

Report to Healthier Communities and Adult Social Care Scrutiny & Policy Development Committee 19th August 2020

Report of: Jan Ditheridge, Chief Executive
Sheffield Health and Social Care NHS Foundation Trust

Subject: Progress Report – Care Quality Commission (CQC)
Improvement Plan

Author of Report: Andrea Wilson, Director of Quality

Summary:

This report has been requested by the Committee to enable Sheffield Health and Social Care NHS Foundation Trust (SHSC) to demonstrate the progress being made in relation to the delivery of its Improvement Plan following the 2020 CQC inspection and subsequent report. The Trust received an overall rating of Inadequate.

The report outlines:

- Trust ratings by service line
- Governance arrangements
- Improvement activity
- Progress with S29A requirements
- Delivery of improvement actions
- Next steps

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	x
Other	

The Scrutiny Committee is being asked to:

Receive the progress report

Background Papers:

Section 29a Warning Notice February 2020
CQC Well Led Inspection Report April 2020

Category of Report: OPEN

▶ Getting Back to Good

Progress to 31st July 2020
Jan Ditheridge & Dr Mike Hunter



Our Service Ratings

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Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Inadequate ↓ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020	Inadequate ↓ Jan 2020	Inadequate ↓ Jan 2020
Long-stay or rehabilitation mental health wards for working age adults	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Forensic inpatient or secure wards	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020	Requires improvement ↔ Jan 2020
Wards for older people with mental health problems	Inadequate ↓ Jan 2020	Requires improvement ↓ Jan 2020	Good ↔ Jan 2020	Requires improvement ↓ Jan 2020	Inadequate ↓ Jan 2020	Inadequate ↓ Jan 2020
Wards for people with a learning disability or autism	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Community-based mental health services for adults of working age	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020	Good ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↓ Jan 2020	Requires improvement ↓ Jan 2020
Mental health crisis services and health-based places of safety	Inadequate ↔ Jan 2020	Requires improvement ↔ Jan 2020	Good ↔ Jan 2020	Requires improvement ↔ Jan 2020	Inadequate ↔ Jan 2020	Inadequate ↓ Jan 2020
Community-based mental health services for older people	Good Oct 2018	Good Oct 2018	Outstanding Oct 2018	Outstanding Oct 2018	Good Oct 2018	Outstanding Oct 2018
Community mental health services for people with a learning disability or autism	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Community-based substance misuse services	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018	Outstanding Oct 2018	Good Oct 2018	Good Oct 2018
Overall	Inadequate ↓ Feb 2020	Requires improvement ↓ Feb 2020	Good ↔ Feb 2020	Requires improvement ↓ Feb 2020	Inadequate ↓ Feb 2020	Inadequate ↓ Feb 2020

Inspection Process

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- The CQC inspected the Trust between 7 January and 5 February 2020.
- Immediately following the inspection the Trust received a Section 31 notice regarding people under the age of 18 years accessing the Psychiatric Decisions Unit. We took immediate action and ceased this activity and notified partner agencies and relevant stakeholders. This is also subject to a requirement notice within the inspection report, which states:
 - For the Crisis and Health Based Place of Safety (Action 42)
 - ‘The Trust must not admit any person under the age of 18 to shared accommodation in the Psychiatric Decisions unit.’
 - We remain compliant with this action.

