

## HEALTH SCRUTINY COMMITTEE

7<sup>th</sup> February 2024

<b>Title: NELFT CQC Inspection Update February 2024</b>	
<b>Report of the Chief Executive NELFT: Paul Calaminus</b>	
<b>Open Report</b>	<b>For Information</b>
<b>Wards Affected: None</b>	<b>Key Decision: No</b>
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<b>Summary</b>	
<p>NELFT is registered with the 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 has retained a rating of Good following the 2022 Well led inspection which also 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.</p> <p>Following the 2022 inspection of specialist community mental health services for children and young people in Kent, CQC made a further 2 “must do” recommendations in addition to one existing “must do” risk which had remained open from 2019 and 6 new “should do” recommendations. 9 Trust wide recommendations were made, 10 for mental health acute wards for working age adults and 3 which relate to mental health crisis services and health-based places of safety.</p> <p>The current Trust position at time of writing is that a total of one “must do” risk and 8 “should do” risks remain open.</p> <p>The one “must do” risk remaining open is ‘The Trust must continue to work to ensure children and young people in Kent have access to treatment within 18 weeks of referral’. Significant work has been undertaken to progress this risk from the initial 22 actions across the neurodevelopment pathway to a position whereby just one action remains.</p> <p>Currently 4 out of the 12 trustwide “should do” risks remain open. The 6 “should do” risks for specialist mental health services for children and young people in Kent have closed. 4 out of 13 risks for the acute and rehabilitation directorate (ARD) remain open. For the remaining risks, actions and trajectories are in place to close by end of March 2024.</p> <p>The overall action plans for each recommendation and risk were presented at the Trust’s engagement meeting on 21st September 2024 and the updated ARD action plan was presented on 8th December 2024.</p>	

One “must do” action has 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 one remaining action.

The “must do” action ‘The Trust must ensure that staff complete all mandatory training within Kent CYPMHS’ was successfully closed in July 2023. Weekly monitoring of mandatory training compliance is in place through a quality dashboard which Heads of Service use to support supervision compliance with the operational managers. Monthly monitoring for assurance continues through directorate leadership meetings. Compliance has consistently maintained 85% target and above for Mandatory Training across all services.

The “must do” action ‘The Trust must ensure that there are systems to identify & address changes in risk for young people waiting and these are consistently applied across teams’ was also closed in July 2023, the Lead Nurse for Patient Safety continues to report to operational managers around risk compliance. Any risk assessments that are not in date are captured through the quality dashboards to enable managers to have this information accessible and to enable them to address any lapses. The new standard operating procedure has been reviewed to reflect changes and processes to manage risk, including the duty system.

The remaining “must do” and “should do” recommendations have been added to the Trust’s risk register in the form of an overarching improvement plan which is monitored and updated to ensure timely progression of actions.

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 & Quality, 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 July 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 [Board papers | NELFT NHS Foundation Trust](#) .

In November 2023 a review of the closed risks took place via the Trust’s CQC Compliance team to seek assurance that actions remain embedded for sustained change. This is also monitored through existing audit cycles, quality support visits, governance and individual meeting agendas.

This report is to provide the health and 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 Committee is recommended to:

