

## CQC Committee Update July 2018

Organisation name: Avon and Wiltshire Mental Health Partnership NHS Trust

<b>Completed by (name(s))</b>	Phil Cooper
<b>Position(s)</b>	Associate Director of Governance
<b>Date</b>	21 July 2018
<b>Summary</b>	<p>Following the CQC inspection in late summer 2017 the CQC will give notice to re-inspect areas where there were issues identified. This brief describes the way in which the CQC now inspect Trusts and the timings based on our current ratings.</p> <p><b>Well-led</b> The new CQC well-led framework for healthcare providers has a strong focus on financial and resource governance, and was developed jointly by CQC and NHS Improvement. It provides a single structure to enable us to assess and review the leadership, management and governance of an organisation (including self-review).</p> <p>The CQC uses the well-led framework in their inspections and regulatory activity, and NHS Improvement uses it in its oversight/regulation and to support improvements in trusts. Trusts themselves are encouraged to use the framework to carry out prior to an inspection, NHS Improvement will provide information on trusts' financial and resource governance to CQC's inspection teams, which is drawn from its regular oversight and improvement work.</p> <p><b>Inspections</b> The CQC use a trust's previous ratings and the latest information we provide to decide which services to inspect alongside its <b>annual inspection of the well-led</b> key question. The maximum intervals for re-inspection are:</p> <ul style="list-style-type: none"> <li>• one year for core services rated as inadequate</li> <li>• two years for core services rated as requires improvement</li> <li>• three and a half years for core services rated as good</li> <li>• five years for core services rated as outstanding</li> </ul>

### Current Position

Safe	Requires improvement
Effective	Requires improvement
Caring	Good
Responsive	Good
Well-led	Good

Our mental health crisis services and health-based places of safety are currently rated as **Inadequate**  
Our specialist community mental health services for children currently **require improvement**  
Our child and adolescent mental health wards **require improvement**

Therefore the Trust can make an assumption that our HBPoS action requirements rated as **inadequate** will be inspected in the first instance during September 2018

Further inspections in CAMHS potentially following prior to September 2019

All other services prior to September 2020

There potential changes to these dates following adverse information about the Trust that requires the CQC to act.

Requirement Summary	CQC Domain	Issue Owner	Requirement Detail	CQC Readiness ✓ or X or Partial	Position Narrative	Target Completion Date
<b>Fit and Proper Person Directors</b>	<b>Well Led</b>	<b>Sarah Knight</b>	Board members (or their equivalents). People who have director-level responsibility for the quality and safety of care, treatment and support must meet the fit and proper persons regulation (FPPR) (Regulation 5 of the Health and Social Care Act 2008). This aims to make sure that directors are fit and proper to carry out their role.	✓	Completed and on-going checks	<b>Completed</b>
<b>Seclusion</b>	<b>Safe</b>	<b>Alan Metherall / Mathew Page</b>	Silverbirch seclusion ward issues  Silverbirch has 2 breaches in place for safety and privacy and dignity  Staff are, at times, required to transfer patients across open spaces in restraint	<b>Partial</b>	Julie Kerry to complete a Trust wide strategy  Alan Metherall to complete phased action planning.  Report to be compiled for CQC  Further policy and process completed and agreed at Ops delivery group	<b>1 September 2018</b>

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PICU	Responsive	Mathew Page / Paula May	Toileting facilities in seclusion PICU wards across the Trust  The Trust has a Privacy and Dignity breach resulting primarily from the lack of en-suite toilet facilities	Partial	Business case completed by Paul May and to be presented to IPG	1 September 2018
OPMH	Responsive	Mathew Page	The Trust is struggling to recruit to Nursing, OT and Physio staff to support patient activities.  Psychology leads stated they were struggling to support the service  Cove and Dune activities need updating	✓	Assessment of current position for inpatient activities across the Trust has been completed  Action plan regarding activities to be asserted as part of the work with Clinical Leads across the Trust  Agreed recruitment to posts Completed	1 July 2018  Completed
OPMH	Safe	Mathew Page	Risks being identified but lack of detail relating to triggers and required interventions. Risks are not being transferred in to care plans, 'Waterlow' and MUST not consistently completed	✓	Assessment of current position for inpatient activities across the Trust has been completed  Compliance to be check again following interventions	1 July 2018  Completed

