

Board of Directors – Public

SUMMARY REPORT

Meeting Date: 28 July 2021

Agenda Item: 09

Report Title:	Published Care Quality Commission (CQC) Inspection report : Wards for people with a learning disability or autism		
Author(s):	Beverley Murphy, Executive Director of Nursing, Professions & Operations		
Accountable Director:	Beverley Murphy		
Other Meetings presented to or previously agreed at:	Committee/Group:	None	
	Date:	None	
Key Points recommendations to or previously agreed at:	None		

Summary of key points in report

On the 15 July 2021 the CQC published the final inspection report; Wards for people with a learning disability of autism, setting out the findings following the inspection of Firshill Rise from 28 April 2021 – 10 May 2021. The final report is provided in full and the next steps for improvement planning are noted as well as the governance and assurance frameworks for improvements.

The outcome of the report is an Inadequate rating overall and in all five domains. A notice of decision was received on 8th July 2021 placing conditions on the operation of the service, the conditions have been accepted.

Recommendation for the Board/Committee to consider:

Consider for Action	X	Approval		Assurance		Information	X
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The Board is asked to formally receive the published CQC report.

The Board is also asked to consider if further action is necessary beyond those detailed in the previous reports to the Quality Assurance Committee, to the Board of Directors and the Chief Executive and Back to Good reports received today.

Please identify which strategic priorities will be impacted by this report:				
Covid-19 Getting through safely	Yes		No	
CQC Getting Back to Good	Yes	X	No	
Transformation – Changing things that will make a difference	Yes		No	
Partnerships – working together to make a bigger impact	Yes	X	No	
Is this report relevant to compliance with any key standards ? State specific standard				
Care Quality Commission	Yes	✓	No	ALL
IG Governance Toolkit	Yes		No	
Have these areas been considered ? YES/NO				
	Yes	X	No	If Yes, what are the implications or the impact? If no, please explain why
Patient Safety and Experience		X	No	The implications are that we could fail to protect patients from harm and we are in breach of the Health and Social Care Act.
Financial (revenue & capital)	Yes	X	No	That we do not have the required capability and capacity and Learning Disability expertise to make necessary improvements and require additional resource causing a financial impact.
OD/Workforce	Yes	X	No	That the difficulty of recruiting and retaining high quality nursing and medical staff which may be worsened by the report outcome creates a risk to us delivering improvements.
Equality, Diversity & Inclusion	Yes	X	No	Firshill Rise is currently closed to admissions which could result in people with a Learning Disability receiving care away from their home area.
Legal	Yes	X	No	We may be found to be in breach of the Health and Social Care Act.

Title	CQC Matters: Outcome of April – May 21 CQC Inspection Amendments to Statement of Purpose
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Section 1: Analysis and supporting detail

Background

- 1.1 Firshill Rise Assessment and Treatment Service (ATS) was subject to a three-day unannounced review of care between 27 to 29 April 2021. The Quality Assurance Committee (QAC) and the Board of Directors have been appraised of the quality and safety issues that were a prompt for this inspection. The CQC fed back concerns about the quality of care and on 30 April 21 issued Jan Ditheridge, Chief Executive with a letter of intent which required us to state how we would quickly improve standards to improve care. An immediate action plan was provided to the CQC on 5 May at 11am. Additional time was requested to ensure the plan was effective, which was declined. The ATS was subject to a CQC unannounced visit on 10 May 2021 to assess if the planned immediate improvements had been made. We had not consistently delivered all actions.
 - 1.2 On 26 May a notice of proposal was received setting out seven conditions that could be added to the SHSC Provider Licence to support improvements in care. The proposals were accepted and a notice of decision confirming the conditions was issued by the CQC on 8th July 2021.
 - 1.3 The final report was published by the CQC on the 15 July 2021.
 - 1.4 Neil Robertson, Director of Operations and Transformation has led the ATS team to develop an improvement plan to meet the Notice of Decision conditions. The improvement plan to meet the conditions will be considered by Back to Good Board on 27 July and will then be presented to QAC in August for final approval. In advance of approvals the plan is progressing and can be amended as required following presentation. The delivery of the plan will be monitored regularly by the CQC.
- 1.7 Going beyond the requirements of meeting the conditions of registration, there will be an overall improvement plan to deliver a model that is fit for purpose and to get the service back to good. This will be coproduced with experts by experience, with the staff team, the local authority and system partners.

The improvement plan will be considered by the Back to Good Board monthly and will then be presented at QAC for final approval. This is likely to be a developmental process to ensure we fully embrace co-production starting with the foundations of the actions to meet the notice of decision and building incrementally with the aim of back to good. Additional Learning Disability expertise is required to ensure the future service model will support personalised care that supports maximum independence, safety and choice for people who require a period of inpatient care.

Section 2: Risks

- 2.1 There is a risk that if we do not make the necessary improvements in care, we will fail to protect people from harm, and they will have a poor experience. This risk could materialise if

we do not have the right capacity and capability and expertise in Learning Disability to make the improvements and this gives rise to a financial risk.

