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To all Members of the Health and Social Care Scrutiny Board (5)

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24th February 2017

Our ref: C/LMK

Dear Member,

Supplementary Agenda – Meeting of the Health and Social Care Scrutiny Board (5) - Wednesday, 1st March, 2017

The papers for the above meeting were circulated on 21st February 2017. Additional information in relation to the following items has now been received and the documents are attached to this letter. Please include these with your document pack for the meeting.

- **Agenda Item 6. COVENTRY AND WARWICKSHIRE PARTNERSHIP TRUST (CWPT) ACTION PLAN UPDATE** (Pages 3 - 20)

Update from Simon Gilby, CWPT, who has been invited to the meeting for the consideration of this item

- **Agenda Item 7. DELIVERY OF PUBLIC HEALTH SERVICES** (Pages 21 - 22)

The Executive Director of People will report at the meeting

If you have any queries, please do not hesitate to contact me.

Yours sincerely

Liz Knight
Governance Services Officer

Membership: Councillors A Andrews, R Auluck, J Clifford, D Gannon (Chair), L Kelly, D Kershaw, C Miks, K Taylor and S Walsh

By invitation: Councillors F Abbott, R Ali, K Caan, M Mutton and E Ruane



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Report to Coventry Health Overview & Screening Committee

1st March 2017

Care Quality Commission Plan

1. Purpose

This report provides an update to Committee on progress with implementing the action plan agreed by Coventry & Warwickshire Partnership NHS Trust (CWPT) following publication of its inspection report by the Care Quality Commission (CQC) in July 2016. For ease of reference attached at appendix A is a copy of the presentation made to Scrutiny Committee on 14 September 2016.

2. Background

The CQC carried out a full inspection of the Trust's services in April 2016 and issued its report, which the Trust accepted in full, in July 2016. The overall rating was 'requires improvement' and in reaching this assessment the CQC set a number of 'must do' and 'should do' actions. The Trust developed an action plan to respond to these requirements and ensure that areas requiring attention were rectified. The action plan addresses all the key areas identified by the CQC, as reflected in the tables in sections 6 and 7 below, and ensures they cover all appropriate directorates and services.

3. Monitoring

Monthly monitoring of implementation is ongoing and undertaken by the Executive Performance Group (EPG), reporting to the Board's Integrated Performance Committee (IPC).

NHS Improvement (NHSI) and the Clinical Commissioning Group (CCG) receive monthly progress reports.

4. Actions

A total of 210 actions were identified across Trust services in response to the CQC's inspection findings. As at the 14 February 2017 a total of 163/210 (77%) actions have been completed or it has been confirmed that action is no longer required.

5. Warning Notice – Eliminating Mixed Sex Accommodation

The Trust has notified the CQC that all action in relation to the Warning Notice issued for breaching Eliminating Mixed Sex Accommodation (EMSA) has been taken and the Trust is no longer in breach of this regulation. The following action has been taken:

- Acute Mental Health Inpatient Services have been re-configured to single sex wards.
- The Trust EMSA Policy has been reviewed and updated to reflect the Mental Health Act Code of Practice.

- Board scrutiny of adherence to this policy has been enhanced.

