

Update Report on Progress against CQC Action Plan

The Trust was inspected between 29 September and 5 October 2014 as part of the Care Quality Commission’s (CQC) comprehensive inspection programme. The inspection team looked at the Trust as a whole and in more detail at 11 core services including inpatient mental health wards and community-based mental health, crisis response and learning disability services.

Leeds and York Partnership NHS Foundation Trust was given an overall rating of “requires improvement” (see summary table below).

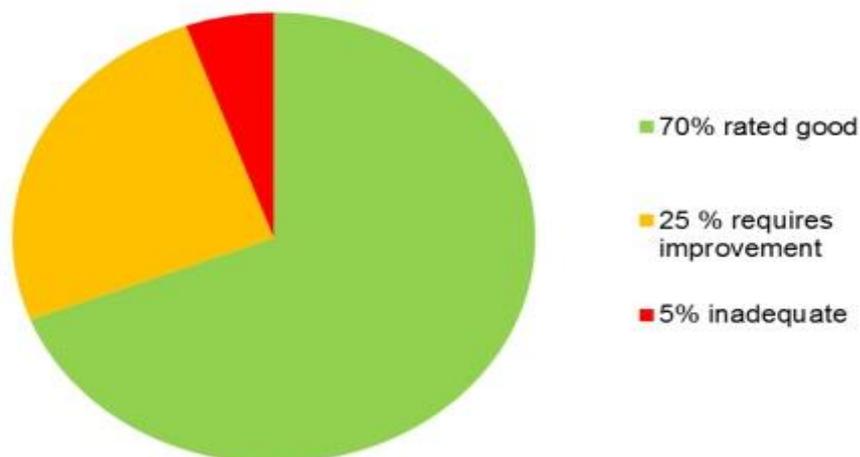
Five Key Questions	Overall Rating for Leeds and York partnership NHS Foundation Trust
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Good
Are services responsive?	Requires Improvement
Are services well led?	Requires Improvement
Overall	Requires Improvement

The CQC found many areas of good practice and received many positive comments about care from service users and carers. This included care for women with personality disorders at Clifton House in York.

There were a smaller number of areas where they identified issues with the quality of the service, these included the safety and suitability of the environment where care was being delivered, the level of staffing available at all times to meet the needs of patients and the level of training that staff had received.

It is important to note that 70% of the areas rated by CQC were judged to be ‘Good’, 25% as ‘Requires Improvement’ and 5% as ‘Inadequate’. The latter specifically relates to older peoples services in York and all of the actions, for which the Trust has direct responsibility, have now been completed. Further details are provided below.

Proportionality of ratings across services



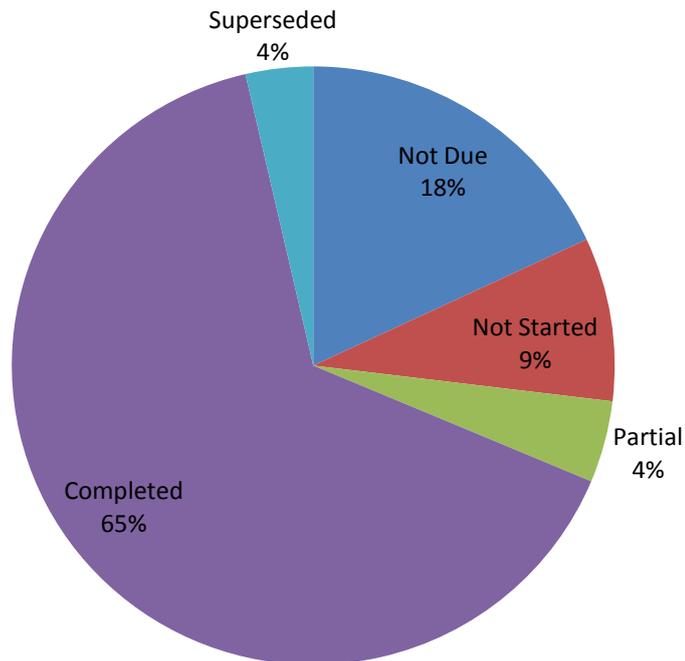
At Provider level, the Trust received five “compliance actions”. These are issues that require immediate attention to address essential standards of quality and safety. They included the following:

- Safety and suitability of premises
- Systems for identifying, handling and responding to complaints
- Ensuring staff receive appropriate training, supervision and appraisals
- Ensuring there are enough suitably qualified, skilled and experienced staff at all times to meet patients’ needs
- Eliminating mixed sex accommodation

Action Plan Development and Monitoring

In response to the CQC’s immediate findings the Trust completed a Responsive Action Plan. Following receipt of the CQC’s final reports in January 2015, a comprehensive action plan, addressing all of the ‘Must and Should Dos’ and areas of implied concern was developed and submitted to CQC in order to ensure that all improvements are embedded into practice. The Action Plan is monitored and updated fortnightly through the Trust’s CQC Fundamental Standards Group, which is chaired by the Director of Nursing. Due to adopting this managed process we are achieving good compliance against our action plan with 65% of the plan now complete.

