Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	8 March 2016
Officer	Director for Adult and Community Services
Subject of Report	**Dorset HealthCare University NHS Foundation Trust CQC Quality Improvement Action Plan**
Executive Summary	The purpose of this paper is to present the CQC Quality Improvement Action Plan following the publication of the CQC Inspection report in October 2015. The action plans have been developed by the designated core service lead manager and lead clinicians, supported by the relevant locality Director.
Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence: Report provided by Dorset HealthCare University NHS Foundation Trust.
	Budget: Not applicable.
	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:

	Current Risk: MEDIUM Residual Risk MEDIUM
	Other Implications: None.
Recommendation	To note the content of the CQC Quality Improvement Action Plan and note the progress made to date. To note good progress has been made in formulating detailed action plans for each core service area supported by corporate plans for cross cutting actions. To note that at the end of January 2016: - 8 ‘must do’ actions completed - 20 ‘should do’ actions completed - No outstanding actions to report - Ongoing monitoring to ensure actions are embedded in practice.
Reason for Recommendation	The Officers Reference group requested a report to provide an update to the Committee following the 2015 CQC Inspection.
Appendices	Appendix 1 provides the progress by core service where ‘must do’ and ‘should do’ actions have been completed. Nine out of 16 services have completed some actions.
Background Papers	N/A
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1. BACKGROUND

1.1 In June 2015 the CQC undertook a five-day announced comprehensive inspection of Dorset HealthCare University NHS Foundation Trust (DHC) to review whether our services are safe, effective, caring, responsive to people's needs and well-led.

1.2 The draft reports (17 in total, 16 core service reports and an overall quality report) were shared with the Trust on 16 September 2015 and rated the Trust overall as 'Requires Improvement'. The final reports were published in October 2015. The CQC reported that:

"It is our view that the provider had made significant progress in developing services and bringing about improvements. We saw that it was well led by its new leadership team and was in the process of deploying effective systems that we were confident would result in the delivery of improved, high quality services for the patients it serves in the near future."

1.3 The Trust considers this to be a fair reflection, recognising the journey of quality improvement the Trust is on. We were delighted to have achieved two outstanding ratings for the acute wards for adults of working age and psychiatric intensive care units, and the community forensic service. The outstanding rating for the former was the first awarded in England.

1.4 Following publication of the CQC report DHC is required to develop a Quality Improvement Action Plan (QIP) to address the themes and issues identified.

1.5 The Trust has been informed that it will be re inspected before end of April. The inspection will focus on areas that require improvement to see what progress has been made.

1.6 Key themes and issues arising from the inspection include:

- Significant variance in the quality of care delivered between some teams across the Trust
- Inconsistencies in the planning and delivery of a number of services
- Areas of non-compliance with CQC regulations.

1.7 The concerns did not result in enforcement action being taken against the Trust. During the Quality Summit meeting there was a clear recognition by partners and commissioners that joint action was required to address some of the key challenges raised by the CQC report. A commitment was made by Dorset CCG, the three local authorities, NHS Dorset and other partners and stakeholders to support the Trust in making these improvements.

1.8 The six main areas of challenge posed by the CQC's report are:

- Mental Health Services for Children and Young People (CAMHS)
    - Inconsistencies in quality of care and service provision between teams
    - Long waiting list and systems required to ensure the safety of the children waiting to be seen
    - Excess demand is a growing problem that is system-wide and requires multi-agency solutions

- Minor Injury Units (MIU)
    - The sustainability, function and purpose of the MIUs
    - The need to deliver consistency in the operating arrangements for all MIUs
    - The need for a county-wide strategy for urgent and emergency care

- Mental Health Crisis & Home Treatment Services and Health Based Place of Safety
    - Inconsistencies between teams
    - Demand and capacity and the commissioned service model requires support and potential investment from the commissioners (Dorset Clinical Commissioning Group)

- Mental Health Services for Older People
    - The need for a clear Trust strategy for Older People's Mental Health Services
    - Inequality in the commissioned services and the need to provide access to services across all of Dorset. This requires consideration within the Clinical Services Review and Better Together Programme

- End of Life Care
    - The need for a clear plan for End of Life Services provided by the Trust to ensure equity of access for patients
    - The need for a commissioned pan Dorset integrated model of End of Life Care as there are multiple providers

- Long Stay Rehabilitation Mental Health wards
    - High levels of detention under the MHA in rehabilitation services
    - Access to comprehensive rehabilitation programmes in the community
    - Review of the long stay rehabilitation service model

1.9 The CQC also identified 41 areas of good practice. These are areas where the Inspectors noted practice that was 'above and beyond' good care.

