

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 November 2018

Y

Subject:

CQC Inspection: outcome and response

Summary statement:

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

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

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

Mental health services were rated as 'Requires Improvement'.

An action plan was developed, in response to the CQC's findings, and the Committee requested that a progress update be provided towards the end of 2018.

The Trust Board has overseen delivery of the action plan and has recently approved the introduction of a formal Quality Improvement System, throughout the Trust, which will deliver long term, sustainable, staff-led improvements to the quality of its services.

The next CQC inspection is expected in early 2019.

Report Contact: Dr Andy McElligott
Phone: (01274) 228293
E-mail: andy.mcelligott@bdct.nhs.uk

Portfolio:
Healthy People and Places

Overview & Scrutiny Area:
Health and Social Care

1. Summary

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

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

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

Mental health services were rated as 'Requires Improvement'.

An action plan was developed, in response to the CQC's findings, and the Committee requested that a progress update be provided towards the end of 2018.

The Committee will remember 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 concerns identified were, typically, weaknesses of internal process.

The Trust Board has overseen delivery of the action plan and has recently approved the introduction of a formal Quality Improvement System, throughout the Trust, which will deliver long term, sustainable, staff-led improvements to the quality of its services.

The next CQC inspection is expected in early 2019.

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 Trust's action plan was divided into 24 themes, with each theme allocated to a lead Director for executive oversight and also allocated for review by a relevant Committee.

Lead Directors ensure that any resources required to deliver actions are identified and prioritised.

Reporting and governance arrangements

<u>Group</u>	<u>Chair/Lead</u>	<u>Function</u>	<u>Frequency</u>
Improving Quality Steering Group	Deputy Director of Quality Improvement	Discuss CQC action plan and specific themes with a broad range of staff from clinical and corporate services , to progress actions and agree any issues to escalate	2nd week of month
Improving Quality Programme Board	Medical Director	Scrutinise action plan, resolve any escalations and provide assurance to Committees and Board	3rd week of month
Executive Management Team	Medical Director	Provide oversight of action plan on behalf of the Board	4th week of month
Quality and Safety Committee	Non-executive Director	Seek specific assurance on progress and impact of specific themes in the action plan. To report assurances or escalate	6 weekly
Mental Health Legislation Committee	Non-executive Director	concerns to Trust Board	6 weekly
Finance, Business and Investment Committee	Non-executive Director		6 weekly
Trust Board	Chairman	Receive assurance	Quarterly

Others

Various

Monthly update sent to
CQC and Internal Audit.

Staff Involvement

Targeted communications have been sent to all staff via a weekly e-communications bulletin, detailing a specific theme each week and identifying the particular activity that staff can take to support delivery of the action, such as completion of the supervision database. This has also been supported by a range of specific screensavers.

The 'Improving Quality Hub' on the Trust intranet has also been updated to support the communication of key messages.

Progress to date

Some themes were quickly completed, such as business continuity plan upkeep, while other themes required more significant change and longer timescales, such as implementing the Trust's policy on Disclosure and Barring Service changes.

Progress against a number of themes has also been affected (in some cases positively, in others negatively) by the recent change of electronic record system to SystmOne for mental health.

Themes completed:

- 1) Medication; no outstanding medication related issues
- 2) Freedom to speak up; progressing positively with over 30 champions in the Trust
- 3) Feedback on complaints; feedback and learning systems and processes confirmed
- 4) Regular team meetings; process to track that meetings are taking place embedded and escalation process confirmed
- 5) Business Continuity plans for community; all electronic BCP available on intranet with robust review process in place
- 6) Estates and 'risk' environment; work on the therapy kitchen and learning disability garden completed. Folders on each ward now contain all risk and health and safety reports
- 7) Mental Health Act/ Mental capacity Act; all related policies have been updated and new templates in SystmOne support this theme
- 8) Fit and Proper Persons Test; new policy ratified and all relevant checks completed
- 9) Supervision; database in place with reporting established to team leaders and committees

Themes progressing well and ongoing

- 10) Staffing: safer staffing initiative in community services and remodelling underway across acute inpatient services to support skill-mix reflective of need. Safer Staffing Steering Group meets on a regular basis.
- 11) Personalised care plans: being developed following the recent move to SystmOne
- 12) Care in general: ward managers now have allocated daily time to review progress note entries, care plans and risk assessments
- 13) Blanket restrictions & Restrictive interventions: significant work is ongoing with both blanket restrictions and use of restrictive practices
- 14) Quality and safety: external review of the Mental Health Legislation Committee has been completed and recommendations implemented, implementation of a new Quality Improvement System has been approved by Trust Board and an external 'well-led' review will begin this month as part of the preparation for our next CQC inspection
- 15) Duty of Candour: consistent awareness-raising throughout year and a Duty of Candour awareness week planned for this month
- 16) Safeguarding: currently above target for Safeguarding Adult training, training content updated, bespoke training session delivered to ward managers
- 17) Local audit / outcome measures: 'deep dive' undertaken by Quality and Safety Committee, existing 'audits' reviewed and duplication removed providing a refined set of checklists, improvements also supported by clinical managers dedicating 1 day per week to clinical practice and the Ward Daily Routine
- 18) Accreditation: a single list of all current clinical and non-clinical accreditation has been collated and a paper recommending next steps for accreditation received at Quality and Safety Committee in September 2018
- 19) Protective and emergency equipment: community teams, such as district nurses, have reviewed PEE requirements and a ward-based audit on resuscitation equipment has taken place with subsequent optimisation and standardization across the Trust
- 20) Access to records / single record keeping: supported by the recent move to SystmOne
- 21) Disclosure and Barring Service: the DBS trajectory is on track for completion by December 2018

Themes requiring additional support

- 22) Serious Incidents: currently the Serious Incident team not meeting the 12 week completion target for reports, partly due to capacity within the team and an in-year

increase in the number of Serious Incidents. Work is ongoing to complete outstanding reports, an extension of report timelines has been agreed with relevant commissioners and the trust is seeking extra capacity for the team. In addition, an external review of suicides during 2018, which account for the majority of Serious Incidents, has been commissioned. It should be noted that the increase in suicides appears to be a national issue but it is important that the trust understands any local factors which may be relevant.

