

BOARD MEETING
22nd February 2018

Paper Title:	CQC Inspection: outcome and response
Section:	Public
Lead Director:	Medical Director
Paper Author:	Medical Director
Agenda Item:	11
Presented For:	Assurance
Paper Category:	Governance & Compliance

Executive Summary:

Following an inspection of nine, out of fourteen, core services the CQC has published an updated report on Bradford District Care NHS Foundation Trust

The Trust has been rated as 'Requires Improvement' overall which is a deterioration from our previous rating of 'Good'

Community services have been rated as 'Good' with some aspects of care rated 'Outstanding'.

Mental health services have been rated as 'Requires Improvement'.

A draft action plan has been developed in response to the CQC's findings and actions are already underway to address the areas for improvement.

The Outstanding Care Board, chaired by the Medical Director, will oversee delivery of the action plan and will report to the Executive Management Team.

The Trust is considering the introduction of a formal Quality Improvement methodology in order to bring about long term, sustainable, staff-led improvements to the quality of its services.

Recommendations:

That the Board

- Notes the outcome of the recent CQC inspection process, including areas of positive practice and areas for improvement
- Agrees that the paper provides assurance that all areas for improvement will be addressed in a robust and timely manner
- Authorises EMT to submit a fully populated action plan to CQC by 9th March
- Agrees to receive quarterly progress updates until all areas for improvement have been fully addressed

Governance/Audit Trail:

Meetings where this item has previously been discussed (please mark with an X):					
Audit Committee		Quality & Safety Committee		Remuneration Committee	Finance, Business & Investment Committee
Executive Management Team	x	Directors		Chair of Committee Meetings	Mental Health Legislation Committee
Council of Governors					

This report supports the achievement of the following strategic aims of the Trust: (please mark those that apply with an X):	
Quality and Workforce: to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce	x
Integration and Partnerships: to be influential in the development and delivery of new models of care locally and more widely across West Yorkshire and Harrogate STP	
Sustainability and Growth: to maintain our financial viability whilst actively seeking appropriate new business opportunities	

This report supports the achievement of the following Regulatory Requirements: (please mark those that apply with an X):	
Safe: People who use our services are protected from abuse and avoidable harm	x
Caring: Staff involve people who use our services and treat them with compassion, kindness, dignity and respect	x
Responsive: Services are organised to meet the needs of people who use our services	x
Effective: Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.	x
Well Led: The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.	x
NHSI Single Oversight Framework	x

Freedom of Information:
<p>Publication Under Freedom of Information Act</p> <p>:</p> <p>This paper has been made available under the Freedom of Information Act</p>

Outcome of CQC Inspection

1. Background and Context

In October 2017, the Care Quality Commission (CQC) undertook an inspection of nine complete core services in total out of 14 core services provided by the Trust. These were:

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay/rehabilitation mental health wards for working age adults
- Wards for older people with mental health problems.
- Wards for people with learning disability or autism
- Community-based mental health services for adults of working age
- Mental health crisis services and health-based places of safety
- Community mental health services for people with learning disability or autism
- Community health services for adults
- Community dental services

These core services were either selected due to their previous inspection ratings or because CQC's ongoing monitoring identified that an inspection at this time was appropriate to understand the quality of the service provided.

The inspection also included an assessment of the well-led key question at the Trust level

The final report was published on 12th February 2018 and, whilst it contained many positive findings, the overall rating for the Trust and a number of individual service ratings had deteriorated to 'Requires Improvement'.

The full report can be accessed here:

http://www.cqc.org.uk/sites/default/files/new_reports/AAAH0101.pdf

1.1 Outstanding Practice

The CQC found several examples of outstanding practice during the core service inspections.

In community dental services:

The service had developed an anxiety care pathway which looked at other options, short of intravenous sedation, with a view to helping the patient to not need the service in the future. The service had a cognitive behavioural nurse and could arrange other therapies such as acupuncture and hypnosis. All patients being considered for intravenous sedation had to undergo a mandatory taster session for cognitive behavioural therapy.

In community health services for adults:

The trust had developed a spreadsheet for recording and monitoring pressure ulcers. Details of all pressure ulcers were entered and this allowed the ability for trends and themes to be easily identified and acted on.

