

Trust Board
26 September 2019

Paper Title:	Progress against the Care Quality Commission Action Plan
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Agenda Item:	8
Presented For:	Assurance
Paper Category:	Quality, Governance & Compliance

Executive Summary:
<p>On 11 June 2019 the CQC published their report and the Trust remained as '<i>Requires Improvement</i>'. Following receipt of the report, the Trust submitted a high-level action plan to the CQC on 9 July 2019. There are 13 workstreams and each has developed an action plan. This paper provides an update on progress against the high-level action plan.</p> <p>The CQC returned to the acute in-patient wards 10 September 2019 to review progress against the 29A Warning Notice. The Trust can expect written feedback by mid November 2019.</p>

Recommendations:
<p>That the Board:</p> <ul style="list-style-type: none"> Note the progress against the high-level action plan

Governance/Audit Trail:

Meetings where this item has previously been discussed (please mark with an X):						
Audit Committee		Quality & Safety Committee	x	Remuneration Committee		Finance, Business & Investment Committee
Executive Management Team		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: <i>(please mark those that apply with an X):</i>	
Quality and Workforce: to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce	
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: <i>(please mark those that apply with an X):</i>	
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

CQC Update and Action Plan

1. CQC Inspection 2019

Following an inspection of services between 28 February and 10 April 2019, the CQC published their final report on Bradford District Care Trust NHS Foundation Trust on 11 June 2019.

The CQC identified the core services to be inspected based on previous inspection ratings, information relating to risk received through engagement and ongoing monitoring, and the length of time since the service was last inspected. The CQC inspected eight of the Trust's fourteen core services.

- Acute wards for adults of working age and psychiatric intensive care units
- Forensic inpatient/secure wards
- Wards for older people with mental health problems.
- Wards for people with learning disability or autism
- Mental health crisis services and health-based places of safety
- Community-based mental health services for older people
- Community end of life care
- Community health services for children, young people and families

During the inspection period, the Care Quality Commission took enforcement action against Bradford District Care NHS Foundation Trust. The Trust received a Section 29a Warning Notice on 28 March 2019. This notified the Trust of concerns about the quality of care for the Regulated Activities provided for the Assessment and Treatment for persons detained under the Mental Health Act 1983 Treatment of disease, disorder or injury.

1.1 Section 29a Warning Notice

Following receipt of the Section 29a Warning Notice, the Trust commenced a significant and immediate Executive led response. During the week commencing 1st April clinical and corporate staff members were engaged in a 5-day Rapid Improvement Workshop (RIW). This utilised approaches from our newly introduced Quality Improvement System. Support was sought from NHSI, local Trusts, social care representatives, and local CCG colleagues, to establish and progress workstreams focused on area of concern.

An extraordinary joint Quality and Safety/Mental Health Legislation Committee meeting took place on 16 April 2019 to review the draft response and action plan. On 12 August 2019 a further joint Quality and Safety/Mental Health Legislation Committee meeting took place to review the completed action plan and supporting evidence. Ongoing work is accounted for in the CQC 2019 action plan.

To support the work and delivery of the actions from the RIW it was agreed that clinical audits would take place to enable the Trust to demonstrate improvement in the areas identified in the Warning Notice. These demonstrate that there has been improvement, but that further work is required to ensure the improvements are embedded. Audit will be a key feature of ongoing monitoring of the CQC action plan and quality issues including daily spot checks, the introduction of PIPA Quality Improvement plans, DLM and an Integrated Assurance Framework.

Improvements have been noted across all areas of the Section 29a action plan, including use of admission assessment tools, completion of register of movement and a decrease in medication errors/incidents.

The Trust has also developed a program of quality checks for the wards. These are undertaken every month by colleagues from across the Trust and are supported by colleagues from NHSI and the CCG. The checks have demonstrated improvements across the wards in the areas highlighted in the Section 29a Warning Notice.

The CQC returned to inspect the acute in-patient services against the 29A Warning Notice on 10 September 2019. They spent 3 days at the Trust. Their draft report will be produced mid-November.

1.2 CQC Inspection Findings 2019

On 11 June 2019 the CQC published their report and the Trust remained as *requires improvement*. The full report can be accessed here [CQC final report](#)

The ratings for the Trust were as follows:

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Jun 2019	Requires improvement →← Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Requires improvement →← Jun 2019	Requires improvement →← Jun 2019

The combined ratings are as follows

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community	Good ↔ Jun 2019	Good ↔ Jun 2019	Outstanding ↑ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019
Mental health	Requires improvement →← Jun 2019	Requires improvement →← Jun 2019	Good ↔ Jun 2019	Good ↔ Jun 2019	Requires improvement →← Jun 2019	Requires improvement →← Jun 2019

The CQC rated the Trust as *requires improvement*.

- Of the 14 core services, one is rated as inadequate and five as requires improvement.
- Overall ratings went down for the acute inpatient mental health services for adults of working age and the psychiatric intensive care unit to inadequate, and for the community health services for children and young people to requires improvement. The forensic low secure services were rated as requires improvement. The rating stayed requires improvement for the wards for older people with a mental health problem.
- The CQC had issued the Trust a Section 29a Warning Notice as reported in section 1.1.
- The action taken by the Trust to address many of the areas for improvement identified from the last inspection had not been effective in all areas.
- Arrangements for governance and performance management did not always operate effectively.

The CQC did identify positive areas of practice, specifically:

- Community end of life services were rated as outstanding overall
- Three of the six mental health services were rated as good with improvements noted in the ward for people with a learning disability and mental health crisis services and health-based places of safety.
- The community mental health services for older people were rated as good
- Staff interactions were kind, respectful and compassionate
- The trust has introduced a new vision and strategy to improve services

In the report the CQC did note that significant action had been taken by the Trust in response to the 29a Warning Notice.