Core service non-compliance with the fundamental standards regulations

1.10 Within each core service report there are actions required to improve compliance with CQC fundamental standards. There are two types of action:

- Actions the Trust MUST take against the requirement notice(s) – these actions, if not achieved, have a potential to have a negative effect on the Trust provider licence and the Trust reports progress against these to Monitor as well as the CQC
- Actions the Trust SHOULD take to improve as this will have a positive impact on patient care and the support to staff, visitors or carers.

1.11 Across the 16 core service lines the Trust was found to be in breach of 8 (of the 13) Regulations as indicated below:

Regulation Number	Subject	Must Do actions
10	Dignity and respect	5
11	Need for consent	1
12	Safe care and treatment	19
13	Safeguarding service users from abuse and improper treatment	1
15	Premises and equipment	3
17	Good governance	19
18	Staffing	11
20	Duty of Candour	1
	Total	**60**

Must Do Actions

1.12 A total of 60 'must do' actions have been identified through the inspection process. 27 of the must do actions are within the mental health core service areas (45%) with 33 (55%) attributed to the community core service areas.

1.13 The most frequent breaches involve Regulation 12: Safe Care and Treatment (19); Regulation 17: Good Governance (19) and Regulation 18: Staffing (11).

Regulation 12

1.14 This regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Actions within this domain include:

- Clinical risk assessment and risk management processes
- Staff demonstrating the right skills and competences through the appropriate training and education (mandatory training compliance)
- Premises and any equipment used is safe and regularly tested and/or monitored
- Medicines must be managed safely and administered appropriately
- Prevent and control the spread of infection

Regulation 17

1.15 To meet this regulation we must have effective governance, including assurance and auditing systems or processes. Actions include:

- Contemporaneous record keeping
- Up-to-date risk assessments
- Personalised care plans

Regulation 18

1.16 The Trust must provide sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet the needs of the people using the service at all times. Staff must receive the support, training, professional development, supervision and appraisals that are necessary for them to carry out their role and responsibilities. Actions include:

- Availability of sufficient numbers of skilled and competent staff – e.g. school nursing service and Night Nursing team, CAMHS, CMHT's, MIU's

- Access to clinical supervision and appraisal

Should Do Actions

1.17 Across the core service reports there are a total of 89 'should do' actions. 62 of these actions are within the mental health core services (70%) and 27 (30%) within the community core services. This division is to be expected given that the mental health services have 11 (69%) of the core services.

1.18 Collectively there are 149 must / should do actions which translate across the 16 service lines into detailed action plans with a total of 325 actions. How the actions are distributed across the 16 core service areas are shown in the table below.

KEY	
	Inadequate
	Requires Improvement
	Good
*	Outstanding
	Not rated

KEY	
S	Safe
E	Effective
C	Caring
R	Responsive
W-L	Well-Led

CORE SERVICE	S	E	C	R	W-L	Regulation breached & number of actions	'Must Do' Action	'Should Do' Actions	Service Line total actions
MENTAL HEALTH SERVICES									
MH Adult/PICU			*	*				6	6
MH Rehabilitation						10(1): 12(2)	3	15	18
Forensic Inpatient						12(3)	3	6	9
MH Older People In patient						10(3): 12(1): 15(3): 17(1)	8	2	10
CAMHS Inpatient								6	6
MH Crisis/Home Treatment						12(2): 18(2)	4	5	9
MH Adult Community						10(1): 11(1): 12(1): 17(1): 18(1)	5	5	10
MH Older People Community						17(1)	1	5	6
CAMHS Community						12(1): 18(2)	3	6	9
LD /Autism Community								4	4
Forensic Community		*	*					2	2
Total							**27**	**62**	**89**
COMMUNITY SERVICES									
Children, Families and YP						12(3): 17(3)	6	3	9
Community Health Adults						17(1): 18(1): 20(1)	3	2	5
Community Health Inpatient						12(4): 15(3): 17(3): 18(2)	9	6	15
Minor Injury Units (MIU)						12(5): 13(1): 17(3): 18(2)	12	11	23
End of Life						17(3)	3	5	8
Total							**33**	**27**	**60**
OVERALL TOTAL							**60**	**89**	**149**

