

## Council of Governors: Summary Sheet

**Title of Paper:**

**Presented By:**

<b>Action Required:</b>	<b>For Information</b>	<input checked="" type="checkbox"/>	<b>For Ratification</b>	<input type="checkbox"/>	<b>For a decision</b>	<input type="checkbox"/>
	<b>For Feedback</b>	<input type="checkbox"/>	<b>Vote required</b>	<input type="checkbox"/>	<b>For Receipt</b>	<input type="checkbox"/>

To which duty does this refer:

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

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

Governors will be informed of the Trust's inspection outcome and will undertake their duties to hold the board to account and to represent the interests of members and the public

**Author of Report:**

**Designation:**

**Date:**

## Board of Directors - Open

Date: 13 May 2020

Item Ref: 5b

<b>TITLE OF PAPER</b>	Care Quality Commission Well Led Inspection Report April 2020 and Section 29A Action Plan Update
<b>TO BE PRESENTED BY</b>	Dr Mike Hunter Executive Medical Director
<b>ACTION REQUIRED</b>	The 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 the steps taken since the receipt of the Care Quality Commission (CQC) Well Led Inspection report and progress with action plans following the issuing of a Section 29A Warning Notice for discussion and assurance.
<b>TIMETABLE FOR DECISION</b>	13 May 2020
<b>LINKS TO OTHER KEY REPORTS/DECISIONS</b>	CQC Inspection Reports CQC updates to the Quality Assurance Committee
<b>STRATEGIC AIM STRATEGIC OBJECTIVE  BAF RISK NUMBER &amp; DESCRIPTION</b>	Quality & Safety 1.1 Effective governance, and quality assurance and improvement will underpin all we do. A101i 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) Care Quality Commission's Fundamental Standards Care Quality Commission's Enforcement Policy Mental Health Act 1983  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>	Julie Walton
<b>Designation</b>	Head of Care Standards
<b>Date of Report</b>	5 May 2020

# Summary Report

## 1. Purpose

For approval	For assurance	For collective decision	To seek input	To report progress	For information	Other (Please state)
	√			√		
<p>To update the Board on the actions to address following the receipt of the CQC well-led inspection report (published 30 April 2020) and progress on the actions taken to address the requirements identified within the CQC Section 29A Warning Notice issued.</p>						

## 2. Summary

We were inspected under the well-led methodology by the CQC between 7 January and 5 February 2020, with the report published on 30 April 2020. We were rated 'Inadequate' overall, with safety and well-led rated as Inadequate, responsive and effective as Requires Improvement and caring as Good. As a result, we were found in breach of 47 legal requirements and issued with one warning notice and eight requirement notices across five of our services; three of which were rated inadequate and two requires improvement. The CQC has also recommended that we are placed in 'Special Measures' for quality.

Our services inspected and their rating outcomes:

- Acute wards for adults of working age and psychiatric intensive care units - Inadequate
- Wards for older people with mental health problems – Inadequate
- Mental health crisis services and health-based place of safety – Inadequate
- Forensic inpatient or secure wards – Requires Improvement
- Community-based mental health services for adults of working age – Requires Improvement

The CQC have set 65 actions for us to address which comprise:

- 47 'Must do' actions
- 18 'Should do' actions

We have until 30 May 2020 to submit a report to the CQC containing details of how we are going to ensure compliance with the requirement notices. We have relevant teams across clinical operations and corporate services developing action plans related to their areas with an internal deadline of 15 May 2020 for drafts to be completed.

We had previously received a 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 31 May 2020).

A range of actions are in progress to address issues identified in the Section 29A notice. There is regular oversight and reporting taking place. A dashboard has been developed to show progress with the four points of the notice with the addition of estates for information. For the latest reports upto May 4 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

### 3. Next Steps

To develop action plans on how we are going to comply with the requirement notices issued by the CQC and continue to progress and complete the actions in response to the CQC Section 29A warning notice.

To provide the Board with timely and accurate information on progress with actions to ensure appropriate traction and successful completion to meet CQC deadlines.

### 4. Required Actions

- Develop further our governance processes to ensure that we can be confident that risks are identified that require mitigation
- Ensure services and staff receive the support and clarity of direction so that they are enabled to improve practice and access supervision and mandatory training.

### 5. Monitoring Arrangements

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

- Weekly CQC action plan oversight groups for each subject area (Executive Led)
- The Clinical Operations, Performance and Governance meetings
- Quality Assurance Committee and Trust Board
- Governance and quality assurance processes are being developed to ensure CQC requirement notices are met and we successfully complete our priority of getting 'Back to Good'.

