

## Council of Governors 03 February 2022

<b>Paper title:</b>	Care Quality Commission Response	<b>Agenda item</b>  <b>8.0</b>
<b>Presented by:</b>	Phillipa Hubbard, Director of Nursing, Professions and Care Standards	
<b>Prepared by:</b>	Beverley Fearnley, Deputy Director of Patient Safety, Compliance and Risk	

Purpose of the report		
The purpose of this report is to provide the Council of Governors with an overview of the outcomes of the most recent CQC inspection, the report for which was published on 15 December 2021 and the Trust's response to this which was approved at the Board of Directors in January 2022.	For approval	
	For discussion	
	For information	<b>X</b>

Executive summary
<p>The CQC carried out inspections of three of the Trust's community mental health services between 7 and 29 September 2021:</p> <ul style="list-style-type: none"> <li>• community mental health services for adults of working age</li> <li>• specialist community mental health services for children and young people and</li> <li>• crisis and health-based places of safety.</li> </ul> <p>The CQC also inspected the well-led key question for the trust overall.</p> <p>At this inspection</p> <ul style="list-style-type: none"> <li>• community mental health services for adults of working age was rated as good overall, an improvement from the previous rating of requires improvement</li> <li>• crisis and health-based places of safety were rated as good overall, which was the same overall rating with an increase in rating in the safe key question from requires improvement to good.</li> <li>• Specialist community mental health services for children and young people were given a rating of requires improvement overall, with a rating of good in the caring key question. The rating had gone down since the last inspection</li> <li>• The Trust was rated as good in the overall well-led domain, an improvement from the previous rating of requires improvement.</li> <li>• <b>The Trust was rated as good overall, with good in all domains, with the exception of safe which was rated as requires improvement</b></li> </ul> <p>It is of note that despite the significant operational and governance challenges associated with responding to the COVID pandemic, Trust services have not only managed to maintain high standards of care but have managed to make improvements which are significant enough to increase the Trust's overall rating from requires improvement to good during this time.</p>

However, the Trust is committed to continuous improvement and learning and has an ambition to be an outstanding Trust and whilst improvements were significant there were also areas where further work is required.

The CQC identified a number of recommendations, including 2 breaches of regulation 17 relating to DBS checks and monitoring of risks, a breach of regulation 20 relating to duty of candour: 2 breaches of regulation 12 relating to risk and care plans and a breach of regulation 9 relating to eating disorder and neurodevelopment waiting lists. In addition, the CQC identified a number of actions the trust should take or continue to take to improve the quality of services.

The Trust has reviewed the report in detail and presented a detailed management response to the Board of Directors in January 2022.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<b>State below 'Yes' or 'No'</b>	If yes please set out what action has been taken to address this in your paper
	<b>No</b>	

<b>Recommendation</b>
The Council of Governors is asked to: <ul style="list-style-type: none"> <li>Note the outcomes of the CQC report including the improvements made and the continuing improvement work that remains</li> <li>Take assurance as to the Trust's response to address identified breaches in regulations</li> </ul>

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

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

<b>Relationship to the Board Assurance Framework (BAF)</b>	The work contained with this report links to the following strategic risk(s) as identified in the BAF: <ul style="list-style-type: none"> <li>SO3: To provide our people with the tools and coaching to support innovation, quality improvement and organisational learning (through the Care Trust Way)</li> </ul>
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<b>Links to the Supporting Organisational Risk Register</b>	The work contained with this report links to the following corporate risk(s) as identified in the Supporting Organisational Risk Register: <ul style="list-style-type: none"><li>• 2417: Ability to meeting regulatory requirements</li></ul>
<b>Compliance and regulatory implications</b>	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"><li>• Regulation 9, 12, 17 and 20</li></ul>

## Council of Governors 03 February 2022

### Care Quality Commission Response

#### 1 Purpose

The purpose of this report is to provide the Council of Governors with an overview of the outcomes of the most recent CQC inspection, the report for which was published on 15 December 2021 and the Trust's response to this which was approved at the Board of Directors in January 2022.

#### 2 Current ratings position

The CQC inspected the Trust between 7 and 29 September 2021.