2. DEVELOPMENT, IMPLEMENTATION AND MONITORING OF THE CQC QUALITY IMPROVEMENT ACTION PLAN AND LEVELS OF ASSURANCE

2.1 The Trust has developed a comprehensive action plan aligned to each core service area. Each plan has a lead clinician, lead manager and lead Director who is responsible for ensuring the actions are kept on track and supporting evidence to provide assurance is available. These actions constitute the first line of defence in assuring that the plans are owned and actions are being implemented within the service areas.

2.2 Alongside this the corporate services such as Learning and Development, Estates and Human Resources are supporting the core service actions plans where there are cross cutting improvements required. Examples include:

- Compliance with mandatory training and ensuring sufficient, accessible training programmes to meet the needs of staff groups
- Estate improvements
- Recruitment and retention plans to support safe staffing across the services.

2.3 Monitoring and tracking of the plans are managed by the Trust Programme Management Office (PMO) and overseen by the Nursing and Quality Directorate. Quality assurance visits are undertaken by the Trust's Quality Assurance Team to ensure that the evidence is in place once an action has been completed. The internal quality assurance visits constitute the second line of defence.

2.4 The CQC Mental Health Act (MHA) Inspections have continued and the most recent visit took place on St Brelades ward in January; feedback from these inspections will provide the Trust with assurance as to compliance with the Mental Health Act and Code of Practice and any further actions required. External visits and inspections constitute the third line of defence.

Other Sources of Assurance

2.4 Dorset Clinical Commissioning Group continues to visit service areas and provide feedback to the Director of Nursing on their findings. Since the CQC Inspection in June visits have taken place to the following areas:

- Swanage Hospital – 13 July 2015
- Chalbury Ward, Weymouth Community Hospital – 19 August 2015
- Yeatman Hospital, Sherborne – 28 September 2015
- Waterston Unit, Forston Clinic – 12 October 2015
- Portland Hospital – 24 November 2015
- Victoria Hospital, Wimborne – 12 January 2016
- St Ann's Hospital – 27 January 2016
- Shaftesbury Hospital 4 February 2016

2.5 These reports have been mostly positive and where actions are required they are put into immediate effect by the Ward Manager/Clinical Lead.

2.6 The CQC have undertaken two thematic inspections of the Trust during Quarter 3:

- End of Life Care - 19 October 2015
- Safeguarding Children and Looked After Children (Dorset) - 16 November 2015

2.7 The draft Safeguarding Children and Looked After Children inspection report has been shared for factual accuracy; the final report is expected to be published on 1 February 2016 (at the time of reporting 4 February it has not been published). The Trust met with

Dorset CCG in January to review the draft report and to consider the actions required to meet the emerging recommendations.

2.8 The Trust has not yet received the draft End of Life report and has asked CQC when the report is likely to be available.

3. PROGRESS TO DATE

3.1 For the 149 actions identified in the CQC reports, there are 325 component actions being implemented across the services. There has been progress with many of the actions but because some have multiple components, until every component has been achieved the action will remain open.

3.2 At the time of reporting 8 of the 60 must do actions have been completed and 20 of the 89 should do actions. In total 28 actions have been completed (19%) of the 149 actions. However, no actions are past the target dates identified by the core service leads

4. CONCLUSION AND RECOMMENDATION

4.1 Good progress has been made in formulating detailed action plans for each core service area supported by corporate plans for cross cutting actions.

4.2 The Committee is asked to note:

- The content of the CQC Quality Improvement Action Plan and the progress made to date:
  - 8 ‘must do’ actions completed
  - 20 ‘should do’ actions completed
  - No outstanding actions to report
  - Ongoing monitoring to ensure the actions are embedded in practice.