6. Other action

Area	Action Taken
Ligature Risks	<p>All ligature risk assessments were reviewed and clear, specific management processes identified to minimise risk. Identified estates work has been completed to remove unnecessary ligature points.</p> <p>Ligature cutters are available in all resuscitation bags.</p>
Safeguarding	<p>Trust policy has been reviewed and updated to reflect the need for a dedicated lounge for young people when they are admitted to an adult ward.</p> <p>Delivery of level 3 training to staff in Integrated Sexual Health Services has been enhanced.</p> <p>Delivery of safeguarding supervision within Children’s Services is in line with requirements.</p>
Medicines Management practice	<p>Medicines management practices in relation to monitoring clinic room temperatures, disposal of waste medication and consent to treatment have been strengthened.</p>
Area	Action Taken
Mental Health Act processes and training strengthened	<p>Development of a three year rolling staff training programme about the Mental Health Act and the Mental Capacity Act based around staff training needs.</p> <p>Mental Health Handbook developed outlining key principles of the Code of Practice and corresponding CWPT processes.</p> <p>Strengthening of MHA paperwork and processes to ensure patients are aware of their rights, access to IMHA and statutory notifications are completed.</p> <p>Standard Operating Procedure implemented to ensure that Ministry of Justice notifications are submitted in a timely manner and required documentation.</p> <p>Each adult inpatient ward has identified a designated lounge area for use by under 18s if they are admitted to an adult ward.</p>
Recruitment into vacant posts	<p>A key focus over the last year has been on recruiting staff to vacant posts, particularly in relation to qualified staff in acute MH services and in key management posts. Board monitoring of safe staffing levels is consistently green.</p> <p>Agency spend has been reduced in line with NHS Improvement targets.</p>
Risk Management	<p>Risk assessments have been completed to maintain patient and staff</p>

	<p>safety and to allow formal monitoring of risks and where required risks have been escalated to the Risk Register.</p> <p>Local safety and quality processes have been implemented including team / ward safety and quality meetings to help teams to monitor team performance, discuss risks and share key messages and learning points.</p> <p>Processes have been put in place in a number of services to manage high levels of demand and to improve access to service by improving the referral pathway.</p>
Infection Control processes	Improved storage of equipment and access to Personal Protective Equipment (PPE).

7. Action to be completed

As at 14 February 2017, 44 actions are to be completed. Of these actions 19 have passed their anticipated completion date but it is planned that 13 of these will be completed by 31 March 2017. It is expected that all actions will be completed by the end of September. The final action to be completed will be an audit of consent to treatment.

An overview of key actions to be completed is provided below:

N.B. O/D indicates number of actions where anticipated completion date has surpassed.

Area	No. of Actions	Action to be taken
Supervision	15 *10 O/D	Trust policy has been revised and a supervision toolkit is being developed to support staff delivering and receiving supervision. ESR to be updated to allow recording and monitoring of supervision.
Care Plans	9	A task and finish group has been established to address issues of recording of care planning and quality of care records and required work streams have been established.
Dementia Care Pathway Post Diagnosis	3 *2 O/D	Capacity and demand for the post diagnosis pathway is being reviewed and a plan to deliver this within current capacity is being devised for implementation.
Dementia Annual Medication Reviews	2 O/D	Plan to deliver annual medication reviews are being devised for implementation.
Lines of Sight	2 O/D	Assessment and identification of blind spots on all inpatient wards has been completed. Required works are in train.

Mandatory Training	2	Staff requiring mandatory training have been identified and training is being booked on ESR. Audit is in place to monitor that this has been completed.
Resuscitation Equipment	1 <i>O/D</i>	Options appraisal paper to be written and submitted to Safety and Quality Ops Committee to outline the proposals for the provision of equipment to community mental health teams.
Seclusion Room	1 <i>O/D</i>	Improvements to be made to the seclusion room on Janet Shaw unit. Work has now commenced following discharge of a patient from the unit.
End of Life Strategy	1 <i>O/D</i>	An end of Life Strategy for Palliative Care Services has been drafted and is currently out for consultation with stakeholders. On completion the strategy will be ratified and implemented.

8. Assurance

The completion of actions within the plan is closely monitored through governance arrangements and action taken where completion has slipped against timescale. Appropriate audit is put in place where required and the Trust has a programme of internal service inspections designed to validate that action is complete.

The CQC has informed the Trust that it will carry out an inspection of the Trust's services at the end of June 2017 with a view to signing off progress with completion of the plan.

9. Recommendation

Committee is invited to receive this report.

