

DECISION-MAKER:	HEALTH OVERVIEW AND SCRUTINY PANEL		
SUBJECT:	CARE QUALITY COMMISSION COMPREHENSIVE INSPECTION ACTION PLAN PROGRESS UPDATE		
DATE OF DECISION:	26 NOVEMBER 2015		
REPORT OF:	DIRECTOR OF MEDICAL SERVICES – SOUTHERN HEALTH NHS FOUNDATION TRUST		
<u>CONTACT DETAILS</u>			
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STATEMENT OF CONFIDENTIALITY	
None	
BRIEF SUMMARY	
<p>This report seeks to update the Southampton Health Overview and Scrutiny Panel regarding progress against the Care Quality Commission (CQC) action plan which was implemented following the comprehensive inspection of Southern Health NHS Foundation Trust in October 2014.</p>	
<p>Following the publication of the CQC comprehensive inspection reports in February 2015, Southern Health submitted an action plan containing 129 actions which it agreed to undertake to address the areas for improvement identified.</p>	
<p>To date 106 of these actions have been completed and the Trust is on track to complete the other 23 actions within their target dates.</p>	
RECOMMENDATIONS:	
	(i) That members of Southampton Health Overview and Scrutiny Panel discuss and note the report.
REASONS FOR REPORT RECOMMENDATIONS	
1.	To enable the HOSP to scrutinise progress.
ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None.
DETAIL (Including consultation carried out)	
	Care Quality Commission (CQC) Comprehensive Inspection Action Plan Progress Update - Background
3.	CQC defines areas for improvement within their comprehensive inspection reports as either 'must do' or 'should do'. A total of 129 areas for improvement were highlighted within the 18 reports received by Southern

	Health NHS Foundation Trust in February 2015 and the Trust has treated these all as 'must do' actions. Existing action plans were reviewed further to the inspection reports being received and a comprehensive plan of actions was put into place to deliver required improvements.
4.	The Trust is driving delivery of these improvements through its Quality Programme which is led by Chris Gordon, Director of Performance, Quality & Safety and Chief Operating Officer, with support from Tracey McKenzie as the Quality Programme Manager.
5.	All action plans were agreed with Commissioners and approved by the Strategic Oversight Group and Trust Board - Quality & Safety Committee prior to submission to the CQC on 25 March 2015. Actions were split into 'Internal' – those which the Trust is able to deliver and 'External' – those which require support from Commissioners to deliver.
6.	The Head of Compliance is responsible for highlighting to the action leads when CQC actions are due to be completed and gaining assurance of completion. They are responsible for holding the CQC action owners to account and securitising evidence supplied to ensure compliance.
7.	Each of the 129 actions are also allocated to one of the eight quality workstreams within the Quality Programme. The actions within the CQC action plan are specific to the service where CQC identified an issue. The remit of the workstreams is to review the issue across all services and put in place quality improvement processes in order to ensure that the issue would not occur elsewhere.
8.	The Quality Programme Steering Group meets monthly and reports progress against the CQC action plan and other quality improvement objectives up to the Quality and Safety Committee via the Quality Improvement and Development Forum.
	Current position
9.	Good progress has been made against the CQC action plan. Status as of end July 2015 – of the 129 actions identified by CQC: <ul style="list-style-type: none"> ○ 106 completed ○ 23 on track to be completed by the target date ○ None at risk of slippage ○ None overdue.
10.	Appendix 1 gives a summary of the progress against each action. Assurance has been gained against each action and plans are in place to validate actions via peer review visits to sites. During July and August 2015, eight units were visited to review progress against the ligature related actions as part of a thematic peer review.
11.	CQC visited three sites during August to carry out a re-inspection:– Ravenswood near Fareham a medium-secure unit for adults with serious mental illness, The Ridgeway Centre in High Wycombe and Southfield, a low-secure specialist mental health inpatient service in Calmore. At the time of writing the Trust was still awaiting the draft reports. Once received, the reports will be reviewed and any learning will be shared across the Trust to ensure all

	other services are delivering the standards expected by CQC at their re-visits.
12.	In order to ensure on-going compliance, divisions need to ensure they have processes in place to monitor the effectiveness of the actions they have taken. This should be built into their routine quality assurance processes and validated via their peer review programme.
RESOURCE IMPLICATIONS	
<u>Capital/Revenue</u>	
13.	Not Applicable
<u>Property/Other</u>	
14.	Not Applicable
LEGAL IMPLICATIONS	
<u>Statutory power to undertake proposals in the report:</u>	
15.	The duty for local authorities to undertake health scrutiny is set out in National Health Service Act 2006.
<u>Other Legal Implications:</u>	
16.	Not Applicable
POLICY FRAMEWORK IMPLICATIONS	
17.	Not Applicable
KEY DECISION?	No
WARDS/COMMUNITIES AFFECTED:	N/A

SUPPORTING DOCUMENTATION

Appendices

1.	Summary of the progress against each action detailed in Southern Health NHS Foundation Trust's Care Quality Commission Inspection Action Plan
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.	No
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Privacy Impact Assessment

Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out.	No
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
1.	None.