CQC Improvement Plan Update
Barking & Dagenham HOSC

September 2017

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Introduction

The Care Quality Commission (CQC) are the national regulators of all healthcare providers, their purpose is to ensure services are provided in a Safe, Effective, Responsive, Caring and Well-led way.

On 4th-8th and 14th April 2016 NELFT received a comprehensive (full) inspection, from which 14 individual core service reports were published plus an overarching NELFT report.

Each domain was given an overarching rating of:-
Safe – Requires improvement
Effective – Requires improvement
Responsive – Requires improvement
Caring – Good
Well-led – Requires improvement
## Ratings for Mental Health Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute wards for adults of working age and psychiatric intensive care units (PICU's)</td>
<td>Inadequate</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
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</tr>
<tr>
<td>Long stay/rehabilitation mental health wards for working age adults</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Forensic inpatient / secure wards</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Outstanding</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Child and adolescent mental health wards</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Wards for older people with mental health problems</td>
<td>Requires Improvement</td>
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<td>Good</td>
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</tr>
<tr>
<td>Wards for people with a learning disability or autism</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Community-based mental health services for adults of working age</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Mental health crisis services and health based places of safety</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Specialist community mental health services for children and young people</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
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**Good – September 2017**

*Best care by the best people*
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<td>Community health services for adults</td>
<td>Requires Improvement</td>
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<td>Good</td>
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<td>Requires Improvement</td>
<td>Requires Improvement</td>
</tr>
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<td>Community health services for children, young people and families</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
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<tr>
<td>Community health inpatient services</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>End of life care</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Community dental services</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
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CQC result by core service (Sept 2017)

10 services received a “Good”

1. CAMHS Brookside
2. CHS in-patients
3. Community MH LD/autism
4. Community MH adults of working age
5. Community MH for older people
6. Forensic in-patients (Morris ward)
7. S136 and crisis
8. Specialist community MH C&YP
9. Wards for people with LD/autism (Moore ward)
10. Long stay rehab (Picasso ward)

4 services received a “Requires Improvement”

1. MH acute wards
2. Community health services for adults
3. Community health services for C&YP
4. Wards for older people with MH problems (Cook, Stage and Woodbury wards)
CQC Improvement Plan

- January 2017: CQC Strategic Project Team in post

- Clinical engagement across all the areas of ‘requiring improvement’

- Additional oversight via the ‘Communities of Practice’ within NELFT

- Plan and response overseen by the Executive Director of Nursing

- Reporting Framework to the Board, commissioners and external partners including B&D HWBB
Strategic CQC Quality Improvement Group

In response to the CQC findings, NELFT set up a Strategic CQC Quality Improvement Group to manage each of the 137 recommendations.

In June 2017, seven Locality CQC Quality Improvement Groups were set up in order to monitor progress, sustainability and mitigate risks at a local level, therefore embedding this as day to day service delivery.

Serious of internal peer review/mick inspections delivered across all services areas
Locality Quality Groups reporting arrangements

Board

Quality & Safety Committee

EMT

Quality SLT

Locality Quality Improvement Groups

- A&R Locality Group
- WF Locality Group
- Redbridge Locality Group
- B&D Locality Group
- Havering Locality Group
- B&B Locality Group
- Thurrock Locality Group

Best care by the best people
CQC Recommendation Themes

- Care Planning & Clinical Risk Assessment
- Mandatory Training, Supervision and Appraisal
- Lone working
- Estates
- Ligatures & Restraint
- Access to EPR for temporary staff
- Information Governance – use of paper diaries
- Effective Governance – incident reporting, referral to treatment, lessons learnt
Recommendations affecting services within Barking & Dagenham
Care Planning

- The QI Care Planning Accelerator Programme

- A collaborative approach, using QI methodology, to address the recommendations in the CQC report relating to care planning

- Care planning managed via supervision and team meetings (CRT)

- Task & Finish Group – CHS Adults / RiO & SystmOne
Clinical Risk Assessment

- RiO clinical risk assessment template developed for mental health services
- Clinical risk assessment policy in final stages of development
- Mandatory classroom based clinical risk assessment training delivered
- Online foundation clinical risk assessment training under development
Mandatory Training