The continence service had recently expanded its remit to undertake all first continence pad and follow up continence assessments. This reduced the workload falling to the district nursing service and allowed patients to be assessed by specialist continence team members.

The tissue viability service used a vascular assessment outcome tool to track the outcome and cost of care provided. This data was then used to drive improvements in the service, such as the development of a chronic wound pathway which was presented to an international conference.

In the mental health crisis services and health based places of safety:

The redesign of the trust's mental health crisis services' pathway had ensured that no patient had needed to be admitted to an out of area placement in the previous two years. The intensive home treatment team ensured that more people could be cared for in the community without requiring an inpatient admission.

The service worked closely in partnership with voluntary and community sector organisations to provide a comprehensive multi-level approach for people in crisis, based on presenting risks. The voluntary and community sector organisations provided people with safe spaces and peer support which reduced admissions to accident and emergency departments.

In community mental health services for people with a learning disability and/or autism:

The service ran 10 training sessions in the last year to local support providers around active support and behavioural monitoring. The service also had positive and proactive champions and communication champions networks that shared best practice around the use of positive behaviour support and communication methods for people with a learning disability.

The service was working with local police services to improve engagement with people living with learning disabilities by providing them with advice and guidance on the various types of conditions and associated issues and behaviours.

The service had been involved in an NHS improvement programme around criteria led discharges, which included examining how discharge times could be reduced where appropriate.

1.2 Positive Practice

The following paragraphs are direct quotes from the report:

The vision and values were prominent throughout the trust. Staff consistently demonstrated awareness and commitment to the trust's vision and values. The significant majority of staff the CQC spoke to were positive about working at the trust.

The board of directors were committed, competent and capable in their roles. Both executive and non-executive directors brought a range of skills and experience to the trust's senior management team. The trust's board was relatively stable and had benefited from effective succession planning.

There was a clear strategy which was aligned to the wider health and social care economy. The trust was an active participant in the West Yorkshire and Harrogate Health and Care Partnership. The trust had clear strategic objectives, corporate objectives and quality goals.

The trust had worked to engage voluntary sector organisations to provide new and innovative models of care. Voluntary sector organisations were incorporated into the trust's governance structures to ensure appropriate oversight of performance, quality and safety.

The trust had used a number of approaches to engagement. Patients, relatives and carers and staff were able to feedback to the trust on the care and treatment provided. The trust scored highly in patient feedback as a provider to receive care from. The trust had also worked to improve engagement with commissioners, local authorities and other agencies.

Governance structures were well-embedded and were familiar to staff at all levels working within the trust. The trust board sub-committees were well established and were chaired by non-executive directors. The trust's council of governors had an active and diverse membership which was reflective of the trust's catchment area.

The trust had a clear approach to managing risk using a board assurance framework and risk registers at team, service, business unit and corporate level. Staff were aware of how to use risk registers to escalate risks to senior managers. Staff concerns matched concerns identified on the trust's risk registers. The trust had a clear approach to identify and learn from patient deaths.

There was a well-established programme which recognised good practice and achievement within staff teams. The trust had an annual awards ceremony and a number of other celebration events which included staff from a variety of disciplines. The trust itself had been recognised for a number of awards from a range of national organisations.

The staff showed a caring attitude to those who used the trust services. Feedback from people using services and their relatives and carers was highly positive. Staff in all services were kind, compassionate, respectful and supportive. People who used services were appropriately involved in making decisions about their care.

The trust had ensured that services were responsive to meet the needs of people. Services were planned so that local people could access services when they needed them. There was a systematic approach to managing access to services which was based on individual needs. The trust had ensured there was a clear pathway so that people were transferred appropriately between services.

Within the trust's inpatient services staff had introduced safety huddles; safety huddles are quick meetings which include all clinical and non-clinical staff. The purpose of the meetings is to ensure that all staff working on the wards have a clear understanding of the immediate risks.

All inpatient and community services were clean and well-maintained. Staff were aware of and adhered to infection control procedures. Clinic rooms in inpatient services were maintained appropriately and staff could access appropriate equipment to carry out their roles.

Compliance rates for the four modules regarded by the trust as mandatory training were consistently high in each core service inspected.

