

Report of Bradford District Care NHS Foundation Trust to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 22nd March 2018

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Subject:

CQC Inspection: outcome and response

Summary statement:

Following an inspection of nine, out of fourteen, core services the CQC has published an updated report on Bradford District Care NHS Foundation Trust

The Trust has been rated as 'Requires Improvement' overall which is a deterioration from the previous rating of 'Good'

Community services have been rated as 'Good' with some aspects of care rated 'Outstanding'.

Mental health services have been rated as 'Requires Improvement'.

An action plan has been developed in response to the CQC's findings and actions are already underway to address the areas for improvement.

The Improving Quality Programme Board, chaired by the Medical Director, will oversee delivery of the action plan and will report to the Executive Management Team.

The Trust is committed to the introduction of a formal Quality Improvement methodology in order to bring about long term, sustainable, staff-led improvements to the quality of its services.

Portfolio:

Health and Wellbeing

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1. Summary

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The Trust has been rated as 'Requires Improvement' overall which is a deterioration from the previous rating of 'Good'

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Mental health services have been rated as 'Requires Improvement'.

An action plan has been developed in response to the CQC's findings and actions are already underway to address the areas for improvement.

It is important to note that the CQC findings in respect of organisational culture, the care that staff provide and the responsiveness of Trust services was uniformly positive and that all service users who were spoken to confirmed this to be the case. The failures identified are typically failures of internal process and, whilst in no way attempting to underplay their importance, these are issues which should be amenable to relatively rapid resolution. Deep-rooted cultural, or attitudinal concerns, would have been more troubling.

The Trust is considering the introduction of a formal Quality Improvement methodology in order to bring about long term, sustainable, staff-led improvements to the quality of its services.

2. Background

In October 2017, the Care Quality Commission (CQC) undertook an inspection of nine complete core services in total out of 14 core services provided by the Trust. These were:

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay/rehabilitation mental health wards for working age adults
- Wards for older people with mental health problems.
- Wards for people with learning disability or autism
- Community-based mental health services for adults of working age
- Mental health crisis services and health-based places of safety
- Community mental health services for people with learning disability or autism
- Community health services for adults
- Community dental services

These core services were either selected due to their previous inspection ratings or because CQC's ongoing monitoring identified that an inspection at this time was appropriate to understand the quality of the service provided.

The inspection also included an assessment of the well-led key question at the Trust level

The final report was published on 12th February 2018 and, whilst it contained many positive findings, the overall rating for the Trust and a number of individual service ratings had deteriorated to 'Requires Improvement'.

The full report can be accessed here:

http://www.cqc.org.uk/sites/default/files/new_reports/AAAH0101.pdf

3. Report issues

The CQC found several examples of **outstanding practice** during the core service inspections.

In community dental services:

The service had developed an anxiety care pathway which looked at other options, short of intravenous sedation, with a view to helping the patient to not need the service in the future. The service had a cognitive behavioural nurse and could arrange other therapies such as acupuncture and hypnosis. All patients being considered for intravenous sedation had to undergo a mandatory taster session for cognitive behavioural therapy.

In community health services for adults:

The trust had developed a spreadsheet for recording and monitoring pressure ulcers. Details of all pressure ulcers were entered and this allowed the ability for trends and themes to be easily identified and acted on.

The continence service had recently expanded its remit to undertake all first continence pad and follow up continence assessments. This reduced the workload falling to the district nursing service and allowed patients to be assessed by specialist continence team members.

The tissue viability service used a vascular assessment outcome tool to track the outcome and cost of care provided. This data was then used to drive improvements in the service, such as the development of a chronic wound pathway which was presented to an international conference.

In the mental health crisis services and health based places of safety:

The redesign of the trust's mental health crisis services' pathway had ensured that no patient had needed to be admitted to an out of area placement in the previous two years. The intensive home treatment team ensured that more people could be cared for in the community without requiring an inpatient admission.

The service worked closely in partnership with voluntary and community sector organisations to provide a comprehensive multi-level approach for people in crisis, based on presenting risks. The voluntary and community sector organisations provided people with safe spaces and peer support which reduced admissions to accident and emergency departments.

In community mental health services for people with a learning disability and/or autism:

The service ran 10 training sessions in the last year to local support providers around active support and behavioural monitoring. The service also had positive and proactive champions and communication champions networks that shared best practice around the

use of positive behaviour support and communication methods for people with a learning disability.

The service was working with local police services to improve engagement with people living with learning disabilities by providing them with advice and guidance on the various types of conditions and associated issues and behaviours.

The service had been involved in an NHS improvement programme around criteria led discharges, which included examining how discharge times could be reduced where appropriate.

The CQC also found numerous examples of **positive practice** and stated:

The vision and values were prominent throughout the trust. Staff consistently demonstrated awareness and commitment to the trust's vision and values. The significant majority of staff the CQC spoke to were positive about working at the trust.