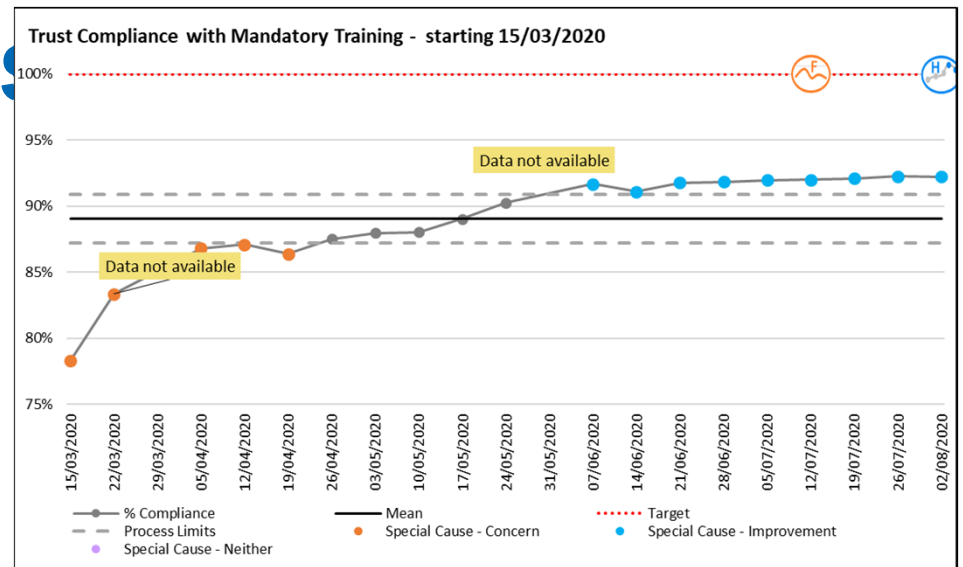
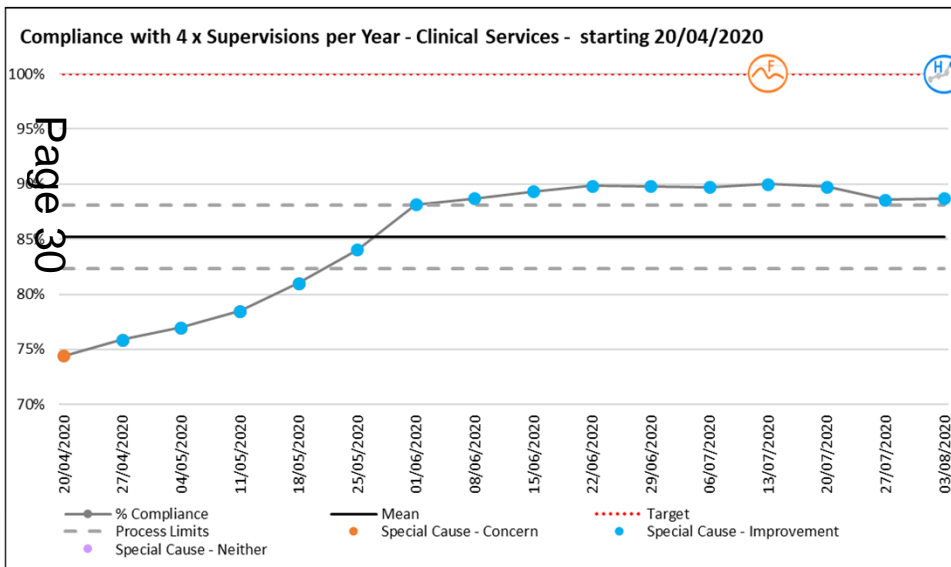


Section 29A Warning Notice

- On 13 February 2020, the Trust received a Section 29A Warning Notice, identifying 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 29 May 2020);
- The management of physical health needs and understanding the side effects of medications prescribed (timescale 29 March 2020);
- The trust did not have systems and processes in place which were operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users in receiving these services. (Timescale 29 May 2020).
- Immediate action was taken and workstreams developed to oversee the progress with each element of the notice. This has been monitored and reported through an integrated dashboard which is overseen and scrutinised on a weekly basis by the Medical Director, supported by daily Sitrep reporting. Improvements are shown on the following slides