The CQC carried out short notice (24 hours) announced inspections of three of the Trust's community mental health services:

- community mental health services for adults of working age because they were rated requires improvement at the last inspection.
- specialist community mental health services for children and young people because of the high-risk nature of the service, and because this service has not been inspected since 2014.
- crisis and health-based places of safety because of the high-risk nature of this service.

The CQC did not inspect three other services previously rated as requires improvement (wards for older people with mental health problems; forensic inpatient or secure wards and community health services for children and young people) as they felt there was no intelligence highlighting risk in these services.

The CQC also inspected the well-led key question for the Trust overall because at their last inspection the Trust was rated overall as requires improvement.

The report was published on 15 December 2021.

At this inspection

- community mental health services for adults of working age was rated as good overall, an improvement from the previous rating of requires improvement.
- crisis and health-based places of safety were rated as good overall, which was the same overall rating with an increase in rating in the safe key question from requires improvement to good.
- specialist community mental health services for children and young people were given a rating of requires improvement overall, with a rating of good in the caring key question. The rating had gone down since the last inspection.
- the Trust was rated as good in the well-led domain, an improvement from the previous rating of requires improvement.

Overall, this means that

- 4 of the Trust’s services are currently rated as **requires improvement** overall
- 7 of the Trust’s services are currently rated as **good** overall and
- 1 service (community end of life care) remains rated as **outstanding** overall.

The overall rating for the Trust is shown below

**Ratings for the whole trust**



It is of note that despite the significant operational and governance challenges associated with responding to the COVID pandemic, Trust services have not only managed to maintain high standards of care but have managed to make improvements which are significant enough to increase the Trust’s overall rating from requires improvement to good during this time. This includes improving the rating for acute wards for adults of working age and psychiatric intensive care units from inadequate in 2019 to good in May 2020.

### 3 Learning and improvement

The Trust is committed to continuous improvement and learning and has an ambition to be an outstanding Trust.

#### 3.1 Positive practice

Two areas of work undertaken by the Trust have been specifically highlighted by the CQC as a result of this inspection:

1. The implementation of the critical incident debrief services was highlighted as outstanding practice
2. The work of the positive and proactive group, whilst not formally recognised as outstanding, was highlighted as an area of significant good practice

In addition, the report identified a number of other areas of good practice:

- Kind, caring and compassionate staff;
- A focus on the wellbeing of staff with a culture of openness and transparency from senior leaders;
- Awareness and work relating to addressing health inequalities;
- Partnership working with staff, governors, service users and across the Bradford and Craven place and the West Yorkshire and Harrogate Integrated Care System;
- A skilled and passionate leadership team; and
- Effective ward to Board governance.

The running of the vaccination centres was separately and positively recognised in the report.

The report also highlighted several areas where there had been improvement since the last inspection, including:

- Governance processes, including the oversight and management of risk and performance and the oversight and management of supervision, appraisals and mandatory training and the embedding of the use of daily lean management;
- Reductions in the use of restrictive practice;
- Improvements in serious incident reporting; and
- Improvements in the safety of services following the use of rapid improvement processes.

Whilst the improvements seen were significant and reflect positively on the hard work the Trust has undertaken over the past 2 years, there were also areas where further work is required.

### **3.2 Regulatory breaches**

The CQC identified 6 regulatory breaches:

#### **Trust wide**

- The trust must ensure that all staff have a disclosure and barring check in line with trust policy, and that there is appropriate oversight of renewal dates and action taken when staff do not have a valid check in place. (Regulation 17).

The Trust provided clarification about this issue during the inspection. This relates to the recording of people with valid DBS checks (every 3 years) being confused with the recording of people who have not renewed their online DBS subscription annually. This was identified in October's Compliance and Risk Group and work is underway to improve reporting clarity in this area.

- The trust must ensure that performance monitoring includes all risks to quality, safety and performance (Regulation 17).

The Trust risks registers are seen at Group Quality and Operational meetings on a monthly basis, as well as receiving scrutiny at Compliance and Risk Group. The organisational high risks are then escalated to the relevant Committee and Board alongside the BAF. There is work ongoing to ensure consistency in rating of risks to ensure that the correct risks are escalated to Committee and Board. A development session for the Board of Directors is planned for March / April 2022.