The board of directors were committed, competent and capable in their roles. Both executive and non-executive directors brought a range of skills and experience to the trust's senior management team. The trust's board was relatively stable and had benefited from effective succession planning.

There was a clear strategy which was aligned to the wider health and social care economy. The trust was an active participant in the West Yorkshire and Harrogate Health and Care Partnership. The trust had clear strategic objectives, corporate objectives and quality goals.

The trust had worked to engage voluntary sector organisations to provide new and innovative models of care. Voluntary sector organisations were incorporated into the trust's governance structures to ensure appropriate oversight of performance, quality and safety.

The trust had used a number of approaches to engagement. Patients, relatives and carers and staff were able to feedback to the trust on the care and treatment provided. The trust scored highly in patient feedback as a provider to receive care from. The trust had also worked to improve engagement with commissioners, local authorities and other agencies.

Governance structures were well-embedded and were familiar to staff at all levels working within the trust. The trust board sub-committees were well established and were chaired by non-executive directors. The trust's council of governors had an active and diverse membership which was reflective of the trust's catchment area.

The trust had a clear approach to managing risk using a board assurance framework and risk registers at team, service, business unit and corporate level. Staff were aware of how to use risk registers to escalate risks to senior managers. Staff concerns matched concerns identified on the trust's risk registers. The trust had a clear approach to identify and learn from patient deaths.

There was a well-established programme which recognised good practice and achievement within staff teams. The trust had an annual awards ceremony and a number of other celebration events which included staff from a variety of disciplines. The trust itself had been recognised for a number of awards from a range of national organisations.

The staff showed a caring attitude to those who used the trust services. Feedback from people using services and their relatives and carers was highly positive. Staff in all services were kind, compassionate, respectful and supportive. People who used services were appropriately involved in making decisions about their care.

The trust had ensured that services were responsive to meet the needs of people. Services were planned so that local people could access services when they needed them. There was a systematic approach to managing access to services which was based on individual needs. The trust had ensured there was a clear pathway so that people were transferred appropriately between services.

Within the trust's inpatient services staff had introduced safety huddles; safety huddles are quick meetings which include all clinical and non-clinical staff. The purpose of the meetings is to ensure that all staff working on the wards have a clear understanding of the immediate risks.

All inpatient and community services were clean and well-maintained. Staff were aware of and adhered to infection control procedures. Clinic rooms in inpatient services were maintained appropriately and staff could access appropriate equipment to carry out their roles.

Compliance rates for the four modules regarded by the trust as mandatory training were consistently high in each core service inspected.

Within mental health services there was a strong focus on caring for the physical health of patients. Staff undertook regular physical observations of patients prescribed high dose medication and those with long term enduring physical health conditions.

Staff had embedded the use of national guidance to support effective patient care within community dental services and community health services for adults.

Within a number of services there was a strong focus on multidisciplinary and inter-agency working. Services included staff from a range of professional disciplines which provided a holistic approach to patient care.

The CQC consistently received positive feedback from people using services and their relatives and carers. Staff ensured that patients and carers were involved in making decisions about their care.

All services demonstrated that they were patient focused. The community health services for adults in particular demonstrated a holistic approach to patient care in which the needs and preferences of individual patients were incorporated fully into the delivery of care.

The trust had implemented 'carers' hubs' in two locations and had plans to open a third. Carers' hubs are services provided in partnership with three third sector voluntary organisations providing a range of health and wellbeing activities for carers.

The trust had ensured that services were organised so that people could access services when they needed them.

There was a coordinated pathway for available for people experiencing mental health crisis from initial contact with services to inpatient admission through to discharge into the

community mental health services. Community mental health and physical health services were planned to meet the needs of the local community.

Inpatient services including wards for people with a learning disability and/or autism had a clear approach to discharge planning which ensured that discharges were safe and that people did not spend more time in hospital than they needed to.

Services had a clear approach to triaging referrals which meant that people with higher risks or needs were not waiting longer than they should do.

Ward environments had a range of rooms, equipment and facilities available to promote recovery.

Despite this extensive array of good and outstanding practice our overall ratings fell short of our aspiration; although community health services were all rated 'good', most mental health services were rated 'requires improvement'. These results are displayed below in a tabular format for ease of understanding:

Overall

SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED	OVERALL

Community Health Services

	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL LED	OVERALL
Adults						
Children						
End of Life						
Dental						
Overall						

Community Learning Disability Services	Yellow	Green	Green	Green	Green	Green
Overall	Yellow	Yellow	Green	Green	Yellow	Yellow

Outstanding

Good

Requires Improvement

The most important thing now is to ensure that we correct all of the areas for improvement, which CQC has identified, and that we do this in a way which ensures changes are sustainable so that similar concerns are not flagged up in future inspections.

BDCFT has a history of responding positively to regulatory change and the Executive Team is confident that the issues identified by the CQC can be effectively addressed.

