NHS
Coventry and
Warwickshire Partnership
NHS Trust

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	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. Ligature cutters are available in all resuscitation bags.
Safeguarding	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. Delivery of level 3 training to staff in Integrated Sexual Health Services has been enhanced. Delivery of safeguarding supervision within Children's Services is in line with requirements.
Medicines Management practice	Medicines management practices in relation to monitoring clinic room temperatures, disposal of waste medication and consent to treatment have been strengthened.
Area	**Action Taken**
Mental Health Act processes and training strengthened	Development of a three year rolling staff training programme about the Mental Health Act and the Mental Capacity Act based around staff training needs. Mental Health Handbook developed outlining key principles of the Code of Practice and corresponding CWPT processes. Strengthening of MHA paperwork and processes to ensure patients are aware of their rights, access to IMHA and statutory notifications are completed. Standard Operating Procedure implemented to ensure that Ministry of Justice notifications are submitted in a timely manner and required documentation. Each adult inpatient ward has identified a designated lounge area for use by under 18s if they are admitted to an adult ward.
Recruitment into vacant posts	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. Agency spend has been reduced in line with NHS Improvement targets.
Risk Management	Risk assessments have been completed to maintain patient and staff

	safety and to allow formal monitoring of risks and where required risks have been escalated to the Risk Register. 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. 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.
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 *O/D*	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 *O/D*	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 *O/D*	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