

Board of Directors

30 January 2020

Paper title:	Feedback from Quality and Safety Service Visits	Agenda item 9
Presented by:	Phil Hubbard, Director of Nursing, Professions and Care Standards	
Prepared by:	Beverley Bray, Head of Quality Governance and Patient Safety	

Purpose of the report		
To inform the Board of the themes arising from walkabouts in respect of improvements and challenges and the process of managing the outcomes.	For approval	X
	For discussion	X
	For information	

Executive summary		
<p>BDCFT Quality and Safety Walkabouts have been running successfully since 2010. This paper provides a summary of the themes highlighted across the services visited in December 2019. Each area receives a letter following the visit highlighting areas of good practice and improvements and the challenges they are facing. Where relevant, actions are identified and followed up locally by the Ward Manager and a central log is maintained to ensure these actions are tracked.</p> <p>Historically the visits have been scheduled a month in advance. This paper proposes that an annual schedule of visits is put in place which will allow services to ensure that there is appropriate representation from staff available on the day to speak to Board members.</p>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<p>State below 'Yes' or 'No'</p> <p>No</p>	If yes please set out what action has been taken to address this in your paper

Recommendation
<p>The Board is asked to:</p> <ul style="list-style-type: none"> Note the themes arising from walkabouts in respect of improvements and challenges and the process of managing the outcomes. Approve the recommendation to set an annual schedule of walkabouts

Strategic vision				
Please mark those that apply with an X				
Providing excellent quality services and seamless access	Creating the best place to work	Supporting people to live to their fullest potential	Financial sustainability growth and innovation	Governance and well-led
X	X			X

Care Quality Commission domains				
Please mark those that apply with an X				
Safe	Effective	Responsive	Caring	Well Led
				X

Relationship to the Board Assurance Framework (BAF)	The work contained with this report links to the following strategic risk(s) as identified in the BAF: <ul style="list-style-type: none"> •
Links to the Corporate Risk Register (CRR)	The work contained with this report links to the following corporate risk(s) as identified in the CRR: <ul style="list-style-type: none"> •
Compliance and regulatory implications	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: <ul style="list-style-type: none"> • On-going engagement with this process, as well as formal monitoring, is evidence for the well-led assessment for the trust.

Meeting of the Board of Directors

30 January 2020

Quality and Safety Visit Update

1 Purpose

The aim of the Quality and Safety Walkabouts is to:

- increase the awareness of quality and safety issues amongst all staff;
- make sure safety remains a priority for senior leaders;
- increase understanding of service user safety concepts such as incident reporting and risk registers;
- act on information that identifies areas for improvement;
- build relationships with frontline staff; and
- to discuss issues relating to staff engagement locally and corporately (a temperature test relating to the Staff Survey and the iCare programme).

The purpose of this report is to feedback on the outcomes of the most recent visits, identifying areas of positive learning and areas of challenge. This month, as well as providing some specific narrative feedback from the services and teams, the report contains a high-level analysis by theme covering the past two sets of visits. This is broken down into the key areas of feedback and specific examples are provided to help the Board's understanding of the issues identified.

Board Quality and Safety visits have previously been scheduled a month in advance, with proposals going to Board as part of this report as to where to visit next. Due to the responsive nature of the visits, there have frequently been short notice changes to respond to areas of perceived challenge,. This can lead to confusion and has sometimes meant that the staff teams have not been fully represented due to diary constraints. It has also proven difficult for Governors to identify visits to participate in. This is reflected in the feedback this month, particularly from the IT department.

2 Report detail

The most recent visits took place in December and covered district nursing teams and a number of corporate services. The detailed schedule is provided following:

Team	Site	Attending	Attending	Governor
North CMHT	Somerset House	Patrick Scott	Cathy Elliott	
IT team	New Mill	Phil Hubbard	Gerry Armitage	

Estates Team	Lynfield Mount	David Sims	Carole Panteli	
Windhill DN Team	Lynfield Mount	Paul Hogg	Andrew Chang	
ShIPLEY DN Team	ShIPLEY	Liz Romaniak	Zulfi Hussain	Sid Brown
Wrose DN Team	Wrose	Sandra Knight	Rob Vincent	Colin Perry
Bingley DN Team	Bingley	Brent Kilmurray	Simon Lewis	

Themes arising from the quality and safety visits:

Positives:

The main positive theme this month continues to be around how teams work together to support each other, particularly where the service is seeing high demand. This was particularly evident across all of the district nursing (DN) teams visited, and continues a theme seen in the October visits to children and young people’s services.

