Quality Improvement Plan following CQC inspection of NELFT (April 2016)
Presentation update: February 2017

Best care by the best people

Ratings community health services

Care Quality Commission

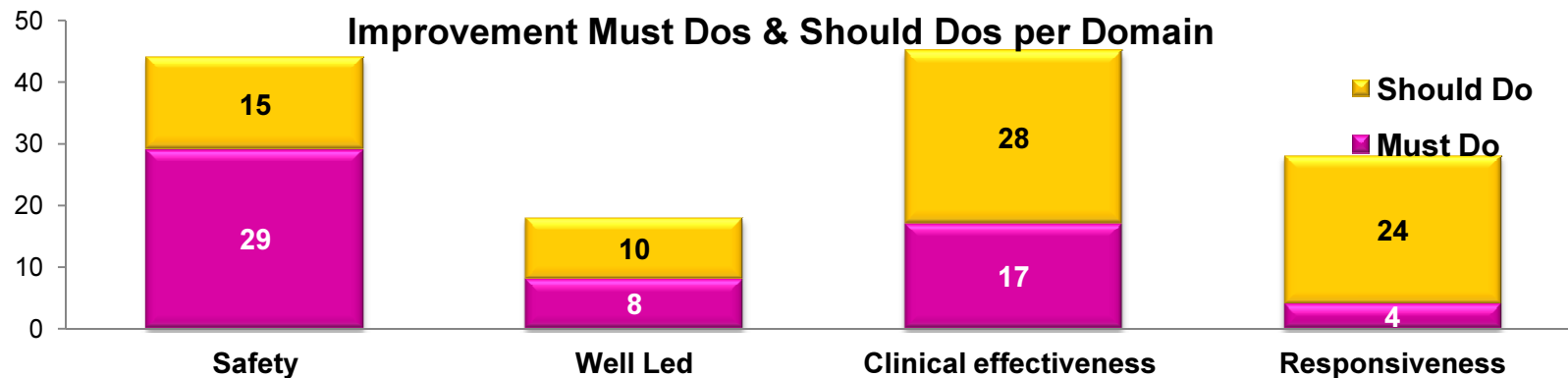|	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires Improvement	Good	Good	Good	Good	Good
Community health services for children, young people and families	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Community health inpatient services	Requires Improvement	Good	Good	Good	Good	Good
End of life care	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Community dental services	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Overall	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

Ratings for mental health services

CareQuality Commission

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units (PICU's)	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Long stay/rehabilitation mental health wards for working age adults	Good	Good	Good	Good	Good	Good
Forensic inpatient / secure wards	Good	Good	Good	Outstanding	Good	Good
Child and adolescent mental health wards	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate	Inadequate
Wards for older people with mental health problems	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Wards for people with a learning disability or autism	Good	Good	Good	Good	Good	Good
Community-based mental health services for adults of working age	Requires Improvement	Good	Good	Good	Good	Good
Mental health crisis services and health based places of safety	Good	Requires Improvement	Good	Good	Good	Good
Specialist community mental health services for children and young people	Good	Requires Improvement	Good	Good	Good	Good
Community-based mental health services for older people	Requires Improvement	Good	Good	Good	Good	Good
Community mental health services for people with a learning disability or autism	Good	Good	Good	Requires Improvement	Good	Good
Overall	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

Overall CQC summary

- **10** of the **14** core services we inspected were rated as **good**.

- The trust has over **58** 'Must Do' actions it must take to improve care – a large number relate to Brookside Adolescent unit

- Furthermore there were an additional **77** 'Should Do' actions

Improvement Must Dos & Should Dos per Domain

Domain	Must Do	Should Do
Safety	29	15
Well Led	8	10
Clinical effectiveness	17	28
Responsiveness	4	24

Legend: Should Do, Must Do

CQC Quality Improvement Plan

- The Trust immediately commenced work against areas for improvement following the initial CQC feedback, therefore by the time of publication in September 2016 many issues had already been corrected or had plans in place to support rapid resolution

- The framework for the CQC quality Improvement plan was presented to the NELFT Board in November 16 and all actions have an end of March 2017 completion date.

- Action plan focused to four of the five domains:
  - Safe, Effective, Responsive and Well led

- Caring (5th Domain) achieved an overall rating of Good and is not part of the CQC Improvement plan but is fundamental in the NELFT Best Care Strategy and Quality Improvement Strategy

CQC Quality Improvement Plan

- Delegation by 'core service report' means that key Trust leads are now focusing on embedding and sustaining improvement
  - Community Health Services for children, young people and families
  - Specialist community mental health services for children and young people
  - Child and adolescent mental health wards

- Each domain is led by an Executive Director with support of a senior manager (ICD), quality improvement lead, Associate Medical Director and Director of Nursing

- Each group reports to the NELFT Board via a CQC Quality Improvement Plan Steering Group (Chaired by the Executive Nurse)

- The Children and Young People Community of Practice will have oversight and clinical leadership for embedding change and quality improvement across the Trust

Priority areas

- 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 PICU. 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.

Brookside re-inspection

The CQC returned to the unit in October 2016 for a re-inspection and rated it 'Good' overall because:

- The Trust had fully addressed, or significantly improved, the problems that were identified in April 2016

- Young people received care and support according to their individual needs

- The service was adequately staffed and staff turnover was low

- The unit had been extensively configured and refurbished

- Staff now managed ligature risks appropriately

- Staff generally had a good understanding of risk and risk assessments were frequently updated

- The issue of access to doctors out of hours had been reviewed

- Staff members were routinely receiving clinical supervision

- The unit had reviewed practices previously regarded as restrictive with no episodes of seclusion

- Incident reporting and staff awareness of safeguarding had improved

- Robust and effective governance procedures had been put in place