

HEALTH AND WELLBEING BOARD

14 MARCH 2017

Title: NELFT CQC Comprehensive Inspection – Quality Improvement Plan	
Report of the Executive Director London, NELFT	
Open Report	For Information
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Summary: Overview report on the Quality Improvement Plan following the CQC outcome for services in Barking and Dagenham as part of the CQC Comprehensive Inspection of NELFT.	
Recommendation(s) The HWBB is recommended to agree to: (i) Note the report and presentation on overall CQC judgement rating (ii) Note the NELFT quality improvement action plan and progress to date	
Reason(s) The CQC undertook an inspection of NELFT in April 2016 and published its report in September 2016.	

1. Introduction and Background

- 1.1 The Care Quality Commission, or CQC, is the independent regulator of health and adult social care services in England. Its purpose is to make sure health and social care services provide people with high-quality care and to encourage care services to improve. The CQC's role is to monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety these are known as Essential standards of quality and safety.
- 1.2 NELFT received its first full comprehensive inspection during the week of 4th-8th April 2016 and the outcome of this inspection was made public on the 27th September 2016.
- 1.3 Of our 14 core services that were inspected, the CQC rated nine as 'Good' and four as 'Requires Improvement' and one as 'Inadequate'. This has led to an overall CQC rating of 'Requires Improvement' for the Trust.

- 1.4 The CQC has regulatory authority to issue two levels of action and priority:
- (i) Enforcement (to which the trust responded immediately – April 2016) related to services/ domains rated as Inadequate.
- Safety and appropriateness of environments and facilities across acute inpatients for adults / older people and child and adolescent wards.
 - Quality of risk assessments and risk planning across the acute wards for adults of working age and psychiatric intensive care units needed improvement.
- (ii) Requirement – relates to the MUST and SHOULD do's in 4 core services and corporate well-led good governance. The trust has a total of 58 must do's and 77 should do's.
- 1.4 The CQC held a Quality Summit on 14th October 2016 and representatives from all partner organisations, Governors, patient groups and staff attended and a series of development workshops to look at how the partnership can work together to support an improvement plan took place.
- 1.5 The NELFT board agreed a Quality Improvement Plan and governance structure on the 25th October 2016 to review, develop and implement the plan with expected outcomes to be achieved in the main by 31st March 17.
- 1.6 A senior governance framework including Directors across departments and localities have been identified as accountable for driving forward the quality improvement plan and the progress is monitored formally at the Board meeting on a monthly basis (reports of which are in the public domain – Part 1 Papers)

2. Progress to date reflecting activity up to the end of December 16 (as reported to the January 17 NELFT Board)

- 2.1 Priorities for development include:
- Ensuring safe and effective assessment and management of clinical risk across all mental health services, with a particular emphasis in the Acute Wards for Adults of Working Age and Psychiatric Intensive Care Unit. All are subject to audit to monitor and achieve improvement.
 - Ensuring care plans reflect patient needs and include patient contribution in mental and community health services.
 - That the environmental ligature reduction programme is expedited
 - That the ward environmental ligature risk assessments in mental health services are known and understood by staff that works there
 - Providing a safe and clean clinical environment in the adolescent mental health unit.
 - Providing facilities and an environment that promote recovery without blanket restrictions.
 - Ensure safer staffing in identified areas and a strengthened governance reporting of clinical risk.
 - Address the under reporting of incidents in the adolescent mental health unit
 - Assessment of needs and planning of care in specific services identified by the CQC.
 - Apply the Fit and proper persons test
- 2.2 Urgent patient safety improvements have been worked on continuously since and before April 2016; the progress was reported to the NELFT Board and partners and the Brookside Unit (Adolescence Mental Health Unit) was re-inspected in September 2016 at the point of re-opening the unit. The report published in

February 2017 indicated a rating of 'Good' across all five domains which demonstrated the significant progress in environmental work, risk management and recruitment to a full complement of staff.

