

'You matter, we care'

Trust Board Meeting (Part 1)	Date: 25 March 2015
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Title:	CQC Quality Improvement Plan - Update
Item:	BD/14/318

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
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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
<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 March 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.</p> <p>The Board should 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	
We will continually improve what we do	X
We will use our resources wisely	
We will be future focussed	X

1. Background

The CQC review of services in 2014 was part of the pilot for mental health service inspections. Although no ratings were awarded the Trust were issued with compliance notices and four warning notices.

The Trust implemented a vigorous response with action plans developed to address all issues across each Local Delivery Unit and corporately to address trust-wide issues.

The LDU and corporate action plans have scrutinized and progress monitored during the two week Check and Challenge meetings. Peer review has been introduced to share learning and best practice.

Weekly CQC Action Plan co-ordination meetings to review progress and prioritise weekly actions were held between October 2014 and March 2015. These have now been superseded by a weekly CQC Governance Meeting. These meetings will have a broader remit to review and monitor actions arising from on-going CQC visits, and the Trust's own assurance processes, the Week in Focus reviews, and Director's visits. Mission mode methodology will be followed to maintain the necessary pace.

The 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 undertaking a separate programme of compliance checking to provide further assurance.

2. Warning Notices

The CQC re-visited the Trust in December 2014 to scrutinise our actions in response to the warning notices. The Director of Nursing was informed 23rd December 2014 that there was sufficient evidence of improvement which would allow the warning notices to be lifted.

3. Compliance Notices

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

3.1 Staffing in Wiltshire

This plan is still rated as red due to continuing challenges in staff recruitment in Wiltshire. Wiltshire has a Staff Retention and Recruitment Strategy but these challenges are shared by other providers of health and social care in this area. The effects of difficulty recruiting to vacant posts are 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, three on Ashdown PICU and five on Beechlydene.

3.2 Outdoor shelters- Secure services

This action plan is rated as red. There is no national guidance for the provision of outdoor shelters for secure service inpatient units (The only service where standards are detailed is for PICU services). There are potential risks as well as benefits associated with the provision of outdoor shelters. The Trust intention is to move to “Smoke Free” environments and this is being piloted in one inpatient unit from May 2015. Consequently the Trust will not be seeking to provide outdoor smoking shelters.

However the Trust is committed to providing suitable gardens and will complete a review of the standards for gardens and where appropriate and safe to do so will develop a business case for the provision of garden shelters.

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

The action plan was re-rated from green to amber last month as achievement of this standard deteriorated from 30% in December to 23%. Service managers were tasked with reviewing team processes to ensure compliance. The plan remains amber although achievement of the standard has increased to 33%.

3.4 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. There are 59 currently vacant posts. A range of initiatives are in place to improve recruitment including the introduction of a recruitment premium, targeted recruitment events in areas where there are employment freezes or limited opportunities for newly qualified staff, and broader advertising. Recruitment has improved with 43 wte staff appointed and waiting to start. However staff retention remains a critical factor with ten recent resignations.

4. Week in Focus

The programme of Week in Focus mock CQC inspections is underway with two reviews now completed in Banes and Swindon. Verbal feedback is delivered to the LDU triumvirates and managers at the end of the week in Focus. “Hot debriefs” are presented to the Quality and Standards Committee, followed by final reports and accompanying LDU action plan responses at the next meeting. Action plan delivery will be monitored in the Check and Challenge and CQC Governance meetings.

5. Recommendation

The Board should note the exceptions and actions to address these set out above.