Simon Gilby
Chief Executive
March 2017

Wednesday, 14 September 2016

Health Overview and Scrutiny

**Coventry and Warwickshire
Partnership NHS Trust**

Simon Gilby, Chief Executive

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*It's your
time to shine*



- Positive experience
- Welcome the report and accept the findings
- Pleased that CQC have identified areas of success & good practice
- Recognise that there are areas that require attention
- Range of immediate actions taken and improvements made

Care Quality Commission

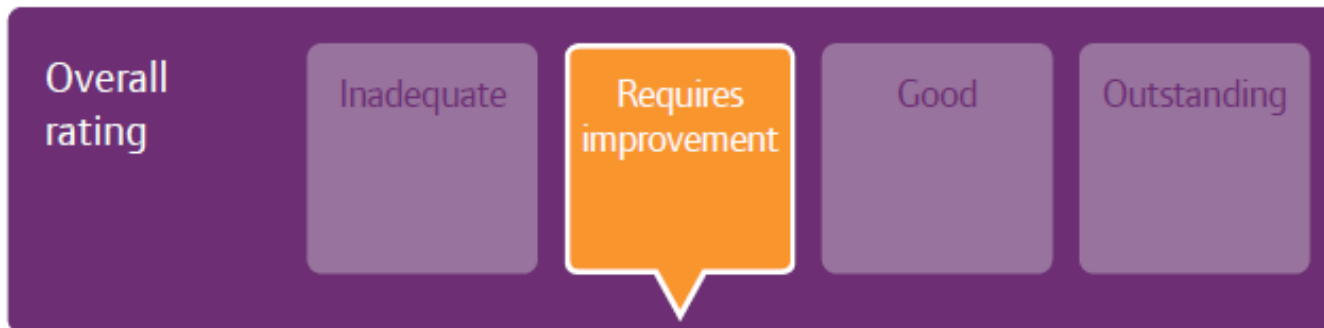
Coventry and Warwickshire Partnership NHS Trust
Quality Report

Wayside House
Wilsons Lane
Coventry
CV6 6NY
Tel: 024 7636 2100
Website: www.covwarkpt.nhs.uk

Date of inspection visit: 11 - 15 April 2016
Date of publication: 12/07/2016

Core services inspected	CQC registered location	CQC location ID
Community-based mental health services for older people	Wayside House (Trust headquarters)	RYGCR
Long stay/rehabilitation mental health wards for working age adults	St Michael's hospital Hawkesbury Lodge Highfield House	RYG79 RYG51 RYG05
Acute wards for adults of working age and psychiatric intensive care unit	Caludon Centre St Michael's hospital	RYG58 RYG79
Wards for older people with mental health problems	Manor Hospital St Michael's hospital	RYGCW RYG79
Community-based mental health services for adults of working age	Wayside House	RYGCR
Mental Health crisis services and health based places of safety	Wayside House	RYGCR
Community mental health services for people with learning disabilities	Wayside House	RYGCR
Wards for people with learning disabilities	Brooklands Hospital	RYG12
Forensic inpatient/secure wards	Brooklands Hospital	RYG12

1 Coventry and Warwickshire Partnership NHS Trust Quality Report 12/07/2016



Are services



Ratings by service (1)

	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Community dental services	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Community health services for adults	Requires improvement	Good	Good	Good	Good	Good
Community health services for children, young people and families	Good	Good	Outstanding ★	Good	Good	Good
Community mental health services for people with learning disabilities or autism	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Community-based mental health services for adults of working age	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Community-based mental health services for older people	Good	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement

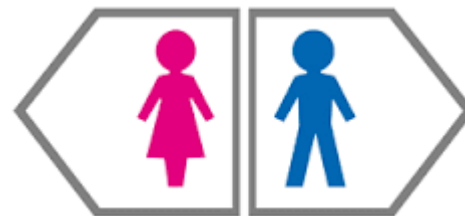
Ratings by service (2)



	Safe	Effective	Caring	Responsive	Well led	Overall
Forensic inpatient/secure wards	Requires improvement	Good	Good	Good	Good	Good
Long stay/rehabilitation mental health wards for working age adults	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Mental health crisis services and health-based places of safety	Good	Good	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Good	Good	Requires improvement	Good	Good
Wards for older people with mental health problems	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Wards for people with learning disabilities or autism	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
End of life care	Good	Good	Outstanding ★	Good	Good	Good

