

## HEALTH SCRUTINY COMMITTEE

23 March 2022

<b>Title:</b> NELFT CQC Inspection Update	
<b>Report of the Interim Chief Executive, NELFT</b>	
<b>Open Report</b>	<b>For Information</b>
<b>Wards Affected:</b> None	<b>Key Decision:</b> No
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<b>Summary</b> <p>North East London NHS Foundation Trust (NELFT) is registered with the Care Quality Commission (CQC) to deliver safe, effective, responsive, caring and well-led care. The Trust places patients and staff central to all it strives to achieve as required by the NHS Constitution. Non-compliance with the regulations, including the fundamental standards, may impact on the quality of care provided to the people served.</p> <p>NELFT was inspected by the CQC in June 2019 and the results were made publically available via the CQC website in September 2019. As a result of the inspection, there were 22 “Must Do” actions identified.</p> <p>Since the inspection results, a significant workstream to address concerns has been instigated, with only 1 “Must Do” action remaining open. This action is in relation to waiting times for the Neurodevelopment and Learning Disability service in the Kent services. Due to the pandemic, there has been a further significant impact on this service’s overall waiting times, despite actions and progress to reduce this. The CQC are fully aware and assured that appropriate mitigations are in place.</p> <p>There are monthly updates on the CQC Improvement Plan via the Quality and Safety Committee (QSC) and Executive Management team (EMT), with regular updates to the NELFT board. The Board reports are public domain reports and are available on <a href="https://www.nelft.nhs.uk/about-us-board-papers">https://www.nelft.nhs.uk/about-us-board-papers</a>.</p> <p>This report is to provide the Health Scrutiny Committee with an update on progress since the last presentation, as well as an outline of the preparation the Trust is making in respect of the next CQC Inspection, which is anticipated to take place in 2022.</p>	
<b>Recommendation</b> <p>The Health Scrutiny Committee is recommended to note the update provided by NELFT and following the information provided, discuss any issues that need further exploration with presenting officers.</p>	

## Reason

This report is for noting and allows the Committee to put questions to the officers presenting the report.

### 1. Introduction and Background

- 1.1 Following the last presentation to the Health Scrutiny Committee by the Chief Executive of NELFT (minute 10, 21 October 2020 refers), it was requested that NELFT provide a further progress update in respect of the CQC Improvement Plan that it had developed to address the “Must Do” and “Should Do” findings. This report and accompanying presentation give a headline progress review.
- 1.2 By way of background, the Care Quality Commission (CQC) inspected NELFT from 14 May 2019 to 27 June 2019. As part of the CQC’s checks on the safety and quality of healthcare services, eight core services were inspected.

The core services inspected were:

- Acute wards for adults of working age and psychiatric intensive care units;
- Community-based mental health services for adults of working age;
- Forensic inpatient/secure wards (low secure);
- Wards for people with a learning disability or autism;
- Mental health crisis and health-based places of safety;
- Community-based mental health services for people with a learning disability or autism;
- Specialist community mental health services for children and young people; and
- Urgent Care.

- 1.3 The inspection report produced by CQC following the conclusion of the inspection describes their judgement on the quality of services provided by the Trust. This report is published on the CQC website at <https://www.cqc.org.uk/provider/RAT>.

The overall inspection result for 2019 was one of ‘requires improvement’.

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement	Good	Good	Good	Requires improvement	Requires improvement
→ ←	→ ←	→ ←	→ ←	↓	↓
Aug 2019	Aug 2019	Aug 2019	Aug 2019	Aug 2019	Aug 2019

- 1.4 Despite the NELFT response to the COVID-19 pandemic, work around the CQC Improvement Plan has continued across all our services. It is recognised that some actions were understandably delayed; however, all priority and ‘Must Do’ actions were progressed and with the exception of one “Must Do” action relating to the Kent services, all have now been closed down following significant changes.

### 2. Issues and Actions

- 2.1 In February 2021, NELFT undertook an internal audit to review the design of processes and controls in place to respond to the 2019 CQC inspection. This audit

provided an overall assessment of “significant assurance with minor improvement opportunities” which was in line with management expectation. The assessment outcome was driven by evidence of a robust and risk-based approach to develop and agree an action plan to respond to “Must Do” areas within the CQC report, and which is subject to regular review, update and governance.