1.3 CQC Action plan 2019

The Trust has worked closely with NHSI to help develop a template for the action plan. In additions to this a Forward to Excellence session with BDCFT staff on the delivery of the action plan. It was evident that there needed to be two significant changes 1) the action plan needed to be detailed with micro actions to ensure clear oversight of progress and, 2) staff wanted to be involved in developing the solutions.

A high-level action plan has been developed (Appendix A). Within this is a two-phase process:

Phase 1

- Delivery of the actions and this is completed no later than December 2019.

Phase 2

- Testing the actions to demonstrate that actions/improvements are embedded / effective.

There are 13 workstreams within the action plan, each of which has a lead executive with overall responsibility and a Committee into which it reports.

No	Detail	Lead Executive	Workstream Lead	title
1	Incident Management	D.Gilderdale	L.Hussain	Interim Head of Quality Governance
2	Restrictive Interventions	P.Scott	G.Eloi/B.Knaggs	General Manager/Service Manager
3	Supervision	S.Knight	P.Hubbard	Deputy Director of Nursing
4	Clinical Risk	D.Gilderdale	S.Long	Head of Nursing (Mental Health)
5	Medicines	D.Sims	J.Sohal	Chief Pharmacist
6	Environment & Equipment	L.Romaniak	D.Gibson	Facilities Business and Governance Manager

7	Person Centred Care & Care Planning	P.Scott	S.Long/B.Bentley	Head of Nursing (Mental Health & Adult/Childrens)
8	Mental Health Legislation	P.Scott	S.Binns	Mental Health Legislation Lead
9	Service accessibility	P.Scott	S.Long/B.Bentley	Head of Nursing (Mental Health & Adult/Childrens)
10	Supporting staff to do their job	S.Knight	F.Sherburn	Deputy Director of HR and OD
11	Information Technology	T.Ryecroft	D.Fitouri	Head of Informatics
12	Dignity & Respect	D.Gilderdale	D.Cromack	Learning/Education & Nursing Development Manager
13	Governance & Quality Improvement	B.Kilmurray	P.Hubbard	Deputy Director of Nursing

Each workstream has developed more detailed action plan these are appended. As the issues highlighted in the Section 29a Warning Notice were already being addressed, a number of workstreams were already in place and action had already been taken to address the must and should do's. The workstream action plan have been reviewed alongside the 2017 CQC action plan and the Section 29a Action plan to ensure all actions are considered in the 2019 plan.

1.3.1 Progress on actions

Progress against the high-level action plan has been reviewed (Appendix B). There has been significant progress across all workstreams however it has been necessary to extend some deadlines. This is due to robust systems and processes needing to be developed and some timescales are outside of the Trust's control where these involve external providers of systems. The action plans will all be completed within Phase 1 which is due for sign off by mid-December by a joint MHLC/QSC Committee.

1.3.2 CQC Action Plan 2018

The CQC 2018 action plan has been reviewed to ensure all elements are included in the 2019 action plan. This has been completed. One element did not transfer to the 2019 plan, specifically:

Must Do 35/Should Do 15: The trust must ensure that patients have access to psychological and occupational therapies.

Psychological therapies are available to in-patients through a referral system however the funding for the posts in Low Secure Services was not available. The finances for this have now been resolved and the post is currently out to advert on NHS jobs.

1.3.4 CQC Action Plan Governance Arrangements

The governance arrangements were reported to the Quality & Safety Committee 2 August 2019, including the Governance reporting templates and arrangements. In addition to this

a timetable has been developed to map the reporting arrangements, dates and times in line with the governance process. Weekly updates are provided to the Workstream Lead meetings. The Compliance Meeting receives a highlight report and will commence reviews of completed action plans and evidence on 18 September 2019.

1.4 CQC Engagement meeting

The CQC Engagement meeting took place on 30 July 2019. This was attended by the Deputy Director of Nursing. The meeting focused on discussion on the CQC action plan, including the Section 29a action plan, governance arrangements for the action plans, the function of the Compliance Meeting, Patient Safety and the audit plans to support the action plans.

Future inspections were also discussed and the CQC engagement lead confirmed that core services which were not inspected this time will be part of the inspection in 2020.

The Quarter 1 engagement meeting will take place 19 September 2019 and a verbal update will be provided to the Board.

1.5 Developments

Quality checks across in-patient areas action plan to continue. The template used was a focus on areas highlighted in the Section 29a report. In September 2019 the template for the in-patient quality check will be revised with operational staff to ensure all relevant information is reviewed as part of the quality check. The process of undertaking Quality Checks in other services will be reviewed in anticipation of future inspections and used as a tool for continuous improvement.

In October 2019 Mental Health Legislation Quality checks will commence. These will be led by the Mental Health Act Office and will mirror the Mental Health Act reviews which take place. An update on provisional findings will be presented to MHLC on 21 November 2019.

2. Implications

2.1 Legal and Constitutional

The Trust must meet CQC regulations.

2.2 Resource

Consideration is being given to the current resource in the Quality Governance structure to support the ongoing management of action plan and regulatory activity.

2.3 Quality and Compliance

Work on the CQC action plan is key to our ongoing regulated activity and ensuring compliance with the same.

3. Risk Issues Identified

Risk is identified in BAF1973

4. Monitoring and review

MHLC and QSC will receive updates at each meeting.

5. Timescales/Milestones

A joint MHLC/QSC will be held mid-December to review and sign off the action plans.