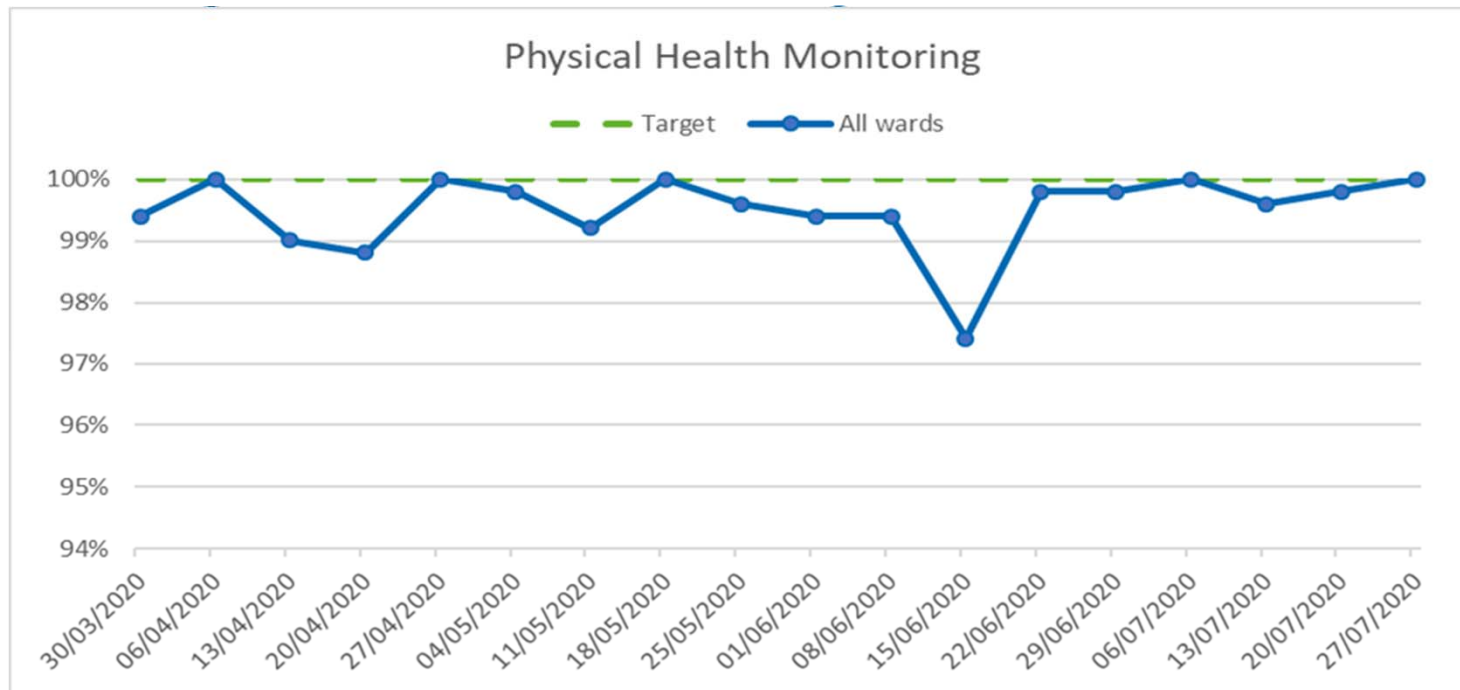


Progress with Section 29a requirements – supervision and training





Progress with Section 29a – Physical Health



Inspection Report

In April 2020 the CQC said:

- We did not provide consistently safe care. They cited issues with the following; staffing, mandatory training, safeguarding, the management of physical health, environmental safety, and incident reporting and management.
- We did not always provide effective care. We had failed to appropriately monitor staff supervision and appraisal, and there were not audits in place to monitor adherence to the Mental Capacity Act. Specialist staff were not in place to deliver the range of care and treatment required.
They found that there were pockets of culture that were not caring or compassionate. This included staff using non-approved restraint techniques on one ward, and care plans that were not entirely person centred and recovery orientated.
- We were not always responsive to the needs of patients. Areas of our estate were not fit for purpose. Dormitory accommodation remained in use and seclusion areas were not all private, comfortable and dignified. Some community services held long waiting lists and complaints were not always managed in line with our own policy and in a timely way.
- We did not assure them that we were delivering high quality care assured by the governance of the Trust. There were low levels of staff satisfaction and the Trust did not prioritise supervision, training and appraisals. We did not always understand, manage and mitigate against risks faced by front line services. The information we used to monitor performance and make decisions was not high quality, which had a direct impact on the quality and delivery of services.
- The Trust was rated as Inadequate overall and special measures were applied

