Avon and Wiltshire NHS
Mental Health Partnership NHS Trust

'You matter, we care'

Trust Board Meeting (Part 1)	Date: 25 February 2015

Title:	**CQC Quality Improvement Plan**
Item:	**BD/14/288**

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

History:	**Heat Map shared with TDA**

This report is for:	
Decision	
Discussion	
To Note	X

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
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. The report describes the February 2015 position in relation to the quality improvement work, highlights further discussion with the CQC and stakeholders, and provides exception reporting to the Board in relation to any identified risks and mitigations. 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. Background

The CQC undertook an inspection of services provided by the Trust in 2014. This was an early pilot 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 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 weekly CQC Action Plan Co-ordination meeting has been held since October. The function has been to monitor action plans resulting from the check and challenge process, and prioritise work streams for the week. This has been attended by the Operations team, Head of Pharmacy, Deputy Director of Nursing, and chaired by CQC Programme Lead. This meeting will increase in frequency to twice weekly in March 2015 and form part of the new mission mode structure to maintain pace.

The LDU and corporate 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, Deputy Director 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. In January 2015 a new format was successfully piloted and LDUs are now paired for an in depth peer review of action plans. Best practice is shared and difficulties escalated to the Operations team for corporate assistance.

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 Group two weekly. See appendix 1.

As part of our assurance strategy the Standards and Quality Assurance team will be starting a programme of compliance checking to enable “green rated” action plans to be closed.

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.

3.1. Staffing in Wiltshire

This plan remains red. 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.

3.2. Outdoor shelters- Secure services

There is no national guidance for the provision of outdoor shelters for secure service inpatient or other inpatient units. There are potential risks associated with the provision of outdoor shelters which are understood by the Trust. The Trust intends to move to 'Smoke Free' environments and is currently piloting this approach on Sycamore ward. Consequently the Trust will not be seeking to provide outdoor shelters.

3.3. Anti-ligature work in Bristol

This plan has moved from green to amber following a CQC inspection, during February to Bristol inpatient services, to further understand the concern. This was a new concern regarding window handles in communal areas on Lime and Silver Birch wards, This was a new risk raised by this inspection team which had not been identified in previous CQC inspections.

Risks are mitigated through individual risk assessment on admission to the unit, and observation and engagement levels identified accordingly. Window handles are also maintained locked in vertical position to further reduce ligature risk. Further risk reduction plans will be developed by the Trust wide anti-ligature group.

3.4. Community caseloads in Bristol

This action plan has been re-rated form green to amber. Caseload sizes for care co-ordinators have been increasing in recent weeks. This is in part due to below-target recruitment of recovery navigators by independent sector partners in Bristol. Partners have advised that they anticipate having all recovery navigators in post by the end of March which will address this.

This issue is on the Bristol Locality risk register and is being monitored by the locality management team.

3.5. Rights given to patients detained on a Community Treatment Order in Bristol

The action plan has been re-rated from green to amber as achievement of this standard has deteriorated from 30% in December to 23%. Service managers have been tasked with reviewing team processes to ensure compliance.

3.6. Staffing in Secure Services

The action plan for staffing in Secure services remains amber as 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. New starter premia are being offered to improve recruitment although this may adversely affect recruitment to other LDUs.

3.7. 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. A review has been undertaken by the Director of Nursing and Quality for Banes CCG. This has ascertained that there are appropriate measures in place to protect the dignity of service users on the ward. This action plan has now been re-rated from red to green.

4. Week in Focus

The first of the twelve Week in Focus service reviews was undertaken in Banes and commenced 30.1.2015. This was led by the Director of Operations. The inspection team comprised of the Operations team, Chief Pharmacist, Deputy director of Nursing, and Lead Nurse for Quality.

The findings of this service review have been reported to Quality and Standards on 17th February 2015.

5. Recommendation

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