- Trust compliance target is at (85) %
- B&D compliance is at 85%+ in all core areas apart from 1
- ATL (AT-Learning) manager access for data scrutiny
- Monthly alerts from ATL to individual staff to remind them
- Monitored at DPQSG’s/LT and the strategic workforce group
- Monthly fall out rates are reviewed and escalated to ICD’s
- Highest levels of MT requirements and completion in comparison to other London Trusts
Supervision & Appraisal

**Supervision:**
- On line module launched via STARs
- Reporting mechanism by directorate in development
- Localised data is now being monitored

**Appraisal:**
- Appraisal form on STARS
- Appraisal training rolled out and access to STARS given to business managers
- Detailed review of the 1100 overdue staff and individualised feedback provided
- Video and Frequently Asked Questions (FAQ) on intranet
- NELFT B&D compliance is at 86% (target is 85%)
Lone Working

- Lone working policy reviewed
- Lone working risk assessments completed by staff at an individual and team level
- Health & Safety team have promoted awareness of Lone Working via NELFT communications
- Localised action plans being monitored at Leadership Teams and are supported by the Health & Safety team
Caseload Allocation

- Recommendation refers to specifically to paediatric therapies
- Skill mix in teams reviewed
- Urgency of appointments reviewed and all patients waiting longer than standards are clinically reviewed
- Additional funding for BHR Paediatric therapies is with CCG commissioners for consideration
- Also identified in the Joint SEND inspection and forms part of the SEND joint action plan.
Information Sharing and Incident Reporting & Feedback

- Clinical Portal Programme in development for sharing information across organisations and localities

- Training sessions increased and developed for staff and managers

- Bi-annual Datix newsletter

- Drop-in sessions created

- Localised lessons learning events
  - Shared via locality groups
  - Shared via Community of Practice forums
Information Governance (paper diaries)

- Discontinuation of paper diaries
- Communications sent out
- Infographic circulated
- SNAP audit completed
- September 2017 re-audit
- Three year Agile Working Programme - B&D = 2/3 of staff with agile device
Governance

- Heat Maps being developed to clearly identify areas of concerns/risk
- Process has been agreed at SLT to include referral to treatment waiting times
- Regular meetings with Performance
- Quality Dashboard developed by Chief Nurse for the Board and informs commissioner reporting
Dementia Friendly Environments

- MSNAP Accredited Barking & Dagenham Memory Service:
  - Excellent April 2015-April 2016

- Re-evaluated in Summer of 2017
  - Risk assessment completed on shiny floor covering
  - Rating now changed to pass/fail
  - B&D services assessed by external review team as passed
Re-inspection August 2017

- On 15th-17th August the CQC re-inspected the Acute and Rehabilitation Directorate and EWMHS (Essex)
- Initial feedback from staff overall positive
- Any issues raised dealt with promptly
- Top line feedback from CQC on 21st August 2017
- Formal feedback due in 4-5 weeks
**Re-inspection and End of Life Inspection**

- CQC Resource Pack & Self-Assessment Tool
- Team Posters in development
- CQC Well-Led Review in October 17
- Re-inspection of core services: two weeks notice
- CQC has proposed revised Key lines of enquiry (KLoEs) which are due to be published post general election – awaiting an update
- End of Life Bench-marking exercise undertaken.
- End of Life Action plan developed and progressing
Mock Inspections & Peer-Led Reviews

- Across June & July all services who were inspected in 2016 by the CQC were re-visited

- Awareness of core service report and recommendations were discussed

- The links between changes within the organisation and the CQC recommendations need to be reinforced

- A programme of mock inspections and peer-led reviews are taking place across July-September 2017

- Mock inspections – Directors of Nursing / operational managers / infection control / safeguarding / communications / health and safety / pharmacy / medics / allied health professionals / frontline nursing staff / NEDs
Conclusion

• Key themes from the April 2016 CQC inspection were identified and a considerable amount of work across the Trust has been completed to address those recommendations at both a ‘Must Do’ and ‘Should Do’ level

• Locality Quality Improvement Groups have been formed to monitor compliance and ensure the embedding and sustainability of these themes in practice

• A Well-Led review will take place in October 2017

• Re-inspections of CAMHS and the Acute and Rehabilitation Services took place in August 2017

• CQC will also inspect against the End of Life Care standards in 2017