23) Risk in risk registers: Quality and Safety Committee has noted that a number of risk registers, at team level, have no live risks. This in contrast to the corporate and directorate registers where risks are well articulated so the reasons are being explored. The Trust Risk Strategy (including risk appetite) is due for review prior to April 2019

24) Mandatory Training: whilst mandatory training performance continues to increase, some trainers do not have the capacity to meet demand and the finding of suitable training venues continues to be a challenge. A new working group has been established to support/address training issues

Moving to Good

Following a competitive process, BDCFT was accepted onto the 'Moving to Good' programme run by NHS Improvement. This programme is nationally-led and regionally focussed and we are one of ten trusts in the north region to be accepted.

Moving to Good is designed to support trusts to achieve a 'Good' rating at their next CQC inspection and, over a period of nine months, features a mix of expert-led, practically focussed workshops on specific topics, on-site specialist consultations on defined topics, an opportunity to pair with and visit other trusts in the region, interactive learning and talks plus a dedicated regional programme team and access to ongoing support.

The programme has, and continues to be, a really valuable source of learning.

The first element involved a diagnostic visit (one day) by members of the programme team who discussed our improvement work to date and areas of focus over the duration of the programme in more detail.

Since then, we have participated in a number of small group workshops on medical engagement, organisational culture, staff engagement and quality improvement.

The programme also offers every participating organisation the chance to work with another trust in the region who is currently rated as 'Outstanding' or 'Good'. We have been paired with Newcastle, Tyne & Wear (an outstanding trust) and are focussing on adult mental health pathways and 'ward to board' assurance processes.

Quality Improvement System

The NHS is facing significant financial and operational pressures, with services struggling to maintain standards of care. Now, more than ever, local and national NHS leaders need to focus on improving quality and delivering better-value care. All NHS organizations

should be focused on continually improving quality of care for people using their services. This includes improving the safety, effectiveness and experience of care.

Quality Improvement (QI) – the use of methods and tools to continuously improve quality of care and outcomes for patients – should be at the heart of local plans for redesigning NHS services. NHS leaders have a vital role to play in making this happen – leadership and management practices have a significant impact on quality. Studies have shown that board commitment to QI is linked to higher-quality care, underlining the leadership role of boards in this area.

Improving quality and reducing costs are sometimes seen as conflicting aims when they are in fact often two sides of the same coin. There are many opportunities in the NHS to deliver better outcomes at lower cost (improving value), for example by reducing unwarranted variations in care and addressing overuse, misuse and underuse of treatment. There are many examples across the NHS showing that even relatively small-scale quality improvement initiatives can lead to significant benefits for patients and staff, while also delivering better value.

The CQC has made it clear that it expects all trusts to adopt a formal QI approach, without being prescriptive about what that approach should be. We were asked this question at our last inspection and the subsequent report recommended that we should consider the introduction of a formal approach.

Additional confirmation has been provided by the recent publication, by CQC, of “Quality improvement in hospital trusts: sharing learning from trusts on a journey of QI”.

<https://www.cqc.org.uk/publications/evaluation/quality-improvement-hospital-trusts-sharing-learning-trusts-journey-qi>

The introduction of a new QI system is not something that can be learnt from a book or just by attempting to copy what has been done elsewhere; such an approach will fail (and has been the root cause of unsustainable QI initiatives in other trusts). Healthcare organizations which have successfully changed their culture and fostered an environment of continuous improvement have done so by engaging external expertise.

The BDCFT Board has, therefore, approved a significant investment in an expert support partner with a successful track record in the NHS. Clearly the level of support required will reduce over time until the trust is able to sustain the new approach on its own but evidence from similar-sized organizations suggests that it would be reasonable to anticipate two full years of external support before flying solo.

The Trust has also had discussions with the Chief Executive of the Kings Fund regarding some support and the opportunity to engage them in a longitudinal evaluation of our implementation of the QI system. They have offered to support this on the basis they can publish their work. The approach will be designed to enable them to offer us further feedback and support as the implementation progresses.

QI is a long-term initiative and is the key to BDCFT becoming not only ‘good’ but ‘outstanding’.

Preparation for next CQC Inspection

BDCFT anticipates that the next full inspection will take place in early 2019 with report publication sometime around Easter.

We believe that, having taken the actions outlined above, we are well-placed to improve our rating but, in order to test our preparedness, we are about to commence a process of detailed self-assessment.

There will be two elements of our self-assessment: one will be a process of peer review, whereby core services are 'inspected' by a team from another area of the Trust, using a standard template and seeing if concerns identified in the February CQC report have been addressed; the second will be a detailed 'well-led' review by Deloitte LLP who will spend the next two months undertaking a deep dive into ward-to-board assurance processes and our organisational culture.

Any gaps identified through the self-assessment exercise will be subject to rapid process improvement in time for the next CQC inspection.

4. Recommendations

Recommended -

That the Committee notes the progress made, during 2018, by BDCFT, in response to its February CQC report and the Trust Board's commitment to long-term, sustainable improvement via the implementation of a formal Quality Improvement System.

5. Background documents

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

<https://www.cqc.org.uk/publications/evaluation/quality-improvement-hospital-trusts-sharing-learning-trusts-journey-qi>

6. Not for publication documents

None