Within mental health services there was a strong focus on caring for the physical health of patients. Staff undertook regular physical observations of patients prescribed high dose medication and those with long term enduring physical health conditions.

Staff had embedded the use of national guidance to support effective patient care within community dental services and community health services for adults.

Within a number of services there was a strong focus on multidisciplinary and inter-agency working. Services included staff from a range of professional disciplines which provided a holistic approach to patient care.

The CQC consistently received positive feedback from people using services and their relatives and carers. Staff ensured that patients and carers were involved in making decisions about their care.

All services demonstrated that they were patient focused. The community health services for adults in particular demonstrated a holistic approach to patient care in which the needs and preferences of individual patients were incorporated fully into the delivery of care.

The trust had implemented 'carers' hubs' in two locations and had plans to open a third. Carers' hubs are services provided in partnership with three third sector voluntary organisations providing a range of health and wellbeing activities for carers.

The trust had ensured that services were organised so that people could access services when they needed them.

There was a coordinated pathway for available for people experiencing mental health crisis from initial contact with services to inpatient admission through to discharge into the community mental health services. Community mental health and physical health services were planned to meet the needs of the local community.

Inpatient services including wards for people with a learning disability and/or autism had a clear approach to discharge planning which ensured that discharges were safe and that people did not spend more time in hospital than they needed to.

Services had a clear approach to triaging referrals which meant that people with higher risks or needs were not waiting longer than they should do.

Ward environments had a range of rooms, equipment and facilities available to promote recovery.

Despite this extensive array of good and outstanding practice our overall ratings fell short of our aspiration; although community health services were all rated 'good', most mental health services were rated 'requires improvement'. These results are displayed below in a tabular format for ease of understanding:

1.3 Ratings

Overall

SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED	OVERALL
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Community Health Services

	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED	OVERALL
Adults						
Children						
End of Life						
Dental						
Overall						

Mental Health Services

	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED	OVERALL
Adult Wards and PICU						
Rehab Ward						

Low Secure Wards	Good	Good	Good	Good	Good	Good
Older People's Wards	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Learning Disability Ward	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Adult Community Mental Health	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement
Crisis Services	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Child and Adolescent Mental Health	Requires Improvement	Good	Good	Good	Good	Good
Older People's Community Mental Health	Good	Good	Good	Good	Good	Good
Community Learning Disability Services	Requires Improvement	Good	Good	Good	Good	Good
Overall	Requires Improvement	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement

Outstanding

Good

Requires Improvement

2. Trust Response

The most important thing now is to ensure that we correct all of the areas for improvement, which CQC has identified, and that we do this in a way which ensures changes are sustainable so that similar concerns are not flagged up in future inspections.

BDCFT has a history of responding positively to regulatory change and the Executive Team is confident that the issues identified by the CQC can be effectively addressed.

After alerting staff to the report and its conclusions, the executive team has held a number of face-to-face staff briefing sessions; the primary purpose of these sessions was to assure our staff that we are proud of them (particularly in relation to the consistently good caring and responsive findings), to emphasize the positive aspects of the report and to get their views on the areas for improvement. Initial feedback was positive, with a determination to take the necessary actions to improve our services; in addition, the Chief Executive has received some extremely supportive e-mails from staff through the chat2nicola portal.

Similarly, the Council of Governors has received a face-to-face briefing and, again, initial responses were of disappointment at the overall outcome but recognition of the extremely positive comments about organizational culture and staff attitudes and behaviours.

The report identifies 49 'must do' requirements and a number of 'should do' requirements. The 'must do' requirements indicate actions needed to address deficits which, in the opinion of the CQC, amount to a regulatory breach. These are being given priority over the 'should do' actions and the latter will be addressed once every 'must do' is on track for completion.

The actions have been scrutinized and condensed into 17 key themes as follows:

- Governance
- Fit & Proper Person
- DBS
- Serious Incidents
- Restrictive Practice
- Required Training
- Policies
- Supervision
- Audit
- Care Records
- Safeguarding
- Restrictive Practice
- Duty of candour
- Safer Staffing
- Health & Safety
- Blanket Restriction
- Supervision

An executive director has been assigned responsibility for overseeing every single 'must do' as per the action plan which accompanies this paper.

