day shifts and 2:2 night shifts
- Maple ward: 3:4 day shift and 3:3 night shifts
- Endcliffe ward: 3:3 day shifts and 2:4 night shifts

For the period w/e 24 May 2020, all wards met 100% minimum staffing requirements across early and late shifts. G1 are operating on lower occupancy levels (10 beds).

Night shifts  
G1: 20/05/2020 - 1 nurse plus 5 support workers. Agency band 5 booked but did not attend shift. Note: supported by Flow Coordinator

Wards are not always able to cover staff sickness reported at short notice. However, where staffing levels on night shifts are short, these are supported by the Flow Coordinators. Staffing from the Decision Unit is being allocated into areas with staff shortages. However, these are not always amended on the e-roster system, therefore may show as shortages on the ward staffing levels on e-rostering. A band 3 support worker is rostered to support the Flow Coordinators, with the intention of them being deployed where required at night. When this individual is allocated to an inpatient area, their shifts are not allocated to that area on e-roster. A programme of staff redeployment has commenced with significant numbers of staff from community teams, deployed into inpatient areas, particularly Dovedale, Stange, Burbage and G1 wards.

| Acute and Older Adult Wards | % of shifts meeting minimum requirement in line with 2:4 staffing ratio      |               |         |
|-----------------------------|--|---------------|---------|
|                             | Early/Long Day   | Late/Long Day | Night   |
|                             | % of shifts meeting min requirement  |               |         |
| Date                        |  |               |         |
| 31/03/2020                  | 92.90%   | 92.90%        | 69.50%  |
| 06/04/2020                  | 88.10%   | 83.33%        | 92.86%  |
| 13/04/2020                  | 98.62%   | 92.86%        | 92.86%  |
|                             | % of shifts meeting new minimum requirement specific to each individual ward |               |         |
| w/e 19/04/2020              | 97.62%   | 97.86%        | 92.86%  |
| w/e 26/04/2020              | 100.00%  | 97.62%        | 88.10%  |
| w/e 03/05/2020              | 97.62%   | 95.24%        | 100.00% |
| w/e 10/05/2020              | 100.00%  | 100.00%       | 100.00% |
| w/e 17/05/2020              | 100.00%  | 100.00%       | 92.86%  |
| w/e24/05/20                 | 100.00%  | 100.00%       | 97.62   |

| Table shows cumulative compliance with 4 supervisions per year from June 2019. Exclusions: Staff on extended periods of leave e.g. Maternity |  |                   |                    |
|--|--|-------------------|--------------------|
| Week   | Overall Trust % Supervision Compliance | Clinical Services | Corporate Services |
| 24-Feb-20  | 51.30%                                 | n/a               | n/a                |
| 15-Mar-20  | 60.10%                                 | n/a               | n/a                |
| 23-Mar-20  | 62.10%                                 | n/a               | n/a                |
| 30-Mar-20  | 62.70%                                 | n/a               | n/a                |
| 06-Apr-20  | 62.70%                                 | n/a               | n/a                |
| 13-Apr-20  | 64.46%                                 | n/a               | n/a                |
| 20-Apr-20  | 66.71%                                 | 74.42%            | 24.45%             |
| 27-Apr-20  | 69.64%                                 | 75.88%            | 35.44%             |
| 04-May-20  | 72.00%                                 | 77.00%            | 45.00%             |
| 10-May-20  | 74.89%                                 | 78.49%            | 55.22%             |
| 17-May-20  | 77.98%                                 | 81.00%            | 62.37%             |
| 25-May-20  | 81.30%                                 | 84.04%            | 67.11%             |

**Preceptorship Nurses**

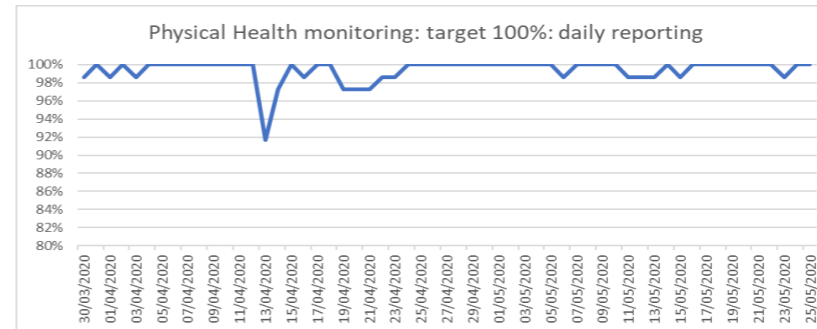
20/05/20 G1 Ward  
One preceptor on night shift with five support workers. Agency nurse booked but unfortunately did not attend for shift. Supported by FLOW coordinator

**Physical Health**

**Aim: We will complete 100% of daily physical health monitoring including in relation to rapid tranquilisation, general physical observations (e.g. weight), diabetes, seclusion and Clozapine administration to ensure side effects of medications are always managed safely and in line with national guidance.**

(19-25 May 2020)

Non-compliance in this period was due to one missed physical health check on Stange Ward. All other wards were 100% compliant for the period.