After alerting staff to the report and its conclusions, the executive team has held a number of face-to-face staff briefing sessions; the primary purpose of these sessions was to assure our staff that we are proud of them (particularly in relation to the consistently good caring and responsive findings), to emphasize the positive aspects of the report and to get their views on the areas for improvement. Initial feedback was positive, with a determination to take the necessary actions to improve our services; in addition, the Chief Executive has received some extremely supportive e-mails from staff through the chat2nicola portal.

Similarly, the Council of Governors has received a face-to-face briefing and, again, initial responses were of disappointment at the overall outcome but recognition of the extremely positive comments about organizational culture and staff attitudes and behaviours.

The report identifies 51 'must do' requirements and a number of 'should do' requirements..

The actions have been scrutinized and condensed into 14 key themes as follows:

- Governance
- Fit & Proper Person
- DBS
- Serious Incidents
- Restrictive Practices
- Required Training
- Policies
- Supervision
- Audit
- Care Records
- Safeguarding
- Duty of candour
- Safer Staffing
- Health & Safety

An executive director has been assigned responsibility for overseeing every single 'must do' as per the action plan which accompanies this paper.

In addition, each 'must do' has been allocated to either Trust Board or the relevant Committee for continuing oversight to completion. Each one has a review date and all actions relevant to core services have also been allocated a business unit lead with responsibility for ensuring implementation.

The trust submitted a report to the CQC on 9th March setting out the actions we will take to meet all relevant regulations and legislation.

The 'Outstanding Care Programme Board' which had already been established, prior to the inspection, will now have detailed oversight of progress against the full action plan. This group is chaired by the Medical Director and will provide regular updates to the Executive Management Team.

The Medical Director has spoken with his counterpart at a Trust which moved from 'Requires Improvement' to 'Outstanding' to gain insight of how they tracked the implementation of post-inspection actions and how they ensured sustainable improvement culminating in an 'outstanding' rating.

A number of actions have already been taken, including:

- i) immediate environmental improvements to the Section 136 Suite at Lynfield Mount Hospital
- ii) every Director having a repeat DBS check
- iii) required training figures submitted to Quality and Safety Committee
- iv) clinical supervision policy updated
- v) serious incident policy updated

Quarterly updates will be provided to Board on progress against the action plan until it is complete.

4. Implications

When taken together, the various areas for improvement amount to a number of regulatory breaches. The following is a list of the legal requirements which the Trust was not meeting. As mentioned, above, we sent a report to the CQC on 9th March, stating what actions we are taking to meet these requirements.

Regulation 5 HSCA (RA) Regulations 2014 Fit and proper persons: directors

Regulation 9 HSCA (RA) Regulations 2014 Person-centred Care

Regulation 10 HSCA (RA) Regulations 2014 Dignity and Respect

Regulation 12 HSCA (RA) Regulations 2014 Safe care and Treatment

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Regulation 17 HSCA (RA) Regulations 2014 Good Governance

Regulation 18 HSCA (RA) Regulations 2014 Staffing

5. Longer term action planning: Quality Improvement

The challenge for all healthcare organisations is to develop and implement an approach that will enable improvements to the quality of healthcare to happen while confronting the operational and financial challenges of today.

Quality Improvement (QI) encompasses a range of evidence-based approaches which have been used by several, high-performing NHS organisations to meet this challenge.

Tees, Esk & Wear Valley Foundation Trust (TEWV) and East London Foundation Trust (ELFT) are two Trusts providing similar services to our own which have been using QI for years and have achieved some very impressive results in terms of better services and better staff engagement. Some of the central tenets of any QI methodology are having a clear rationale, ensuring staff are ready, allocating adequate time and resources for front-line teams to develop solutions and fidelity to the chosen methodology.

The Trust is committed to developing a QI methodology which works for us so, in December, the whole Board undertook a training session facilitated by NHS Improvement which proved extremely useful and thought provoking.

On the back of that session we have had conversations and visits to TEWV and ELFT and are arranging further visits to both Trusts for larger groups of staff to see different QI methodologies in action. It is hoped that some of these individuals will form the first cohort of BDCFT QI Champions.

The objectives of the session were:

- Why an organisational improvement approach is needed?
- What do we mean by quality improvement?

- Organisational improvement approaches in practice

and it allowed a protected space for a 'good quality conversation' about improvement, allowed us to learn about different improvement approaches, helped us all to understand the importance of leadership for improvement and allowed reflection on our current improvement work and how this might be enhanced.

We recognise that the lack of a formal QI methodology has probably hindered our progress, towards the 'outstanding' status we all aspire to, and, hopefully, these next few months will see us beginning that journey of continuous and sustainable quality improvement.

6. Recommendations

Recommended -

That the committee notes the findings of the recent CQC inspection and the actions that are being taken by Bradford District Care NHS Foundation Trust to correct all areas of concern in a timely and sustainable manner.

7. Appendices

7.1 Appendix 1 - BDCFT CQC Action Plan

8. Not for publication documents

None