

'You matter, we care'

Trust Board meeting (Part 1)	Date: 29 November 2014
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Title:	CQC Quality Improvement Plan - Update
Item:	BD/14/211

Executive Director lead and presenter	Kristin Dominy, Director of Operations
Report author(s)	Emma Roberts, Director of Corporate Affairs and Company Secretary Dr Rebecca Eastley

History:	<i>Shared with Trust Development Authority</i>
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This report is for:	
Decision	X
Discussion	
To Note	

The following impacts have been identified and assessed in relation to this report:	
Equality	None identified.
Quality	Identified within action plans.
Privacy	Identified within action plans.

Executive Summary of key issues
<p>This report presents to the Board the first exception report relating to the Quality Improvement Plan which has been produced in response to the Care Quality Commission review of the Trust. This exception report comprises part of an overall system of board assurance relating to the CQC actions.</p> <p>The report describes the November position in relation to the quality improvement work, highlights further discussion with the CQC and TDA, and provides exception reporting to the Board in relation to any identified risks and mitigations.</p> <p>In future months this report will be considered by the Quality and Standards Committee in advance of the Board, but timing in month did not allow for this. In line with the 'procedure for responding to regulatory action', reports to the Quality and Standards Committee were</p>

received in November which provided assurance via the report of the Director of Operations and Director of Nursing 'CQC Updates on Progress with Compliance Actions & Other Issues' – report number QS14/160. The Chairs report of the Quality and Standards Committee will escalate any issues arising out of this which ought to be raised for the Board's resolution.

The Board should **consider** this report and **note** the areas of exception reporting.

This report addresses these Strategic Priorities:

We will deliver the best care	X
We will support and develop our staff	X
We will continually improve what we do	X
We will use our resources wisely	X
We will be future focussed	X

1. Quality Improvement Plan and its development

As reported to Board in October, a comprehensive action plan has been developed which responds to the compliance and enforcement actions identified by the CQC as part of their trust wide inspection. The Board, at its meeting in October, endorsed the action plan, and approved the proposed mechanisms for quality assurance.

In its development, the plans were scrutinised by the Quality and Standards Committee, who have received assurance reports on both the actions undertaken in response to the warning notices, and as part of its locality 'deep dive' assurances in relation to local governance systems and improvements. The final plan was submitted to the Care Quality Commission on 27th October 2014, having been approved by the Directors of Operations, Nursing and Medical Director on behalf of the Board.

2. Project Governance

With the Director of Operations leading the work, the progress in implementing the actions required has been robustly managed and led. Three programme leads, medical, nursing and managerial, report directly to the Director of Operations and coordinate the quality improvement programme in partnership with the locality teams.

Furthermore, the construct of the 'action plan' template was further refined, building in feedback from the TDA to ensure that the tool was as effective as possible for operational delivery. This was planned to be in place for 1st December 2014, however with the recent notification that the CQC will revisit AWP before Christmas and possibly before the end of November, a decision has been taken to delay this to avoid any unintended consequences of recasting the locality plans by creating confusion, rather than the complete focus that is required.

Each locality has its own project, with Clinical Directors taking the role of Project Sponsors, and the Heads of Profession and Practice (in their role as Head of Quality) taking the local lead on all quality improvements.

The Clinical Directors are responsible in every locality for delivery and participation. The Director of Operations will hold them accountable through the bi weekly 'check and challenge' meetings.

3. Escalation to Executive Team

The Acting Director of Nursing has presented to the Executive Team A Framework for Reducing the Risk of Suicide from Ligatures. The Executive Team have also been presented and approved a specification for ward environments.

A series of issues have been escalated by the Director of Operations to the Executive Team to resolve in month. These have been:

- Agreement of a new template for capturing actions and assuring evidence.
- Agreement of a further revised approach to quality assurance through revised quality walkarounds, visits and 'week in focus' mock CQC inspections.
- Agreement to undertake a risk assessment of all ward gardens. This has been completed by 21st November 2014 and findings reported to the Executive Team by 1st December 2014.

Furthermore, the Director of Operations has, at the Executive Team meeting and teleconference, each week, escalated issues which require further focus. This has meant that an appropriate level of oversight and prompt decision making on key issues has taken place. Examples are set out below in section 4.