Our Improvement Plan

- The Trust submitted a detailed Action Plan to the CQC in response to their findings on 29th May 2020. This has been refined and reviewed with our Improvement Director
- A Well Led Improvement Plan was agreed and presented to the Board of Directors
- We agreed a Programme Management approach to our improvement journey and developed a Back to Good Board to oversee and drive delivery of our actions. The Board structure is detailed in the following slide
- We worked with Flourish to develop our approach to service user and carer engagement with the Back to Good programme

▶ Getting Back to Good Board

Person Centred
Care Records

Collaborative
care plans
Risk
assessment &
management
High quality
content

Therapeutic &
Great Place to
Work

Therapeutic &
Healing
Dormitories
Seclusion

Everyone
maintains high
professional
standards

Care standards
Consistency
Processes

Physical Health

Implement
interventions
Digital systems
and clinical
information
sharing
Staff knowledge
and skills

Rapid
Improvement
Acute

Environment
High
Professional
Standards
Staffing
Recruitment &
Retention

Rapid
Improvement
Recovery

Recruitment &
Retention
High
Professional
Standards
Delivery of the
Transformation

Well Led
Improvement
Programme

Improved
governance
systems
Board Visibility
& engagement
High quality
data driving CI

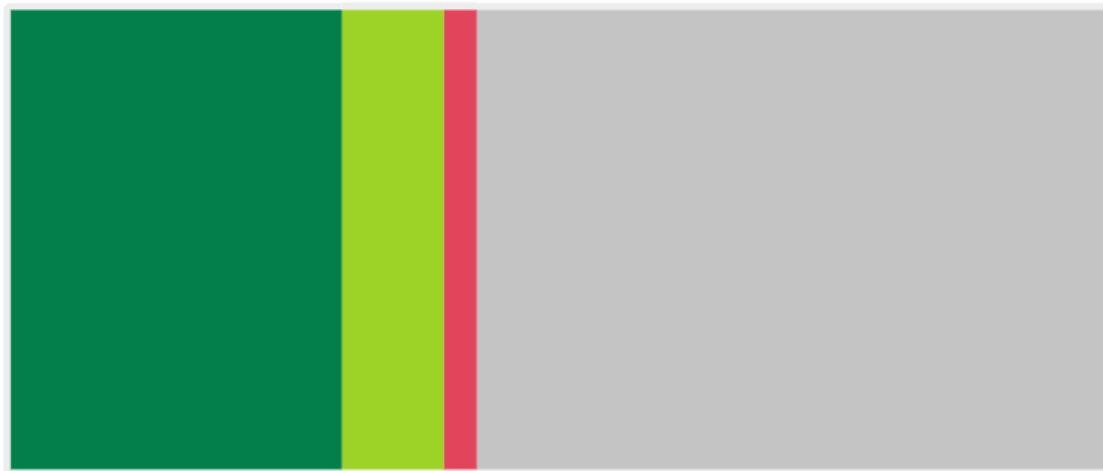
Improving Technical Capability
Systems and digital skills

Organisational Development & Workforce
Leadership, engagement, culture, recruitment and staffing



Improvement Action Status

Improvement Actions Overview - July 2020



30.3% Completed

● Completed ● Completed - awaiting approval ● Exceptions ● Remaining

Engaging Team SHSC

- Our Back to Good Workstreams are clinically led and include a cross section of staff from clinical and support services
- We held a Rapid Improvement Week to focus on our areas of challenge, over 200 staff engaged in the series of workshops and action planning sessions
- We used social media, internal and external communications to keep our staff involved and informed and launched our Back to Good branding

▶ Next Steps

- Engage all of Team SHSC from floor to Board
- Regular and focussed communications
- Continue Trust Board visits and improved visibility
- Deliver our Well Led Improvement Plan
- Work on our estate and therapeutic environments
- Continue to implement and audit actions

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