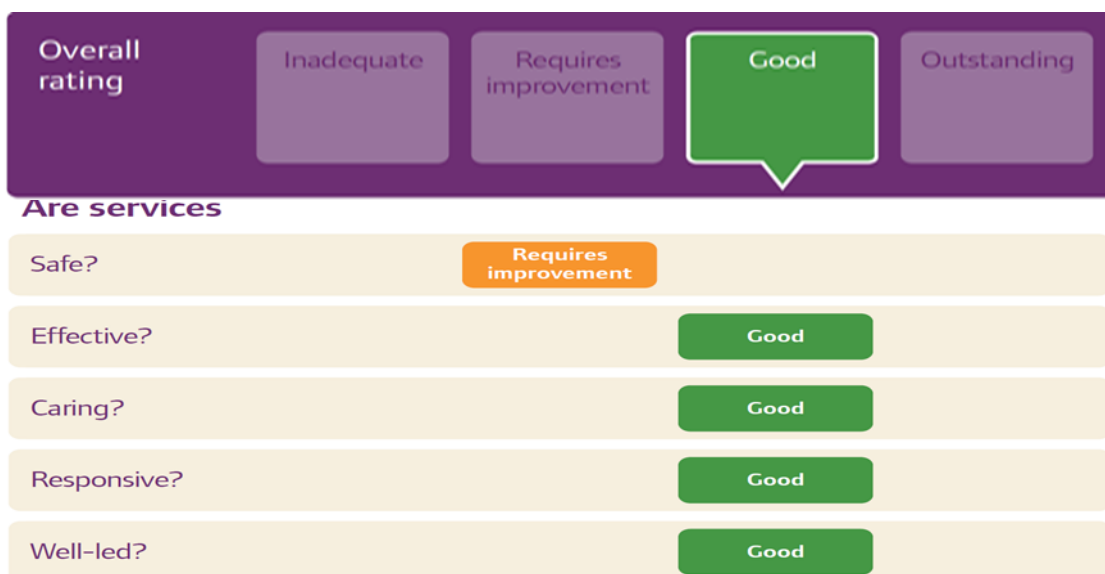
- (i) Note the content of this report

**Reason**

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

**1. Introduction and Background**

- 1.1 Following the last presentation to the Committee it has requested a further update in respect of the CQC Improvement Plan developed in 2022. 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 Kent.
- 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 - [North East London NHS Foundation Trust - Overview - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications-reports/north-east-london-nhs-foundation-trust-overview).
- 1.4 The overall inspection result for 2022 was a rating of 'Good'.



- 1.5 NELFT's overall rating remains 'Good' as of January 2024. In November 2023 NELFT's psychiatric liaison team were part of a wider CQC inspection of the North East London Mental Health Crisis pathway which focused on Barking Havering and

Redbridge University Hospital. There were no immediate actions for NELFT and the draft report is anticipated shortly.

## 2. Issues and Actions

- 2.1 Following the 2022 Well led inspection 28 “should do” recommendations were made. The previous remaining recommendations from the 2019 inspection of Community Mental Health services for adults of a working age and Community Mental Health services for adults with learning disabilities have all been closed.
- 2.2 The current Trust position is 1 “must do” and 8 “should do” recommendations remain open. All are progressing within expected timescales and with the exception of the remaining “must do” which will close in the first quarter of 2024.
- 2.3 Each identified action has an assigned executive lead to oversee progress and an operational/corporate director to lead the delivery. The Trust is in the process of moving over from Datix to InPhase 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 at the Quality and Safety committee. Progress is also reported to the Trust board.
- 2.4 One “must do” action has remained open since the 2019 inspection; this is 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 one remaining action. Following the pandemic, this service has experienced 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. There is a plan in place at locality level to address waiters alongside system wide workstreams which have commenced with all Kent providers to develop a new shared clinical model around ADHD/ASC assessment (Attention Deficit Hyperactivity Disorder/ Autistic Spectrum Condition) and to continue the work around long waitlists.
- 2.6 The main themes of the remaining trust wide “should do” recommendations relate to supervision and appraisal compliance being consistently maintained above 85% and to have an appropriate team in place to support medical staffing. Robust plans are in place to address these from both a corporate and operational perspective.
- 2.7 New supervision and appraisal training has been launched by the Trust’s Training and Development team to support staff and their managers. There is daily refresh of compliance data on the Trust’s dedicated performance platform (Power BI) and all mangers have access to compliance figures. Locality business managers and service leads escalate non-compliance, and a weekly updated position is monitored via the directorate level risk meetings.
- 2.8 The remaining “should do” recommendations are for the Acute and Rehabilitation directorate.
  - **The Trust should ensure planned works to extend patient call alarm system are progressed** - this is being progressed with a completed completion time frame of end of March 2024, in the meantime mitigations remain in place to ensure the safety of patients whilst waiting for the installation of call alarms.

- **The Trust should ensure that all wards promote a therapeutic environment by maintaining good standards of decoration and cleanliness-** there is a dedicated programme of works underway to progress this recommendation and an ongoing process in place to promptly address any ongoing concerns.
- **The Trust should ensure that recognised ratings scales are used to monitor patient outcomes** – The Trust is rolling out DIALOG across all acute mental health wards of working age and psychiatric intensive care, a project manager is supporting wards with the implementation which is expected to be completed by end of February 2024.

2.79 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;
- Programme of Quality Support Visits (QSV) led by the Associate Directors of Nursing & Quality. Compliance of required actions is monitored at both a Trust wide and directorate level; and
- Following a successful business case, a dedicated CQC Compliance team are in place comprising of CQC Compliance Lead, a CQC Compliance facilitator and a project support officer. The team works closely with corporate and operational staff to support them by providing training.

#### **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 Feedback