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OPMH	Effective	Pete Wood	To agree a standard for use of for older adult HONOS across the Trust	No Information	No current update	1 August 2018
OPMH	Effective	Mathew Page	Generic and standardised care plans being overly used, task orientated and not personalised. Staff told the CQC that the Trust had told them to use these plans	✓	Assessment of current position for inpatient activities across the Trust has been completed  Compliance to be check again following interventions	1 August 2018  Completed
Intensive	Effective	Mathew Page	The provider should monitor the response times to callers to crisis teams out of hours. Many service users told us they found it difficult to contact crisis teams out of hours they did not get an immediate response, often having to leave a message and having to wait long periods for a call back	✓	Assessment of current position for inpatient activities across the Trust has been completed  Compliance to be check again following interventions  System installed that monitors all call data  Reports collated	1 August 2018  Completed

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<b>Intensive</b>	<b>Effective Safe</b>	<b>Mathew Page</b>	Physical healthcare was not consistently monitored across all Intensive teams in S. Glos records all had evidence of a recorded physical healthcare others did not. The provider should ensure all teams proactively assess, record and care plan for physical health	<b>Partial</b>	Assessment of current position for inpatient activities across the Trust has been completed  Compliance to be check again following interventions  Kevin C to contact all teams and check compliance	<b>1 August 2018</b>
<b>Training</b>	<b>Well led</b>	<b>Mathew Page</b>	PERT Staff must complete this training	✓	Significant compliance improvement sustained	<b>1 June 2018</b>
<b>Ligature</b>	<b>Well Led</b>	<b>Phil Cooper</b>	The Trust should ensure it continues to have oversight of all ligature assessments that are undertaken and that the services continue to complete their annual assessments and update accordingly on an ongoing basis. They should complete all identified actions including environmental changes to reduce the level of risk to patients	✓	Changes made to the way in which checks happen in the ligature checking process  All MTA up to date	<b>1 May 2018</b>

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<b>HBPoS Bed Availability</b>	<b>Well Led</b>	<b>Mathew page</b>	The CQC stated that 'There were significant problems accessing beds for people requiring admission to hospital. We saw examples of patients waiting 32 to 50 hours after being assessed in all the place of safety suites before admission to hospital'.	✓	All aspects completed  Awaiting narrative from Kate Webb	<b>10 June 2018</b>
<b>HBPoS Section 12 Doctors</b>	<b>Safe Effective</b>	<b>Rebecca Eastley</b>	There was limited access to Section 12 Doctors (a Psychiatrist) who acts as a second opinion in the application of the MHA) which was causing delays to Mental Health Act assessments, in order to work within the trust's Section 136 joint protocols and the Mental Health Act Code of Practice'.	✓	Awaiting feedback on 2 <sup>nd</sup> stage of the section 12 improvement work  Consultation completed	<b>10 June 2018</b>
<b>HBPoS PMVA</b>	<b>Safe Effective</b>	<b>Mathew Page</b>	The provider should ensure that local guidelines are followed so that the places of safety are staffed with staff trained in prevention and management of violence (PMVA).	✓	This action was completed when the temporary merger was completed in Wiltshire HBPoS sites	<b>1 May 2018</b>
<b>HBPoS AMHP's</b>	<b>Effective</b>	<b>Mathew Page</b>	The provider must ensure that there are clear procedures and joint working arrangements in place with local authorities, to ensure assessments take place in a timely manner in the each place of safety and reduce the level of transfers between places of safety.	✓	Completed following work with LA	<b>1 May 2018</b>

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<b>CAMHS Involvement</b>	<b>Caring</b>	<b>Mathew Page</b>	It was not clear from records that young people were involved in their care planning or received a copy of a care plan	<b>Partial</b>	Assessment of current position for inpatient activities across the Trust has been completed  Compliance to be check again following interventions  Update Required	<b>1 August 2018</b>
<b>CAMHS Training</b>	<b>Safe</b>	<b>Mathew Page</b>	Stat /Man training in CAMHS services, many staff were not up to date	✓	Assessment of current position for inpatient activities across the Trust has been completed  Compliance to be check again following interventions	<b>1 June 2018</b>
<b>CAMHS Waiting lists</b>	<b>Safe Responsive</b>	<b>Mathew Page</b>	Waiting lists across CAMHS community teams	<b>Partial</b>	Assessment of current position for inpatient activities across the Trust has been completed  Compliance to be check again following interventions  Update required	<b>1 August 2018</b>