

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 09/2020**

(Agenda item: 12)

# Board of Directors

**29th January 2020**

**CQC final report**

**Executive Summary**

This paper is to ensure the Board receive the final CQC inspection report following our targeted and Well-led inspection during 2019.

The CQC inspected six (6) core services during their visit:

* Forensic wards
* Wards for people with Learning Disability (LD) – Evenlode
* Community Mental health teams for Older people
* Community CAMHS
* Inpatient CAMHS
* Urgent care

In addition the Well-led inspection took place in September 2019 which included the Executive team and some Non-Executive Directors (NED’s).

The overall Trust rating did not change and remains GOOD.

Two services received improved ratings and are now rated as GOOD:

* Urgent Care
* Evenlode - Ward for people with a LD

The Trust has one (1) MUST action and twenty-two (22) SHOULD actions plus two Trust wide actions (2) following the inspection.

There are many positive aspects to the report and outstanding practice noted.

However, Evenlode in the Safety domain was rated as Inadequate. This was primarily owing to issues regarding seclusion. The overall rating for Evenlode did however improve to GOOD as the CQC inspection team commented that there had been significant improvements since the previous inspection.

The Trust is reviewing the governance for reducing restrictive interventions and establishing a sub committee to report directly into the Quality Committee. This will be led by the Chief Nurse.

In addition two Trust wide actions with regard to oversight of the use of the Mental Health Act (MHA) have now been considered and we will be establishing a Board Committee which will ensure thorough and robust Board oversight on the use of the MHA.

The services are currently producing their individual action plans which need to be returned to the CQC by 31st January 2020.

**Governance Route/Escalation Process**

An update has been provided to the Executive team on 27th January 2020

**Statutory or Regulatory responsibilities**

The CQC is the regulatory body for all NHS Trusts.

**Recommendation**

The Board is asked to note the final CQC report and plans to progress actions.

**Author and Title: Marie Crofts, Chief Nurse**

**Lead Executive Director: Marie Crofts, Chief Nurse**

1. *A risk assessment has been undertaken around the legal issues that this report presents and [there are no issues that need to be referred to the Trust Solicitors]*
2. ***Strategic Objectives*** *– this report relates to or provides assurance and evidence against the following Strategic Objective(s) of the Trust*

*1) Driving Quality Improvement*

*(Goals: patients will be safe from harm; patients will achieve the clinical outcomes they want; and patients and carers will have an excellent experience)*

**INTRODUCTION**

This paper is to ensure the Board receives the final CQC report following the inspection in 2019. The report is attached to this paper.

**SITUATION**

The CQC currently inspect services on an annual basis which includes a Well-led inspection of the Trust at all levels, including Executive and Non-Executive Directors. The CQC inspected six (6) cores services below:

* Forensic wards
* Wards for people with Learning Disability (LD) – Evenlode
* Community Mental health teams for Older people
* Community CAMHS
* Inpatient CAMHS
* Urgent care

In September 2019 CQC completed the Well led inspection.

**BACKGROUND**

The CQC requested the Provider Information Request (PIR) from the Trust in May 2019. From this and other intelligence they announced an inspection for the services above.

Following this targeted inspection the CQC updated the overall ratings of the Trust as well as the ratings for those services they inspected.

**ASSESSMENT**

The Trust overall rating remains GOOD – with two services improving their rating from Requires Improvement to GOOD:

* Urgent Care
* Evenlode- ward for people with a Learning Disability

This is a significant improvement for these services. In particular the inspectors commented that Evenlode had significantly improved from the previous inspection in 2018.

However, in the Safety domain Evenlode has been given a rating of Inadequate. This was owing to issues and concerns regarding seclusion practice and potential breaching of Human Rights. The Trust has taken this extremely seriously and reviewed current practice across all wards within the Trust to ensure timely practice in relation to concluding seclusion for patients. The CQC however still rated Evenlode as GOOD based on the remaining significant improvements they noted.

The Chief Nurse has reviewed the Trust approach to reducing restrictive interventions and will be establishing a Positive and Safe sub-committee, reporting directly to the Quality Committee. This is in line with national practice and will raise the profile of the use of all restrictive interventions including seclusion and be a vehicle to monitor improvement. The Oxford Healthcare Improvement (OHI) centre will be supporting this programme of work which will involve all levels of staff to ensure people feel empowered to influence change in practice.

The Trust received one (1) MUST action and twenty-two (22) SHOULD actions plus two (2) Trust wide actions.

The two Trust wide actions related to the Mental Health Act (MHA) including strengthening Board oversight on matters related to the MHA and monitoring trends is use of the MHA, particularly with those patients with protected characteristics.

The Trust has chosen to establish a MHA Board Committee which will ensure robust and thorough oversight of practice and will report directly to the Board on these matters.

Services are currently developing their actions plans in relation to individual SHOULD actions however there are some themes which have emerged and the Trust will be tackling those through a QI approach across the Trust.

The currently emerging themes are:

* Improving care plans and the involvement of patients in care planning
* Improving supervision and documentation reflecting supervision practice
* Mental Capacity Act training and understanding of the Act

The completed action plan is due to be returned to the CQC by 31st January 2020. We are on target to ensure we hit this deadline.

The Trust has seen improved ratings during this recent inspection and positive feedback to all services has been given. Staff should be very proud of their achievements and continued focus on improving services for our patients and their families.

The Trust has recently met the CQC through one of the engagement days scheduled and received positive feedback for progress to date.

The monitoring of the action plan will be reported to Quality Committee and through updates to Board.

**RECOMMENDATION**

* For the Board to note and receive the final CQC inspection report and note current progress