**Estates**

**Aim: We are eliminating dormitories and providing inpatient accommodation, including seclusion facilities, which are private, dignified and fit for purpose.**

Work Programmes

- Dormitories and seclusion rooms - Following approval of the Business Case for expenditure of fees to enable designs to be worked up to RIBA Stage 4 the design team (Arcadis) have been engaged via Single Tender Waiver (approved). The project programme is now being developed and it is anticipated works will be out to tender for mid-August.

Forest Close Bungalow 3

- SAS alarm system extended to 13 July 2020 now postponed due to impact of COVID-19 and this unit being in use as an isolation unit.

The finance code to enable limited security access works to Bungalow 3 for its short/medium term use (continued use for isolation beds + beds for MoJ "returning from leave" patients who cannot be re-admitted to their bed in the Forest Close bungalows) was provided and work is underway.

The main (original) business case is now postponed until further notice but this position will need to be kept under review.

Redecoration Programmes

- Maple ward redecoration - Work scheduled to commence 6 April 2020 with completion 10 July 2020 is now postponed due to COVID-19

**Governance**

**Aim: We are improving the line of sight from ward to Board ensuring effective escalation and communication of risk.**

- Monthly Board Quality Report established from April and revised Performance Report to support Ward to Board reporting - ongoing development of triangulation and exception reporting. Performance framework continues to be developed with key leads.
- Plans agreed for Executive and Non-executive Director visibility through virtual channels (until face-to-face programme can be undertaken) will begin in June. Mechanism established for feedback to Board and in addition to feed into QAC in a quarterly report.
- Supervision policy on track for approval May (WODC) - to include detail on monitoring, implementation and audit. Physical health strategy presented at at May Board and agreed in principle.
- Governance mapping for other workstreams areas underway - completed for supervision, physical health observation, mandatory training and meeting planned for safe staffing.
- Risk Management training under review to develop a mandatory training module for all staff.
- Working with teams (Forest Close, Forest Lodge, Dovedale, G1) to identify support requirements for effective escalation of risk for wider rollout across the Trust.
- We are finalising a Well-Led Improvement Programme which addresses governance of risk, addressing CQC findings and building towards a wider review of well-led domains. This will be presented to May Audit and Risk Committee and June Board.

**Training**

| Overall Trust Compliance with Mandatory Training | 31-Dec-20 | 15-Mar-20 | 22-Mar-20 | 06-Apr-20 | 13-Apr-20 | 19-Apr-20 | 26-Apr-20 | 03-May-20 | 10-May-20 | 17-May-20 | 24-May-20 | Trend |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-------|
|  | 70%       | 78.33     | 83.33%    | 86.81%    | 87.08%    | 86.37%    | 87.52%    | 87.95%    | 88.02%    | 89.03%    | 90.24%    | ↑     |
| % Services over 80%                              | 86.40%    | 91%       | 88.64%    | 90.91%    | 83.63%    | 86.36%    | 88.09%    | 88.09%    | 95.00%    | 97.67%    | 100.00%   | ↑     |
| % Subjects over 80%                              | N/A       | 58.62%    | 48.28%    | 82.76%    | 82.76%    | 79.31%    | 82.76%    | 82.76%    | 89.65%    | 89.65%    | 93.10%    | ↑     |

Subjects showing a downward trend  
\* Moving & Handling L2 \* Safeguarding L3  
\* Respect Level 1 & 3

Subjects below 80% compliance  
\* Respect Level 2  
\* Moving & Handling Level 2

There are no services below 80% compliance (excludes medical & corporate services)

Due to the impact of COVID-19, the period of update training for face to face subjects for those staff expiring or about to expire has been extended to 31 October 2020

Due to social distancing, it is currently not possible to safely deliver Immediate Life Support, Respect Levels 2 and 3 and the practical element of Moving and Handling Level 2 due to the close personal contact needed to undertake the hands on elements of these courses. There are however different methods of training in place to cover the knowledge and theory and provide part compliance. Once face to face training for these subjects resumes these learners will be prioritised to complete the practical elements of the training.

**As at 24 May 2020**

- Of the 307 staff who are non-compliant in Moving and Handling Level 2, 251 (81.76%) of those who have not completed the training have the knowledge/achieved level 1.
- Of the 62 staff who are non-compliant in Immediate Life Support, 51 (82.26%) are compliant with Basic Life Support
- 95 staff have completed Respect Awareness for new/reassigned staff going to inpatient areas.