- 2.2 Although the audit recognised that the Trust has taken steps to prioritise the “Must Do” actions, it was recommended that:
- The “Should Do” actions be reviewed at the Quality & Patient Safety Committee focus meeting to understand whether any of them represent an increasing level of risk to the Trust since the publication of the CQC report; and
  - Once the “Must Do” actions have been signed off, to progress “Should Do” actions as per current process.
- 2.3 The CQC found 34 areas that the Trust should improve to comply with either a minor breach that did not justify regulatory action, to prevent breaching a legal requirement or to improve service quality.
- 2.4 Following review of the CQC “Should Do” actions by EMT, it was identified that 12 such actions had already been completed with supporting evidence of compliance and 5 “Should Do” actions could be added as additional actions, to a “Must Do” risk. The result of this review and realignment left a total of 17 CQC “Should Do” actions to place on the CQC “Should Do” Improvement Plan dashboard. These CQC “Should Do” actions were presented at the Quality and Safety Committee on 14 April 2021, and following agreement at EMT, they were opened as separate risks with associated actions on the Trust monitoring system (Datix).
- 2.5 Progress against the original 22 “Must Do” areas involved the implementation of 129 separate actions. These have been monitored for completion at the monthly CQC Trust wide oversight meeting. An improvement plan has progressed in relation to both the 22 “Must Do” and 17 “Should Do” areas. The current Trust position at time of writing is one “Must Do” risk remains open and five “Should Do” risks remain open.
- 2.6 Each identified action has an assigned Executive Lead to oversee progress and an Operational/Corporate Director to lead the delivery. The Trust uses a system called Datix, which includes a risk management module that enables all risks/action plans to be viewed in live mode and therefore track progress accordingly.

Significant actions have included:

- Ensuring post-dose physical health monitoring takes place after patients have received medication by rapid tranquilisation, in line with NELFT’s Rapid Tranquilisation Policy.
- Ensuring all Mental Health inpatient staff complete mandatory training in the prevention and management of violence and aggression.

- Significant progress on staff morale, with the development of a Junior Doctors' Forum and procedures in place to support junior doctors in raising concerns.
- Commitment to the health and wellbeing of staff and service users within our inpatient wards by moving to therapeutic engagement, seeking regular feedback from patients and staff. Ensuring service users are fully involved in their care planning and risk management plans.
- Since January 2021, the Acute Crisis Assessment Team (ACAT) form part of the Integrated Crisis Assessment Hub (ICAH), with a designated area for service users to attend, and provides a diversion service from Emergency Departments, London Ambulance, and the Police. ICAH has been transformational in regard to the experience of patients requiring safe assessment and admission to the mental health wards where necessary.
- An independent review of the Executive Management Team was undertaken, resulting in creation of a dedicated Chief Nurse role and Director of Partnerships.
- Implementation of a Trust-wide performance data system to ensure access to accurate data to monitor performance which is accessible to all staff.
- Increased staffing establishment and leadership roles within the Clinical Pharmacy service, improved Medicines Governance through a revised audit programme to support the revised Medicines and Controlled Drugs Policy.
- Deployment of Electronic Prescribing Medicines Administration (ePMA) and Automated Dispensing Cabinets (Omnicell) across all inpatient wards, to promote safe systems for storing, prescribing, administering, and recording medicines.
- A refreshed approach and increase in the capacity of the Freedom to Speak up Guardian team (FTSU) that is accessible across the Trust, including the creation of an online anonymous form for staff to raise concerns which are then acted upon by the FTSU Guardian.
- Revised Trust-Wide Learning Strategy which has since been embedded into the Trust Quality and Patient Safety Strategy, established monthly patient safety and learning meeting to ensure learning is shared across all services and teams.

2.7 NELFT has had some CQC inspection activity: During December 2020, the Redbridge Community Care Advice Centre Reablement Service (provision of personal care to people seeking independence after injury or accident) was inspected under section 60 of the Health and Social Care Act (2008) as part of CQC regulatory functions and in July 2021, CQC carried out a focused inspection of the Child and Adolescent Mental Health ward at Kent and Medway Adolescent Hospital. These services did not receive an overall rating (in line with the type of inspection carried out); however, where improvements were identified these were addressed via an accompanied action plan.

2.8 The Trust will be inspected in the future as part of the planned work of the CQC; therefore, the current rating for the Trust will remain until such time as the next inspection period has concluded. The Trust continues to embed a culture of compassionate leadership and sustaining CQC compliance as part of business as usual activities. All of the leadership teams for the locality areas that NELFT serves alongside the corporate teams remain committed to adherence to the CQC quality standards and this is robustly monitored via the following processes:

- Increased visibility of leaders – both operational, professional, and clinical leadership roles;
- Clinical Professional Advisory Group overseeing Integrated Adult and Integrated Babies, Children, and Young People forums;
- Programme of Quality Support Visits (QSV) led by the Directors of Nursing; and
- CQC Self-Assessment tools completed via all core services with associated improvement action plans.

**Public Background Papers Used in the Preparation of the Report: None**

**List of appendices:**

- Appendix 1: CQC – Improvement Plan Progress