

'You matter, we care'

Trust Board Meeting (Part 1)	Date: 28 January 2015
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Title:	CQC Quality Improvement Plan - Update
Item:	BD/14/258

Executive Director lead and presenter	Kristin Dominy, Director of Operations
Report author(s)	Dr Rebecca Eastley, CQC Programme Lead

History:	Shared with Trust Development Authority
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This report is for:	
Decision	
Discussion	X
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 exception report relating to the Quality Improvement Plan which was 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 January 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>The Board should consider this report and note the areas of exception reporting.</p>

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. Background

The CQC undertook an inspection of services provided by the Trust in 2014. This was part of the first wave of mental health service inspections and no overall rating was awarded. However the inspection resulted in the issuing of a number of compliance notices, and four warning notices in relation to:

- Regulation 22 Fromeside
- Regulation 15 Fromeside and Hillview Lodge
- Regulation 10 Governance.

The Trust has implemented a vigorous response to the findings of the inspection with the formulation of 239 action plans across the Local Delivery Units (LDUs), and an additional 115 corporate action plans (14 anti-Ligature, 15 staffing, 9 training and supervision, 16 bed management and delayed transfer of care, 9 learning, 16 medicines management and pharmacy, 20 policies and procedures, 16 governance).

A CQC Action Plan Co-ordination meeting is held weekly to monitor action plans resulting from the check and challenge process, and prioritise work streams for the week. This is attended by the Operation team, Head of Pharmacy, Head Nurse and chaired by CQC Programme Lead.

The action plans are monitored and scrutinized during the two week Check and Challenge meetings. These are attended by the Director of Operations and chaired by the Deputy Director of Operations. Members of the LDU triumvirates, Head of Nursing, and Head of Pharmacy report on progress and raise any issues which require further escalation.

The check and challenge process has been operational since October 2014

The model has involved representatives of the triumvirate presenting their action plan to the Director of Operations and colleagues, who in an intensive 15 minute slot, have the opportunity to test the deliverability and progress of individual actions.

During December the Deputy Director of Operations reviewed the model and having received feedback from stakeholders piloted an alternative methodology on 21st January 2015. Those feeding back were concerned that the 15 minute slot did not allow for a depth of analysis to be helpful in further developing and delivering the actions. To this end the new technique involved pairing representatives of the LDUs for a peer review session.

Feedback from this meeting demonstrated that the greater level of detailed scrutiny was welcomed and that a culture of shared learning was felt likely to develop.

The next meeting on the 11th February will involve a period of intensive peer review as well as presentations of best practice examples from each triumvirate.

All action plans are RAG rated according to these definitions:

- Red; Action incomplete and no progress
- Amber; Action plan agreed and in progress but not completed
- Green; Action completed and CQC compliant. Ready for inspection.

A heat-map is derived from the RAG ratings for the LDU action plans which provides a visual overview of progress. The heat-map is shared with the Trust Development Agency and Quality Improvement Group two weekly. See appendix 1.

2. Warning Notices

The CQC visited the Trust in December 2014 to re-inspect and seek assurance that sufficient action had been undertaken to allow the warning notices to be lifted. The team undertook a further inspection and evidence from this visit was presented to the CQC legal advisors. The level of assurance and evidence of our effective response enabled the CQC to agree to lift the warning notices, and the Director of Nursing was informed of this outcome on 23rd December 2014.

3. Compliance Notices

This report brings exceptions to the notice of the Board for discussion and note.

There are two LDU action plans which have been rated as red, with lack of progress towards resolution:

- Staffing in Wiltshire
- Single sex accommodation on ward 4, St Martin's Hospital.
- Staffing in Wiltshire

The staffing challenges in Wiltshire are not confined to AWP but affect other providers of health and social care in the county, and there is an acknowledged nationwide shortage of trained nursing staff. The effects of difficulty recruiting to vacant posts have been mitigated by the use of band and agency staffing, ensuring that wards continue to be staffed to safer staffing numbers, and the temporary closure of beds on the inpatient units, 3 three on Ashdown PICU and five on Beechlydene.

3.1. Staffing in Secure Services

The action plan for staffing in Secure services is amber but the staffing shortfall has been mitigated by a ward closure. Most staff vacancies are for Band 5 nursing staff.

A Wiltshire and Secure staffing strategy is being developed by Jenny Turton, Head of HR to improve recruitment. A number of incentives are being considered including special premia for secure staff. The Board may be asked to make a decision about permanent bed closures if it is not possible to recruit sufficient staff to ensure safe staffing.

3.2. Single sex accommodation in Banes

An audit of compliance with single sex accommodation standards identified that Ward 4 was not compliant due to the physical layout of the ward. Banes commissioners are undertaking a further assessment to inform their understanding of the implications for commissioning decisions.

3.3. Medical staffing in Bristol

The RAG rating for medical staffing in Bristol has been revised from green to amber. There are vacant Consultant posts which have not been able to be advertised pending the results of the Medical Consultation process for both Lot 1 and Lot 3 medical staff.

The remaining action plans are either not completed but progressing, or ready for inspection. Compliance actions will be closed if inspections confirm there is sufficient evidence of assurance. The Quality Academy will be undertaking these inspections.

4. Week in Focus

The first of these Trust assurance inspections will commence in Banes 30th January 2015. This will be led by the Director of Operations. The inspection team will include the Operations team,

Head of Pharmacy, Deputy Director of Medicine, Head Nurse, Lead Nurse for Quality. It will be conducted as a mock CQC inspection and a shadow rating will be awarded on completion. Feedback will be delivered to the Local Delivery Unit on the 4th February. The Director of Operations will 'hot debrief' its findings to the Quality and Standards Committee and the expectation is that the Locality Management Team will update the Committee at its next meeting on actions to address the findings.

Each LDU will have a 'Week in Focus' inspection annually. In addition to the eight 'Week in Focus' inspections, four service line reviews will be undertaken annually.

5. Recommendation

The Board should **discuss** the report and noting **exceptions and actions to address these** set out above.