

Board of Directors - Public

Date: 26th May 2021

Item Ref: 9

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| TITLE OF PAPER | Firshill Rise, Assessment and Treatment Service (ATS) Inspection: Outcome and Development of Improvement Plan |
| TO BE PRESENTED BY | Beverley Murphy, Executive Director of Nursing, Professions and Operations |
| ACTION REQUIRED | Board Members to receive the report for information and assurance |

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| OUTCOME | Board Members can be assured that improvement actions are in place and are being monitored for effectiveness |
| TIMETABLE FOR DECISION | May 2021 Board of Directors meeting |
| LINKS TO OTHER KEY REPORTS / DECISIONS | <ul style="list-style-type: none"> ▫ CQC Inspection Reports 30 April 2020 and 22 October 2020 ▫ CQC updates to the Quality Committee 22 February 2021 ▫ Back to Good Board Up-date to the Board of Directors 10 March 2021 ▫ Paper to the 12th of May 21 Quality Assurance Committee |
| STRATEGIC AIM STRATEGIC OBJECTIVE BAF RISK NUMBER & DESCRIPTION | Getting back to good Create a great place to work BAF.0004 There is a risk that the Trust is unable to improve the quality of patient care, resulting in a failure to comply with CQC requirements and achieve necessary improvements |
| LINKS TO NHS CONSTITUTION /OTHER RELEVANT FRAMEWORKS, RISK, OUTCOMES ETC | <ul style="list-style-type: none"> ▫ Health and Social Care Act 2008 (Regulated Activities) ▫ Care Quality Commissions Fundamental Standards ▫ Care Quality Commissions Enforcement Policy ▫ Mental Health Act 1983 |
| IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT | Failure to comply with CQC Regulatory Standards could affect the Trust's registration, negatively affect care delivery and require additional funding to address |
| CONSIDERATION OF LEGAL ISSUES | Failure to comply with the Health and Social Care Act 2008 (Regulated Activities) including the recent enforcement notice issued could leave the Trust open to further action by the CQC, with a potential financial and reputational impact |

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| Author of Report | Beverley Murphy |
| Designation | Executive Director of Nursing, Professions and Operations |
| Date of Report | 18 th May 2021 |

Summary Report

1. Purpose

| For approval | For assurance | For collective decision | To seek input | To report progress | For information | Other (Please state) |
|--------------|---------------|-------------------------|---------------|--------------------|-----------------|----------------------|
| | ✓ | | | ✓ | | |

2. Summary

During March 2021, the Executive Director of Nursing, Professions and Operations alerted the Board of Directors, the Sheffield Clinical Commissioning Group (CCG), Local Authority (LA), NHSE/I and Regional and Integrated Care Systems (ICS) Leaders to significant risks to the quality of care at Firshill Rise, In-patient, Assessment and Treatment Service (ATS).

On 28 April 2021, the CQC commenced our unannounced focused review of care.

On 30 April 2021, the Regional Head of Hospital Inspection wrote to Jan Ditheridge CEO, a letter of CQC Possible Urgent Enforcement Action – Section 31 of the Health and Social Care Act 2008, regarding six serious concerns at Firshill Rise, ATS. The letter was shared together with the immediate improvement plan, at the May 21 Quality Assurance Committee.

The concerns in summary are:

1. You have not ensured all registered nurses have immediate life support training.
2. You have not ensured that there are enough suitably qualified staff trained in immediate life support to ensure safe care and treatment during the day and at night.
3. You have not ensured that staff have the required specialist skills and training to meet the needs of people using the service.
4. You have not ensured that staff implement care plans effectively.
5. You have created a restrictive environment through the non-engagement, promotion and implementation of meaningful therapeutic activity.
6. You have not ensured oversight of the quality of the service and the care delivered following concerns being raised in March 2021.
 - An immediate improvement plan was established.
 - The plan is focused on protecting people from harm.
 - The plan was submitted to the CQC 5 May 2021.
 - Rigorous oversight of the plan was established including agreement that the Quality Assurance Committee will continue to seek assurance of delivery and impact.

3 Next Steps

The leadership team are reviewing the impact of the immediate improvement plan and are now consolidating the learning made and further developing the plan. The Executive Director of Nursing, Professions and Operations and the Executive Medical Director will review the revised improvement plan on 21st May and weekly thereafter.

We will continue to work with the CQC to provide them evidence of the actions implemented and the impact on the quality of care. We will respond to the requirements of CQC and provide assurance that we will continue to improve the fundamental standards of care.

4 Required Actions

Board Members are asked to receive the report for information and assurance.

5 Monitoring Arrangements

- There will be daily oversight of the Improvement Plan by Service Leaders.
- It will be reported to the Director of Operations and Transformation weekly as a minimum and onto the Director of Quality, Executive Director of Nursing, Professions and Operations and the Executive Medical Director weekly and by exception.
- The Quality Assurance Committee will receive a monthly assurance report.
- The Board of Directors will receive assurance reports.

6 Contact Details

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