Specific areas of positive feedback included:

- Feedback from student nurses regarding their placements with the Windhill DN team, resulting in the students indicating they would like to work for the trust
- The in-depth knowledge the Windhill DN team had around individual cases
- The strong leadership and support being provided to the ShIPLEY DN team
- The high levels of compliance with appraisals and mandatory training, and low sickness rates in the Wrose DN team, despite increasing caseloads
- The strong community partnerships and effective access to interpreting services through Big Word seen by the Wrose DN team
- The effective use of the Bingley DN team report out Board, and
- The BDCT system is ‘described’ as safe by the team in terms of cybersecurity and general system performance, current procedures are responsive to challenge and other organisations consult with BDCT to improve their own systems. Much progress has been made in the last 18 months, something that is a source of pride in the team
- IT collaboration with HR is improving

Areas of challenge:

The main area of challenge which was identified related to staffing capacity, combined with increasing acuity across the DN teams. The teams described the impact that this was having on their ability to deliver care to the standard they would wish and provide support for new starters. This was seen as causing stress for staff. Whilst teams felt supported from their line managers, they reflected that the national shortage of DNs was impacting on their ability to cover short terms absences.

In addition to the above, the following themes were noted:

- Capacity challenges due delivery of elements of specifications, such as training into care homes, weekend working, apparent lack of practice nursing skills (eg around wound care) which resulted in staff either working beyond their contracted hours or having to cut short appointments.
- IT connectivity, with intermittent provider coverage, equipment issues and a perceived lack of responsiveness from the IT service, which resulted in delayed access to notes. The Bingley DN team also highlighted the onerous nature of the pressure sore template on SystmOne.
- An apparent gap in career progression, with no clinical development roles at band 7, although other teams noted that there was an opportunity to do more with Nurse Prescribers.
- The estates team described the challenges it faces around the age of some of the estate and concerns that when solutions to local problems are put in place, they are not always used.
- The IT described the challenges apparent in supporting QI initiatives as most improvements require a parallel IT contribution, meanwhile the organisation expects '[IT] business as usual'
- The team asserted that TPP do not offer sufficient support for their products and lack experience in the field of MH (peer trusts are experiencing similar challenges). It was argued by the team that a much bigger resource was required to achieve a satisfactory and sustainable performance
- Senior leaders should focus on the questionable practice of what appears to be a 'make do and mend' approach to the IT service and how the positive contribution of this team can be more obviously recognised and co-ordinated.

Following is a high-level analysis of the type of themes that have emerged in the last two rounds of Quality and Safety visits:

Theme	Access / capacity	Demand	Acuity	Safety of SU	Safety of Staff	Delivery of best practice	IT	Clinical environment	General environment	Workforce – numbers / skill mix	Workforce – morale/ resilience	Training / development	Leadership	System working
+ ve						4	3	1		2	3	1	3	3
- ve	2	5	4	0	1	5	7	2	5	5	5	4		3
Total	2	5	4	0	1	9	10	3	5	7	8	5	3	6

Note: there have been a total of 12 visits to service delivery teams, and 2 to corporate teams

The above information does not reflect the input of the IT team who expressed a number of concerns about their own capacity and the capability/configuration of the systems being used (with specific reference to SystmOne) to meet organisational need. This in turn impacts on customer experience within the trust.

Whilst there is recognition that teams in general feel supported by their management team and that there is a significant degree of mutual support within teams, one team in particular felt that despite reassurances, the Board was not fully sighted on the challenges they faced.

Other than IT concerns, the main drivers for concern remain about the impact of increased demand and acuity, combined with both local and more general issues relating to workforce availability and resilience. It is worth noting that these concerns resonate with the main issues discussed in January's Patient Safety and Learning Group.

3 Options

It is worth noting that this month we have had feedback that at least one of the teams felt unprepared for the visit, despite advance notice. There was also notification during this process that some teams might not be available due to prior commitments. There has also been very limited Governor involvement in this process. Therefore, it is recommended that the Board moves to an annual plan of quality and safety visits so that teams have sufficient notice to engage meaningfully with these. The risk of this approach is that the trust loses a degree of responsiveness, however it is felt this would be mitigated by more meaningful engagement and ensuring all areas of the trust have at least an annual visit.

Name of author/s: Beverley Bray

Title/s: Head of Quality Governance and Patient Safety

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