

HEALTH SCRUTINY COMMITTEE

29 March 2023

Title: NELFT CQC Inspection Update: March 2023	
Report of the Interim Chief Executive of the North East London NHS Foundation Trust (NELFT)	
Open Report	For Information
Wards Affected: None	Key Decision: No
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Accountable Director: Jacqui Van Rossum, Interim Chief Executive of the North East London NHS Foundation Trust (NELFT)	
Summary <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>Between April to June 2022, NELFT underwent a CQC Well-Led inspection; this comprised of short notice announced inspections of acute wards for adults of working age, psychiatric intensive care units, mental health crisis services and health-based places of safety. They also carried out a focused inspection of specialist community mental health services for children and young people in Kent. These areas were previously inspected in June 2019. On this occasion, they did not re-inspect Community Mental Health Teams for Adults of working age or Community Learning Disability teams.</p> <p>The CQC Well-Led and Focused inspection reports for NELFT Acute and Rehabilitation directorate and Specialised community mental health services for children and young people for the Kent Directorate were received by NELFT on 9 August 2022 and published on the CQC website on 26 August 2022.</p> <p>NELFT was formally issued with a new rating of Good following the 2022 inspection and issued only two new “Must Do” recommendations in relation to Specialist community mental health services for children and young people in Kent. One “Must Do” action had remained open since the 2019 inspection; this was in relation to waiting times for the Neurodevelopment service in Kent. A total of 22 actions have been put in place to address the risk since then, with significant progress leading to only 7 remaining actions. Following the pandemic, there has been a further increase in referrals, despite actions and progress to reduce this, which has had a continued impact on this service’s overall waiting times. NELFT is implementing changes to the pathway both at a provider level</p>	

and as a system-wide approach. The CQC was made fully aware of the plans in place to manage this ongoing risk.

The two new “Must Do” recommendations related to mandatory training for basic life support and manual handling in two Kent teams, which has fallen below the Trust standard of 85%. Significant progress has already been made to improve compliance since the inspection, and sustained compliance has been addressed through training delivery in the Kent locality starting from February 2023. This reduces the impact on staff needing to travel long distances to access this face-to-face training, which means they spend more time in clinical areas. The additional “Must Do” risk related to consistency in the process for escalating and recording risk of children and young people across all Kent teams. Actions have been implemented to achieve this through a revised standard operating procedure, agreed multidisciplinary team (MDT) meeting processes, risk template, monitoring of consistency through a monthly audit and dip samples of electronic patient records and MDT meeting minutes.

Following the 2019 inspection, three “Should Do” risks remained open and following the 2022 inspection, a further 28 “Should Do” recommendations were made, bringing the total to 31.

All “Must Do” and “Should Do” recommendations have been added to the Trust’s risk register in the form of an overarching improvement plan.

There are monthly updates on the CQC improvement plan at the CQC Assurance Group meeting which is chaired by the Chief Nurse and is attended by Directors of Nursing, Associate Directors of Nursing for Quality and Patient Safety, Director and Assistant Director of Governance, Integrated Care Directors, Corporate Leads and the CQC Compliance Team. A monthly update is presented to the Quality and Safety Committee (QSC), who in February 2023 carried out a deep dive into the open “Must Do” and “Should Do” risks and the progression to date. In addition, the Executive Management team (EMT) is provided with regular updates as well as the NELFT Board. The Board reports are public domain reports and are available on <https://www.nelft.nhs.uk/about-us-board-papers>.

This report is to provide the Health Scrutiny Committee with an update on progress since the last presentation and an outline of the progression of the Improvement Plan since the 2022 inspection.

Recommendation

The Health Scrutiny Committee is recommended to note the update provided and following the presentation, discuss any issues that need further exploration with the NELFT representatives.

Reason

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

1. Introduction and Background

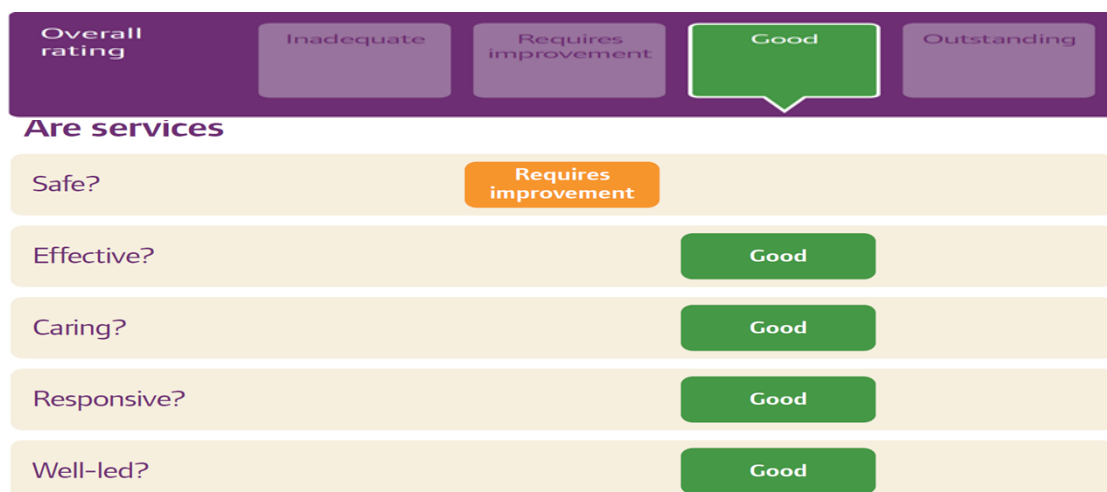
1.1 Following the last presentation to the Health Scrutiny Committee, the Committee has requested a further update in respect of the CQC Improvement Plan developed in 2022 and progress against the remaining 2019 recommendations. This report and accompanying presentation give a headline progress review.