- The trust must ensure that duty of candour notifications and policy and processes are in line with regulations and that the notification given includes an apology (Regulation 20).

This had been identified by the complaints team as, due to leadership challenges, the process had not been followed and therefore adequate quality checks were not being

undertaken to ensure that the initial duty of candour letter included an apology. This process has now been rectified.

### **In specialist community mental health services for children and young people**

- The trust must ensure that all risks relating to the care of children and young people are documented in line with trust policy and alongside appropriate care plans to mitigate risks in relation to their physical and mental health (Regulation 12).

It was noted by inspectors at the time of the inspection that they could see that significant work was underway in relation to improving the quality of CAMHS services. This recommendation is already encompassed in ongoing work being undertaken as part of the CAMHS quality improvement plan and will be tested as part of the pilot implementation of the Trust-wide Quality Assurance Framework which will be assessing CAMHS in early February 2022.

- The trust must review the waiting time for the eating disorder and neurodevelopment teams to ensure that young people are being seen for assessment within the trust target time (Regulation 9).

Waiting times in these services are a known issue and reflected in the relevant risk registers and service updates. Work is going on at a system level to understand what more can be done to reduce waiting times in both the short term and as part of the wider transformational work in Embedding the Community Mental Health Framework.

### **In community mental health services for adults of working age**

- The Trust must ensure that all patients have an up-to-date care plan. (Regulation 12)

Work continues across the trust in implementing the new risk and care plan templates. In addition, the launch of the new Quality Assurance Framework will provide an independent mechanism of assuring the quality of care plans and testing the oversight mechanisms services have in place.

### **3.3 Areas for continuing learning and improvement**

As well as making recommendations about areas relating to regulatory breaches the CQC identified a number of areas where the Trust should either **continue to** make progress or should **ensure** that work is undertaken to prevent the potential for future regulatory breaches. These recommendations fit into a number of broad categories:

- Policy management and oversight
- Embedding learning
- Clinical environment
- Inequalities and equity of access
- Appropriate ratings of risk and escalation of these
- Clinical records – standards, sharing and oversight
- Staffing – levels and training

## **4 Next Steps**

The Trust has made a clear commitment to developing a proactive approach to the quality and safety of its services. The revised 'learning and improvement from feedback and experience' policy was ratified on 22 December 2021 and described the importance of the Trust accepting feedback from multiple sources and using it to test and inform existing and new quality improvement developments.

Given the Trust's commitment to this proactive approach, where the CQC inspection outcome is considered as one of many sources of feedback, it is not felt appropriate to create a separate 'CQC action plan' as has been done previously in response to inspection activity. Instead, we are challenging ourselves to use this information to test, validate and improve work that is already underway and to address any gaps that the ongoing work does not cover.

The new Quality Assurance Framework which is being piloted during January - March (a report into this pilot was received by Quality and Safety Committee in January) is a key enabler of this proactive approach and features significantly within the Trust's response to the CQC findings. However, quality and safety do not reside within the Directorate of Nursing alone and, quite rightly, many of the workstreams that will enable us to improve the quality of our services are being led and delivered under the aegis of other directorates and with lines of assurance to many of the Board subcommittees.

Much of the work being described is already underway and this was recognised by the CQC at the time of inspection. A review of the feedback has been undertaken and governance and oversight of the continued improvement in the areas identified within the inspection report has been identified.

Oversight will come through a variety of routes including:

- Compliance and Risk Group
- Quality Assurance Framework and Quality and Safety Visits
- Executive Management Team oversight
- Senior Leadership Team meetings

and from there into the relevant Committee for Board level oversight.

## **5 Recommendations**

The Council of Governors is asked to:

- Note the outcomes of the CQC report including the improvements made and the continuing improvement work that remains
- Take assurance as to the Trust's response to address identified breaches in regulations

**Beverley Fearnley**  
**Deputy Director of Patient Safety, Compliance and Risk**  
**24 January 2022**