Progress against CQC improvement plan



27% of actions in the plan are not due to have started yet (9%) or have started, but are not due to complete yet (18%). A further 4% of actions were commenced but have since being superseded.

The following presents a brief précis of achievement against the improvement plan:

Safety and Suitability of Premises and Eliminating Mixed Sex Accommodation

In response to the inspection findings a further environmental risk assessment was undertaken and immediate actions were taken to mitigate risks. A schedule of works has been agreed to support improvements at Bootham Park Hospital (BPH), and this remains on track. Ward 6 (Older People's Assessment Unit) BPH will transfer to Cherry Tree Court following completion of refurbishment works at Cherry Tree Court by the end of June 2015.

This will facilitate improvement works within the remaining Wards at Bootham Park Hospital, and these works are also on schedule for completion at the end of September 2015.

Meadowfields and Worsley Court, both older people's inpatient units, were judged by CQC to be non-compliant with the Department of

Health's Eliminating Mixed Sex Accommodation (EMSA) and the Mental Health Act Code of Practice (MHACoP) on privacy and dignity. Following a proposal submitted by the Trust to the Vale of York CCG in January 2015, both of these units provide single sex accommodation and are therefore fully compliant with EMSA guidance and MHACoP.

The CQC also identified a similar issue at Acomb Garth, however, this unit needs to remain a service for both women and men and consequently an improvement plan has been agreed between the Trust, VoY CCG and NHS Property Services (the 'Landlord') to address the safety and suitability issues. The work is on target for completion in August 2015 and in the meantime the Trust is managing the risk operationally.

The CQC also raised concerns about the suitability of the premises at Lime Trees, which at the time of the inspection provided inpatient Child and Adolescent Mental Health Services (CAMHS). In December 2014 Lime Trees was reprovided to a newly refurbished unit at Mill Lodge, York, which has also created additional capacity for young people who require inpatient care.

Systems for Identifying, Handling and Responding to Complaints

The Trust has reviewed its complaints procedure immediately following the inspection. This has led to a revised complaints policy and procedure and an investment in the infrastructure for complaints management. Additional training has been provided to operational staff in respect of complaints handling and a new Complaints Manager has been recruited to oversee all of the improvements.

In addition to this the Trust has improved its follow-up with complainants to check if they are satisfied with the outcome.

Ensuring staff receive appropriate training, supervision and appraisals

The CQC found that the trust was (a) not meeting its own training targets in respect of statutory and mandatory training; and (b) not including some important areas as mandatory training e.g. Mental Capacity Act. The Trust has developed and is currently rolling out a revised statutory and mandatory training programme, that includes Mental Health Act and Mental Capacity Act training, including Gillick Competency assessment for CAMHS staff. The Trust submitted revised timeline trajectories to CQC which they have accepted as part of our Action Plan.

To support the delivery of the mental health legislation training the Trust has developed a Mental Health Legislation Operational Committee, to ensure that there are robust processes in place for embedding quality standards throughout our services in York and North Yorkshire.

We continue to progress an action plan to reach 90% compliance with all other mandatory training by July 2015.

There has been strong progress made on attaining our target of 90% staff with a current appraisal by July 2015.

Ensuring there are enough suitably qualified, skilled and experienced staff at all times to meet patients' needs.

These concerns related to the Older People's services in York. Staffing and Skill Mix have been reviewed at Worsley Court, Peppermill Court, Meadowfields and Ward 6, Bootham Park Hospital. Older peoples services are now benefiting from increased provision of Occupational Therapy and Physiotherapy. An Advanced Nurse Practitioner for Dementia Care is now in post to provide additional clinical leadership into older people's services.

The staffing at Field View, a low secure forensic service, was reviewed immediately, and a registered nurse is now on duty 24 hours 7 days a week.

Medical cover has been reviewed, and a business case for additional resources has been supported by the Executive Team.

Conclusions

Leeds and York Partnerships NHS Foundation Trust has introduced a CQC Fundamental Standards Group to lead delivery of its CQC Improvement Plan. The effectiveness of this approach can be demonstrated by the fact that 96% of all actions remain either completed or due for completion by the agreed date. 65% of the Improvement plan has already been achieved.

The full detail can be found within the detailed action plans which are enclosed with this report.

This paper serves to demonstrate the commitment of the Trust to make all the necessary improvements to bring us into compliance with all of the essential standards, and provide assurance to the Scrutiny Committee of the work undertaken.

Abbreviations

BPH – Bootham Park Hospital

CAMHS – Child and Adolescent Mental Health Service

CCG – Clinical Commissioning Group

CQC – Care Quality Commission

EMSA – Eliminating Mixed Sex Accommodation

MHACoP – Mental Health Act Code of Practice

VoY CCG – Vale of York Clinical Commissioning Group