1.2 By way of background, the Care Quality Commission (CQC) inspected NELFT from April to June 2022. The CQC undertook a repeat Well-Led review following the previous 2019 inspection and in addition inspected the following core services:

- Acute wards for adults of working age and psychiatric intensive care units;
- Mental health crisis and health-based places of safety; and
- Specialist community mental health services for children and young people in Kent.

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: [North East London NHS Foundation Trust - Overview - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/about-us/north-east-london-nhs-foundation-trust)

The overall inspection result for 2022 was a rating of 'Good'.



1.3 The CQC reported that during this re-inspection of NELFT services that:

- Overall, it was a positive CQC inspection;
- There is a recognised shift in the culture of the organisation;
- The Trust was working to create a 'just and compassionate culture';
- The Senior Executive team is working together in a cohesive manner;
- The report made specific mention of staff networks and roles that these play in the Trust;
- Staff working for the Trust put people who used services at the forefront and were committed to providing the best service possible. "There is enthusiasm, commitment, and pride in the work of the Trust";
- Staff felt more confident to 'speak up'. The speaking up arrangements were working well; and
- The Trust is embracing work with external partners and systems in place.

2. Issues and Actions

2.1 Following the 2019 Inspection, NELFT was able to close 21 of the 22 “Must Do” actions and only three of the 17 areas that the Trust should improve on remain. In addition, a further 28 “Should Do” recommendations were made in 2022, taking the overall total to 31 “Should Do’s.”

2.2 The progress of the remaining three “Should Do’s” from the 2019 inspection of Community Mental Health Teams for Adults of working age and Community Learning Disability teams in Havering, Barking and Dagenham, Redbridge and Waltham Forest, is as follows:

- **The Trust should continue its work to improve waiting times for individual psychology in London.**

The Trust is working on innovative processes as part of the Mental Health Transformation plan to improve flow and access. A model is being progressed for psychology colleagues to be integrated into Mental Health & Wellbeing Teams (MHWT) creating enhanced multidisciplinary working and management of overall risk.

- **The Trust should ensure that caseloads are in line with best practice guidance.**

The Trust has purchased the Management and Supervision Tool (MaST); full implementation will take place in the first half of 2023, starting with the Mental Health Wellbeing Teams (MHWT) and then Early Intervention in Psychosis and Older Adults teams. This will continue to be monitored by a monthly steering group.

- **The Trust should ensure that all patients referred to the service are seen within the 18-week referral to treatment times within the Community Learning Disability teams.**

Compliance reporting and monitoring have been further embedded in NELFT to provide assurance that service users have an up-to-date care plan, risk assessment and that those on a waiting list will receive a clinical harm review. Waiting times data has been submitted to London commissioners alongside demographic growth requirements that would need to be in place to continue to manage demand. The next phase of the Mental Health Service (MHS) Transformation plan has a Learning Disability focus.

2.3 The current Trust position is that three “Must Do” risks (all relating to Kent services) and 31 “Should Do” recommendations remain open. All are progressing within expected timescales and the plan is for all “Must Do” risks (with the exception of waiting times in Kent) to close by July 2023. Currently of the 26 actions to address the 3 “Must Do” recommendations, only 12 actions remain open. Of the 92 actions to address the 31 “Should Do” recommendations, 41 actions remain open.

2.4 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. The risks are then monitored at directorate leadership team level, monthly at the CQC Assurance Group and Quality and Safety Committee. Progress is also reported to the Trust Board.

- 2.5 The main themes of the “Should Do” recommendations relate to supervision and appraisal compliance, recruitment, caseload sizes and waiting lists. Robust plans are in place to address these from both a corporate and operational perspective; caseloads and waiting lists are also being addressed as part of the Trust’s wider collaborative work around MHS transformation.
- 2.6 Alongside progression of the “Must Do” and “Should Do” recommendations, the Trust continues to embed a culture of compassionate leadership and sustaining CQC compliance as part of business-as-usual activities. The Directorate Leadership teams for NELFT 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; and
 - Programme of Quality Support Visits (QSV) led by the Associate Directors of Nursing. Compliance of required actions is monitored at both a Trust-wide and directorate level. A business case has been put forward to have a dedicated CQC Compliance team following the success of the seconded team in preparation to and during the 2022 Inspection.

Public Background Papers Used in the Preparation of the Report:

<https://www.cqc.org.uk/provider/RAT>

List of appendices:

- Appendix 1: NELFT CQC Inspection Presentation