Eliminating Mixed Sex Accommodation

- We have worked with Commissioners
 - Weekly count/report in place
 - Improvement Plan to redress issues by end of Sept 2016
 - Financial penalties apply from Oct 2016
 - CQC/NHSI fully informed of our plan
- Focussed on management of bedrooms, bathrooms and lounge areas.
 - We are committed to the provision of single sex accommodation - Progressing our Acute Care Business Case
 - Daily assurance that patients within an area of mixed sexes have the appropriate risk assessments and care plans in place.
 - Policy now revised – including Executive sign off for all admissions/transfers that will breach



Is it
safe?

Requires
improvement

Coventry and Warwickshire Partnership 
NHS Trust



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What we are proud of:

- Ward equipment was well maintained and the wards were clean, bright and airy (Acute)
- Embedded Audit & Evidenced Based Practice (CFS)
- In older adults wards staff used the 'Modified Early Warning Signs' (MEWS) tool on all wards (Acute)
- In community services - Staff reported incidents appropriately, incidents were investigated, shared & lessons learned (ICS)

What will we improve:

- Management of ligature risks / ligature cutters (Acute)
- EMSA (Acute)
- Maintaining safe staffing (Acute)
- Develop risk assessments to give a robust oversight & management of risks within the service (Dental)
- Training in safeguarding, capacity, consent (All)
- Consistent approach to seclusion management arrangements (Acute)

Is it Effective?

Requires improvement

What we are proud of:

- End of Life – outstanding (ICS)
- Community health services for children, young people and families (CFS)
- Good and meaningful patient interactions (Acute)
- Good working with other care agencies (Acute)
- Multi Agency / Multi-Disciplinary Working (CFS)

What will we improve:

- MHA documentation, including arrangements for section 17 leave (Acute) and section 37/41 (ICS)
- Consistency of Supervision Arrangements (All)
- Staff knowledge and understanding of MCA (2005) (ICS)
- Risks Assessments/Care Plans – Team Governance (All)
- Documentation of patients access to IMHAA (Acute)

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Effective



Is it
Caring?

Good

What we are proud of:

- Staff were welcoming, friendly and accommodating (All)
- Staff took care to preserve privacy and dignity (Acute)
- Patients and carers informed and involved (Acute)
- Above & Beyond: “Extra Mile” – Parental view (CFS)
- Children felt respected, valued and supported to achieve their potential (CFS)
- Patients privacy, dignity & confidentiality were respected at all times (ICS)

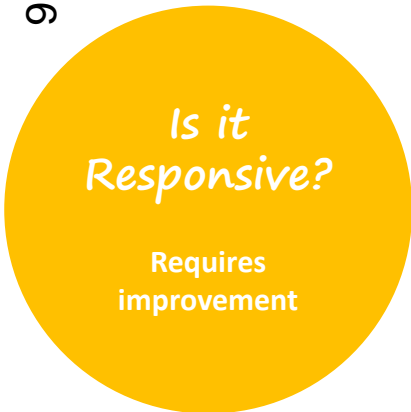
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Caring

What will we improve:

- Patient and carer involvement in care planning – documentation (ICS and Acute)
- Robust documentation and staff understanding / awareness of Gillick competency (Acute)

Responsive



What we are proud of:

- Prompt response to patients needs (Acute)
- Rapid access to a psychiatrist in inpatient areas when required (Acute)
- Person centred delivery of care (Acute)
- Morale across CAMHS (CFS)
- Flexibility of Service/Access (CFS)
- Patients had access to a wide range of information on treatments, local services, patients rights & how to complain (ICS)



What will we improve:

- Clinical Documentation (All)
 - Risk Assessment
 - Personalised Care Planning
- Allocation of Care Coordinators (ICS)
- Waiting List Management (Dental/ICS)

Is it Well Led?