### 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	04/05/2020	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 3 May 2020, all wards met 100% minimum staffing requirements across all night shifts. G1 are operating on lower occupancy levels (10 beds). However, staffing deficits were primarily on G1 and Endcliffe ward which were compensated by additional support workers. All non-compliant shifts for w/e 3 May 2020 are as follows:

G1 27/04/2020 - Early shift, 1 qualified, supported by ward manager from 8.00 am plus 7 support workers on shift with experience.  
 Endcliffe 02/05/2020 - Late shift, 2 qualified plus 10 experienced support workers  
 03/05/2020 - Late shift, 2 qualified plus 10 experienced support workers

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.

Date	% of shifts meeting minimum requirement in line with 2:4 staffing ratio		
	Early/Long Day	Late/Long Day	Night
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%

**Preceptorship Nurses**

01/05/20

Two Preceptorship nurses (acute ward) were on night shift with 4 Support Workers. One of the preceptorship nurses has more than 12 months experience. Senior nursing colleagues reviewed the appropriateness of the situation and were in agreement that this nurse could lead the shift.

% Supervision Compliance Split by Clinical & Corporate Services	Clinical Services	Corporate Services
20-Apr-20	74.42%	24.45%
27-Apr-20	75.88%	35.44%
04-May-20	77.00%	45.00%

Overall Trust % Supervision Compliance	24-Feb-20	15-Mar-20	23-Mar-20	30-Mar-20	06-Apr-20	13-Apr-20	20-Apr-20	27-Apr-20	04-May-20
	51.30%	60.10%	62.10%	62.70%	62.70%	64.46%	66.71%	69.64%	72.00%

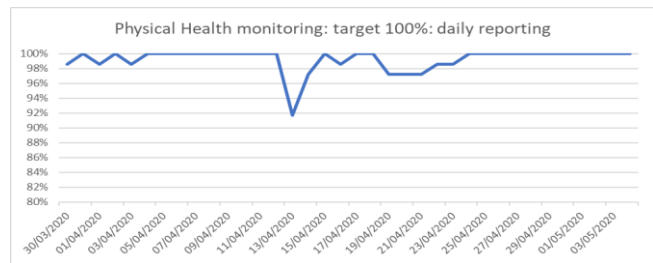
Table shows cumulative compliance with 4 supervisions per year from June 2019. Exclusions: Staff on extended periods of leave e.g. maternity

**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.

(w/e 28 April to 4 May 2020)

All 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 - A Business Case is being developed for expenditure of fees to enable designs to be worked up to RIBA Stage 4. The intention would be to prioritise Maple Ward in the programme, followed by Dovedale 2.
- 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.

**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 and revised Performance Report (from April) to support Ward to Board reporting - ongoing development of triangulation and exception reporting.
- Plans proposed for Executive and Non-executive Director visibility through virtual channels until face-to-face programme can begin. Mechanism being established for feedback to Board.
- Supervision policy on track for approval May (WODC) - to include detail on monitoring implementation and audit. Physical health strategy due to May Board for support. Performance framework continues to be developed with key leads.
- Governance mapping for other workstreams areas underway - completed for supervision and planned for physical health observation, ward staffing and mandatory training (by 15 May 2020).
- Health and safety Risk Assessment/Management training planned to be designated mandatory training for identified staff and refresh of coverage of management and escalation of risk (timeline etc).
- We are working with teams (Forest Close, Forest Lodge, ATS, Dovedale, G1) to support developing more effective escalation of risk for wider rollout across the Trust.
- We are finalising a Governance 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 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	Trend
	70%	78.33	83.33%	86.81%	87.08%	86.37%	87.52%	87.95%	↑
% Services over 80%	86.40%	91%	88.64%	90.91%	83.63%	86.36%	88.09%	88.09%	→
% Subjects over 80%	N/A	58.62%	48.28%	82.76%	82.76%	79.31%	82.76%	82.76%	↑

**Subjects showing a downward trend**

- Mental Capacity Act Level 1 \* Respect Level 1 & 3 \* Safeguarding Children \* Safeguarding Adults \* Domestic Abuse \* Prevent WRAP

**Subjects below 80% compliance**

- Clinical Risk Assessment
- Mental Capacity Act Level 2
- Deprivation of Liberty Safeguards Level 2
- Respect Level 2
- Moving & Handling Level 2

**Services below 80% compliance (excludes medical & corporate services)**

- Assessment & Treatment Service
- Substance Misuse Services (Alcohol & Non Opiates)
- CFE-ME

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.

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