

COMMITTEE TITLE:	Nottinghamshire County Council – Health Scrutiny Committee
DATE OF MEETING:	29 September 2020
TITLE:	Responding to the Care Quality Commission (CQC) Core and Well-Led Inspection of 22 January to 7 March 2019
PRESENTING OFFICER:	Dr John Brewin (CEO)

1. PURPOSE OF THE REPORT

- 1.1 This report is to update members of the Health Scrutiny Committee on the progress Nottinghamshire Healthcare NHS Foundation Trust has made in response to the findings of the Care Quality Commission (CQC) inspection which took place between 22 January and 07 March 2019 the report of which was published on 24 May 2019.
- 1.2 It is assumed that the report, which can be accessed via the following link has been read.
[CQC Core and Well Led Inspection Report 2019](#)

2. PROGRESS

- 2.1 Since the inspection and the subsequent publication of the report, the Trust has been working hard to address issues raised by the CQC. Thorough improvement plans were developed, and additional resources were provided to support the delivery of these.
- 2.2 Progress against the plans has been monitored on a monthly basis at meetings chaired by the Executive Director of Local Mental Health Services and by an 'Improvement Board', chaired by Dr John Brewin (Chief Executive). Open invitations to the Improvement Board were extended to Commissioners and to the CQC.
- 2.3 An on-site, short notice follow up inspection by the CQC was made to Adult Mental Health in-patient wards between 19th and 29th July 2020. The trust received the draft inspection report from the CQC on 03rd September 2020 outlining their preliminary findings. The CQC acknowledged the trust had made, 'significant improvement' since they last inspected in March 2019 stating the service, 'provided safe care'. The Trust has until 17 September 2020 to respond to the CQC with any factual accuracy comments. The draft report also included feedback that:
 - patients were very positive about their experience of using services.
 - staff were positive about working for the trust
 - there were the right number of staff on shift to meet patient needs
 - clinic rooms were being monitored.
 - staff were monitoring the physical health of patients following the use of rapid tranquilisation
 - physical health care plans were in place
 - risk assessments had been formulated which considered historic and current risks for patients

- care plans were holistic and were shared with patients.
- Patients reported having regular one-to-one time with staff
- safeguarding systems and processes which staff knew how to use
- a supportive preceptorship programme was provided
- governance processes had improved and there was evidence of lessons being learnt from across the trust

2.4 The CQC also found some areas which required further monitoring and improvement including:

- Although there was clear evidence that high dose antipsychotic physical health monitoring was taking place, staff need to ensure care plans describe this.
- Providing assurance that ward managers follow clear systems to monitor staff fill rates.
- Ensure all patient medication, including their own is appropriately labelled.
- Ensuring bank and agency staff have access to the trusts electronic recording systems
- One personal evacuation plan had not been completed however the CQC were satisfied that the manager of the ward took immediate action to rectify this
- Two staff were not confident about where they would access ligature cutters.

2.5 Actions are already being taken to address the feedback provided.

2.6 This most recent CQC inspection will not change the current rating of the core service or the trust because the purpose of the visit was to focus on the progress made by Adult Mental Health in-patient services since the last inspection.

2.7 Although the trust is encouraged that the CQC recognised the significant improvements which have been made, and that the trust is on the right track, continuation of these improvements as well as ensuring all areas of improvement identified at the 2019 inspection and this most recent inspection remain a priority.

2.8 The trust is engaged in the ongoing monitoring of all improvements to ensure these are embedded and sustained. This includes using improved governance structures and a process of review by the internal Quality First team which provides impartial review of services and their compliance with the CQC fundamental standards and will report their findings through the trust governance structures.

3. RECOMMENDATION

That the Health Scrutiny Committee:

- 3.1 Considers and comments on the information provided
- 3.2 Considers the trust's improvement plan

4. APPENDICES

Appendix A: Quality Improvement Plan.