Requires improvement

What we are proud of:

- Staff were aware of the Trust vision and values (All)
- Managers said they had sufficient authority and felt able to carry out their role effectively (Acute)
- Staff felt supported by their immediate managers and senior managers within the community services (ICS)
- Staff felt well led identifying clear and visible leadership (CFS)
- There were well-developed audits in place to monitor the quality of the service (All)

Coventry and Warwickshire Partnership NHS Trust



What will we improve:

- Ensuring sufficient staffing, continuing to reduce reliance on agency (Acute)
- Waiting List Management (Dental)
- Continued focus on Positive Behaviour Support / Restraint Reduction work (Acute)
- Embedding governance systems at a team level (All)

- Detailed improvement plan submitted to CQC on 12 August 2016 – focussed on outcomes & tangible assurance
- Monthly progress report to Board
- Many improvements already completed
- Completion timescales for all other improvements
- Date for CQC re-visit to be arranged.

IMPROVEMENT PLAN



Coventry and Warwickshire Partnership NHS Trust

An organisation of professional, skilled, committed, caring and well-led staff, working hard to deliver safe, responsive and effective care – day in and day out.



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Coventry City Council

Briefing note

To Heath & Social Care Scrutiny Board 5

Date Wednesday 1 March 2017

Subject Delivery of Public Health Services

1 Purpose of the Note

- 1.1 To provide Health & Social Care Scrutiny with an overview of arrangements for the leadership and delivery of Public Health within Coventry City Council during Dr Jane Moore's secondment to West Midlands Combined Authority.

2 Recommendations

- 2.1 Health and Social Care Scrutiny are asked to note the arrangements in place as outlined below

3 Information/Background

- 3.1 Dr Jane Moore Director of Public Health for Coventry has been seconded to West Midlands Combined Authority, from 6th February 2017 for a period of six months, to help lead key pieces of work across the region. Jane will act as the regional co-ordinator for Directors of Public Health across the West Midlands to help create a really strong partnership between Public Health England and the WMCA. Jane's appointment will make sure there is a strong health and wellbeing focus in all WMCA work and will put prevention and public health at its heart. This will support the work led by the STP/HWB on making the health of the public everyone's responsibility.
- 3.2 During Dr Moore's secondment Liz Gaulton, Deputy Director of Public Health will be Acting Director of Public Health for Coventry. Whilst Liz will hold the statutory responsibilities of the Director of Public Health, Jane will in her seconded role continue to retain some responsibilities locally and act as the public health link between Coventry City Council and the WMCA. She will also continue to Chair the Child Death Overview Panel. In addition, responsibility held by Jane for CSW Resilience has passed to another member of the People Directorate Leadership Team.

3.3 Liz Gaulton will not be backfilled in her role as Deputy Director of Public Health and her responsibilities have been split across the wider public health team.

3.4 Responsibility during the six month secondment period are outlined below:-

Acting DPH arrangements

Liz will:-

- Hold Statutory responsibilities of DPH
- Line Management senior team members
- Have Financial accountability and budget management responsibility
- Hold Commissioning responsibilities
- Be lead Public Health officer for Member relationships
- Lead public health input of the Sustainability Transformation Plan
- Be a member of PLT / CLT / WMADPH
- Hold responsibility as Caldicott Guardian
- Liz will retain overall responsibility for the drug and alcohol commissioning work stream

In order to distribute Liz's existing workload:-

- Responsibility for mental health will pass from Sue Frossell to Jane Fowles, with Adeola Agbebiyi (year five public health trainee on placement with CCC) leading on this on our behalf.
- Jane Fowles has picked up the role of educational supervisor for Christos Mousoulis (year 4 public health trainee).
- Nadia Inglis has picked up responsibility for Migrant Health directly from Jane Moore.
- Nadia Inglis will take more of a leadership role with the Local Health Resilience Partnership.
- Sue Frossell will now line manage Georgia Faherty and oversee the Inequalities work. Georgia Faherty will continue to report to Liz around Drugs and Alcohol
- Ilyma Atiq is now line managed by Georgia Faherty.
- Heather Thornton will be supporting ongoing internal reviews

Gail Quinton
Executive Director People
22/02/17