- 2.3 The Corporate good governance relating to fit and proper persons has been corrected and achieved.
- 2.4 As reported at the January 2017 NELFT Board there is none of the total 'should do/must do' that are reported as red i.e. with no progress.
- 2.5 Of the 58 'must do' requirements, 17 (30% Green) are now reported and evidenced as completed and the remaining 41 (reported as Amber) are on track to deliver a positive outcome by the end of March 2017.
- 2.6 For the 'should do' requirements a further 13 (17%) have been achieved to date and the remaining 64 actions are also progressing with an anticipated delivery date for end of March 2017. Where action plans are reviewed and noted as requiring further implementation actions to be agreed these will be reported to the board and revised trajectories agreed.
- 2.7 The quality improvement plan is a tool by which to plan, measure and monitor progress, examples of direct improvements to services and the patient experience include: Quality Improvement Accelerator Programme to improve care planning across all identified services. This has commenced to ensure that care plans are based on risk, needs and personal to the individual. The assessment of clinical risk is now part of the mandatory training matrix that all clinical and professional staff are expected to attend. Significant environment and estates plans have been accelerated and received additional investment to ensure that the ligature risk reduction programme is achieved and those areas identified as not being dementia friendly or young person friendly have been transformed. For example the Broad Street Memory Service in Dagenham has recently been respected using the MSNAP (Memory Services National Accreditation Programme), having achieved 'Excellent' in 2015-16 we are looking to revalidate in 16-17 (MSNAP results due in April 2017) now that additional estates modifications have been completed.
- 2.8 Furthermore the CQC plan identified that there were significant areas that required a partnership approach to resolve; such as the commissioning of capacity relevant to need within paediatric therapies. The CCG as the key partner has worked with NELFT to review capacity and has invested additional funding to these services for 17-19 contract period. This agreement will enable NELFT to recruit the additional workforce required to reduce waiting list and ensure that caseload numbers are within national guidelines for these areas and therefore resolve further should do/must do actions.
- 2.9 The CCG have not confirmed any further contract reductions for NELFT services within their recent published saving plan to achieve resolution of the financial deficit in the health economy.
- 2.10 Additional actions related to the achievement of staff appraisal and mandatory training. Progress has been made across all core service areas within the Trust in meeting the expected standards and thus ensures that there is an adequately trained and developed workforce to deliver the commissioned services.
- 2.11 Finally a repeated concern identified across the CQC core service reports related to staffing levels and vacancies. Much has been achieved in terms of data cleansing in the electronic staff register (ESR), additional electronic systems to support recruitment processes and a focused targeted resourcing team have been

introduced which has seen the Trust make a significant step in reducing the overall vacancy. In Barking and Dagenham this has meant that rolling vacancy levels have reduced from 25% to approx. 14%.

- 2.12 The Trust has undertaken a review across the governance process and structures within the trust and has identified additional actions and processes to ensure that risks are identified, mitigated, reported and monitored consistently. This will remain under review as part of the ongoing compliance remit within the Trust.

3. Future Inspection

- 3.1 As with all other organisations who have been graded as requires improvement NELFT will be re-inspected by the CQC. The date and programme for re-inspection has not been confirmed by the CQC however they are in regular attendance at the Quality Improvement Steering group meetings and meet with the Chief Nurse and Executive Director with responsibility for compliance.
- 3.2 Brookside was re-inspected in September 2016 following its reopening after closure and complete refurbishment and the published report in February 2017 identified that all 5 domains were reported as Good which was a significant improvement from the previous inadequate.
- 3.3 As a mental Health provider the CQC also complete regular Mental Health Act and other unannounced inspections to review compliance with the law – all of which have demonstrated achievement of the required standards.
- 3.4 Commissioning bodies have also implemented a series of inspections programmes including unannounced inspection visits and the CQC Quality Improvement plan is monitored via the Clinical Quality Review Meetings and the contractual forums.

Additional Information:

- NELFT's inspection rating posters can be viewed via the link below.
<http://www.cqc.org.uk/provider/RAT/posters>
- Care Quality Commission website listing all reports from comprehensive inspection in April 2016: <http://www.cqc.org.uk/provider/RAT/reports>
- NELFT Board Report January 2017: <http://www.nelft.nhs.uk/about-us-board-papers>