In addition, each 'must do' has been allocated to either Trust Board or the relevant Committee for continuing oversight to completion. Each one has a review date and all actions relevant to core services have also been allocated a business unit lead with responsibility for ensuring implementation.

Please see accompanying early, draft action plan template which will be fully populated with specific progress notes as actions are determined and implemented over the next two weeks before submission to CQC by March 9th.

The 'Outstanding Care Programme Board' which had already been established, prior to the inspection, will now have detailed oversight of progress against the full action plan. This group is chaired by the Medical Director and will provide regular updates to the Executive Management Team.

The Medical Director has agreed an additional action to contact his counterpart at a Trust which moved from 'Requires Improvement' to 'Outstanding' to gain insight of how they tracked the implementation of post-inspection actions and how they ensured sustainable improvement culminating in an 'outstanding' rating.

A number of actions have already been taken, including:

- i) immediate environmental improvements to the Section 136 Suite at Lynfield Mount Hospital
- ii) every Director having a repeat DBS check
- iii) required training figures submitted to Quality and Safety Committee
- iv) clinical supervision policy updated
- v) serious incident policy updated

It is proposed to provide a quarterly update to Board on progress against the action plan.

3. Implications

When taken together, the various areas for improvement amount to a number of regulatory breaches. The following is a list of the legal requirements which the Trust was not meeting. We are required to send CQC a report, by 9th March, stating what action we are going to take to meet these requirements.

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

Regulation 9 HSCA (RA) Regulations 2014 Person-centred Care

Regulation 10 HSCA (RA) Regulations 2014 Dignity and Respect

Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulation 17 HSCA (RA) Regulations 2014 Good Governance
Regulation 18 HSCA (RA) Regulations 2014 Staffing

The Medical Director will meet with our local CQC team on March 2nd to provide a progress update; this is one of a planned series of quarterly relationship meetings and the CQC has indicated that it sees no need to increase the frequency of these meetings.

In addition, the Medical and Nursing Directors will attend the Bradford Health Overview and Scrutiny Committee on March 22nd to provide it with assurance on the actions the Trust is taking.

4. Monitoring and review

As set out in the action plan, Committees will receive regular progress reports against specific actions and Trust Board will receive a quarterly progress report.

5. Timescales/Milestones

Progress review dates are set out in the accompanying action plan. All actions will be completed as soon as practicable; any delays will be scrutinized by Outstanding Care Programme Board with barriers to progress escalated via the Executive Management Team if necessary to ensure resolution.

6. Longer term action planning: Quality Improvement

The challenge for all healthcare organisations is to develop and implement an approach that will enable improvements to the quality of healthcare to happen while confronting the operational and financial challenges of today.

Quality Improvement (QI) encompasses a range of evidence-based approaches which have been used by several, high-performing NHS organisations to meet this challenge.

Tees, Esk & Wear Valley Foundation Trust (TEWV) and East London Foundation Trust (ELFT) are two Trusts providing similar services to our own which have been using QI for years and have achieved some very impressive results in terms of better services and better staff engagement. Some of the central tenets of any QI methodology are having a clear rationale, ensuring staff are ready, allocating adequate time and resources for front-line teams to develop solutions and fidelity to the chosen methodology.

The Trust is committed to developing a QI methodology which works for us so, in December, the whole Board undertook a training session facilitated by NHS Improvement which proved extremely useful and thought provoking.

On the back of that session we have had conversations and visits to TEWV and ELFT and are arranging further visits to both Trusts for larger groups of staff to see different QI methodologies in action. It is hoped that some of these individuals will form the first cohort of BDCFT QI Champions.

On the morning of Thursday 8th March we will be re-running the December training session but this time for a much bigger group, including clinicians and senior managers. The objectives of the session will be:

- Why an organisational improvement approach is needed?
- What do we mean by quality improvement?
- Organisational improvement approaches in practice

and it will allow a protected space for a 'good quality conversation' about improvement, allow staff to learn about different improvement approaches, help us all to understand the importance of leadership for improvement and allow reflection on our current improvement work and how this might be enhanced.

We recognise that the lack of a formal QI methodology has probably hindered our progress, towards the 'outstanding' status we all aspire to, and, hopefully, these next few months will see us beginning that journey of continuous and sustainable quality improvement.