3.1. System wide Programme Governance

In addition to the projects identified within localities, the Trust has also agreed three system wide projects with its commissioners and other stakeholders. These are:

- Capacity Planning
- Workforce
- Learning from incidents

These projects are commencing, with confirmed stakeholder involvement and capacity now clear. A useful meeting on the 5th November brought key stakeholders together to discuss approaches to capacity planning.

The first scheduled 'scrutiny meeting' with attendance by the CQC, TDA, CSU and CCG, NHSE Commissioners took place on 6th October 2014 chaired by Liam Williams. The Acting DN proposed a fourth system-wide work stream on reducing recording requirements by frontline staff. The Quality Improvement Groups are intended to meet *fortnightly* commencing in December.

Finally, two weekly telephone calls between the Trust, the TDA and the CQC are in place to ensure prompt and frequent follow up of issues raised at the Quality Improvement Meeting. These meetings will be recorded as appropriate.

The Director of Operations will continue to report assurance to the TDA at the monthly Integrated Delivery meetings. The meeting in November was very positive, with the TDA expressing satisfaction with the approach the Trust was taking, and confidence at the proposals for ensuring whole system interaction as identified above.

4. Corporate Governance

4.1. Quality Visits and Walkarounds

The Board noted in its previous meeting that the Quality Improvement Visit methodology was being revised and the new style visits would start on November 1st. New style 'walk-arounds' did commence in November, with Locality teams leading on these. However, the final refinement of the wider methodology for the Week in Focus has been delayed slightly and will be implemented from 1 January 2014 to enable the best take up and effective implementation.

4.2. Scrutiny

The Quality and Standards Committee received exception reports from the Localities at its meeting on 18th November 2014 and progress was reported as being on track.

Triumvirates report exceptions to their locality action plans at the biweekly 'Check and Challenge' Meetings.

Exceptions reported at the meeting on 19th November 2014 identified the following:

- **Staffing:** The action plan for staffing is designed to provide for both short, medium and longer term actions. This recognises the challenging nature of the recruitment market nationwide for mental health nurses, whilst focusing on ensuring quality.

In relation to recruitment, some success has been demonstrated in recruiting Band 6 nurses in our secure services, and healthcare assistant recruitment has also been favourable with all posts recruited to. All ward Manager posts are now recruited to. However recruitment of Band 5 nurse in secure services continues to be challenging. Despite vacancies all nursing shifts are covered ensuring safe staffing.

Nationwide shortage of mental health nurses are reflected in all localities, with Wiltshire, North Somerset and Specialised Services reporting particular difficulties.

A new recruitment and retention strategy will enable a more focused look at ways of further securing the market for quality nursing and other health practitioners in the secure mental health field. This issue is receiving significant support from Trust Corporate Services both from an HR and marketing perspective.

Proposals are being developed through the bank with the possibility to 'incentivise' staff to work on the bank.

Turnover of staff has not reduced. The rates of pay locally for Agency nurses is an attractive employment opportunity for staff. Secure Service undertake exit interviews which will enable confirmation that the agency pay rates is a factor in staff leaving. The Trust is working with other NHS organisations and partners to work with Nursing Agencies to negotiate improved rates for the provider organisations.

Neither of these issues are expected to deflect from achievement of the short and medium term actions in the action plan. However long term sustainable solutions require further consideration

- **Pharmacy:** a review of the management of pharmacy services is underway, and formal proposals will be made in the fullness of time to ensure appropriate locality engagement with the operational delivery of pharmacy services, and the appropriate support of pharmacy as a profession.

This issue does not have a direct relation to the achievement of the practice improvements identified as required by the CQC inspection, and point rather to improvements which can be made in the further embedding of excellent practice.

In advance of these changes, as a result of the issues raised at the 'check and challenge' meeting on 5th November, a rapid review of the pace of implementation of the pharmacy plans will be undertaken and corrective action required will be fast tracked where necessary. Actions relating to medicines storage will be completed across all Trust areas by 12th December 2014.

- **Statutory and Mandatory Training:** There was some evidence to suggest that some wards we still experiencing difficulty releasing staff to attend face to face training. This was most notable in Bristol

Finally, as part of its Monthly Digest, the Board will, in December, begin to receive a one side 'progress dashboard' identifying RAG rated progress against the 36 compliance and enforcement actions.

The Quality and Standards Committee received exception reports from the Localities at its meeting in November and progress was reported as being on track.

5. Recommendation

The Board should **consider** the report and **give a view on the exceptions** set out above.