There is also a risk that staff experience is poor, and that the inspection outcome will impact motivation and our ability to retain skilled staff. This risk has been materialised with some staff reporting a significant impact following the external communications following the inspection.

There is also a risk that we continue to remain in breach will impacts our ability to function as an independent organisation.

- 2.2 A corporate risk relating to this is monitored on the Corporate Risk Register (Ref. 3679) and the risk this poses to the delivery of our strategic objectives is also included on the Board Assurance Framework (ref. BAF.0024). Both of these risks are currently considered to be 'high' with a score of 15. They remain under regular review.

Section 3: Assurance

Benchmarking

- 3.1 In late 2020 CQC published "Out of Sight" report which highlighted the national concerns relating to the care and treatment of people with a learning disability and autistic people in Assessment and Treatment Units, particularly in relation to use of restrictive practices, closed cultures and abusive care. The Department of Health and Social Care are yet to respond in full to the report, but work is underway to review the national transforming care policy, Building the Right Support (NHSEI) to improve and enhance the community offer of support whilst ensuring that inpatient care, when required is for the assessment and treatment of mental health issues and in the least restrictive manner.

CQC continue to develop their inspection methodology for learning disability units and to identify and assess closed cultures within organisations.

National standards for Learning Disability Services are self assessment and report into a central NHSEI database, SHSC participates in these standards annually, future iterations will come through Clinical Quality and Safety Group prior to submission for scrutiny and the post assessment action plan will be monitored via this group.

Work is also underway in the national learning disability and autism team to develop standards of provision related to the assessment and care of autistic people. This work alongside new training requirements will identify areas of improvement for SHSC.

- 3.2 The Back to Good Programme Board will continue to assess the delivery of improvement actions and will report to QAC, the Board of Directors and to NHS Sheffield Clinical Commissioning Group (NHSSCCG) Quality Review Group and to the regional SHSC Quality Board.
- 3.3 The standards that are required within the areas for improvements can be benchmarked against the thirteen Fundamental Standards of Care in the Health and Social Care Act.

Triangulation

- 3.4 The Internal Audit plan for 2021/ 22 and the Annual Clinical Audit plan for 2021 / 22 will be used to triangulate the delivery of improvements.

Quality and Performance data in the Integrated Performance and Quality Report (IPQR) will be utilised to triangle service improvement, key data will include the use of restrictive practice, complaints, safeguarding, length of stay and staffing vacancies.

Engagement

- 3.5 The Clinical Directorates leadership teams have engaged with leaders and their teams to share inspection outcomes and to ensure a collaborative approach to improvement planning.
- 3.6 The improvement approach to the future Firshill Rise operational model will include service users, carers, Learning Disability experts and the commissioners. Evidence of this engagement will be assured at QAC.
- 3.7 We will continue our regular engagement with the CQC to share improvements and challenges out with the inspection regime.
- 3.8 Since the publication of the report senior leaders have continued to engage with the staff at Firshill Rise to support and ensure a focus on improvement.

Section 4: Implications

Strategic Aims and Board Assurance Framework

- 4.1 Getting Back to Good is a strategic priority for SHSC and is directly linked to our strategic aims. The Board Assurance Framework (BAF) will be reconsidered when the final inspection reports from all parts of the inspection and related improvement plans are available to assess if all necessary mitigations are in place and provide information to ensure the Board is clear about any gaps in control and assurances.

Equalities, diversity and inclusion

- 4.2 The challenges to quality of care outlined in this report impact all people that are admitted to SHSC services.

However, for people with a learning disability or autism local treatment services are limited and the current conditions may result in people who require an admission being cared for away from their home area and family, community, and local support networks.

Culture and People

- 4.3 The outcome of the CQC inspections will have an impact on our people. We will need to work hard to support staff to be balanced and to keep working towards improvements together.

Integration and system thinking

- 4.4 The outcome of this inspection could impact our ability to be the lead provider for the Provider Collaborative, we do need to consider if with such findings we have the capacity to work beyond our own services. In addition, the focus needed to bring about improvements in SHSC may impact our ability to play a full part in the Integrated Care System (ICS).

Financial

- 4.5 Executive Directors at SHSC have discussed the need to address capacity and capability in order to delivery the improvements quickly enough, the Director of Nursing, Professions and Operations and the Medical Director have agreed the need to employ a transitional clinical leader with significant experience in leading services for people with a Learning Disability, this role is anticipated to be a 12-month transitional role. The additional capacity needs present financial challenges.

Compliance - Legal/Regulatory

4.6 The notice of decision and the inspection report detail the breaches in the legal requirements by failing to reach the fundamental standards of care of the Health and Social Care Act.

Section 5: List of Appendices

**CQC Inspection report : Wards for people with a learning disability or autism
published 15th July 2021**