Sally O’Donnell
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February 2016

Appendix 1

CORE SERVICE	'MUST DO' ACTION	ACTIONS COMPLETE AS AT 31.12.15	'SHOULD DO' ACTIONS	ACTIONS COMPLETE AS AT 31.12.15
MENTAL HEALTH SERVICES				
Acute Wards for Adults and Psychiatric Intensive Care Unit	0		6	1) Review description of word seclusion while describing de-escalation on RiO in order that the intervention is accurately recorded.
Long Stay Rehabilitation Wards	3	1) Protect patients against the risks associated with the unsafe use and management of medicines on Glendinning ward by ensuring that the record of the administration of medication is accurate. 2) Nightingale House 51 ligature risks identified – plans in place to mitigate risk however, 3 patients at increased risk of self-harm and upstairs male bathroom was isolated, unobserved, unlockable and had no alarm system.	15	1) Ensure that the frequency of audits of controlled drugs is in line with the trust's policy. 2) Review the current system of smoking breaks in the very small yard in Nightingale House. 3) Cigarette remains should be cleared promptly to ensure patient safety.
Forensic Inpatients	3	1) Provide clear written policies on procedural security on the ward, which should include management of barred items, use of emergency alarms and security of keys. 2) Ensure that sharps bins are used appropriately and that lids are secured when in use.	6	1) Review its blanket policy of locking all patients' bedrooms during the day, and perceived lack of choice by patients when attending groups. 2) Ensure that resuscitation equipment is routinely checked. 3) Review the seclusion room in accordance with the Mental Health Act Code of Practice. 4) Consider the specific training needs of staff working in a low secure service. 5) Review access to secure services for women and consider, with commissioners whether this service should be offered.

Wards for Older People with Mental Health Difficulties	8	1) Provide appropriate wheelchair access to disabled people's bedrooms in Melstock House. 2) *Provide patients with enough access to outside areas and ensure that staff are competent in fire evacuation procedures. (partial completion of full action) 3) Ensure that privacy and dignity are protected on Alumhurst ward and at Melstock House, with robust systems to check and monitor compliance and to ensure that staff understands their responsibilities.	2	
MH Crisis/Home Treatment and Health Based Place of Safety	4		4	1) *Staff working in the Crisis team have up to date mandatory training – additional floating staff added to e-roster to ensure additional staffing is available to support S136 assessments when required (sub action completed).
MH Older People Community	1	1) Ensure that care records are accurate, complete and contemporaneous.	5	
CAMHS Community	3		6	1) Ensure that the action plans it produced following the CQC visit to the community child and adolescent mental health service teams are implemented without delay. 2) *Keep staff up to date with their mandatory training – initial summary position (sub action completed) 3) *Provide systems to ensure greater consistency in the standards and working practices across the different community

				child and adolescent mental health service teams (Partial completion of full action).
Learning Disability/Autism Community	n/a		4	1) Ensure that mental capacity assessments are conducted and documented and ensure that consent to treatment is always sought. 2) Ensure that staff pass on information about how to access advocates in an accessible way. 3) Ensure timely uploading of care information to the electronic record system.
Forensic Community	n/a		2	1) Review access to secure services for women.
Total		**7 Fully Completed**		**14 Fully completed**
COMMUNITY SERVICES				
Community Health Inpatient	9	1) *Ensure that emergency equipment and suction machines are fit for purpose (partially completed). 2) *Implement infection prevention and control policies and procedures (partially completed). 3) *Store medicines in accordance with its policies and standard operating procedures (partially completed).	6	1) Service strategies should be clear and that they are communicated effectively. 2) Encourage and support staff at all levels to raise concerns, promote improvement and contribute to innovation. 3) *Provide enough adequately experienced and trained staff to meet the assessed needs of patients (partially completed).

Minor Injury Units (MIU)	12	1) *Implement a formal system that ensures all patients attending MIUs receive a timely clinical assessment (partially complete).	11	1) Ensure that minor injury units and adjacent departments such as x-ray departments are easily accessible. 2) Support and encourage all staff to report and learn from incidents and complaints consistently to support continuous improvement in service quality. 3) *Ensure that the patient group directions used in MIUs to enable staff to administer prescription only medication are signed by staff (partially complete). 4) *Ensure staff are up to date with safeguarding training (partially complete).
End of Life Care)	3	1) Strengthen strategic leadership and governance arrangements and ensure that there is regular reporting to the trust board on the quality of end of life services.	5	
Total		**1 Fully Completed**		**6 Fully Completed**
OVERALL TOTAL		**8 Fully Completed**		**20 Fully Completed**

*The update includes significant elements of 5 must do and 5 should do have been achieved to date but not included in the number of fully completed actions.