

REPORT TO THE TRUST BOARD IN PUBLIC
27 JANUARY 2022

Title	Care Quality Commission's Well Led Rating of the Trust
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Purpose of the report

Part One of this report aims to provide the Trust Board with an update on the most recent Care Quality Commission (CQC) inspection of the Trust and the findings of the inspection. This includes the ratings the Trust has received with the Must Do and Should Do actions identified.

Part Two details how ongoing preparedness activities within the Trust will be strengthened to ensure there is continual improvement that is sustainable, embedding learning, and from learning collected during the last 12 months of preparations.

Leighton Road Surgery was also inspected and given an overall rating of GOOD with Good rating across all Key Lines of Enquiries. This was presented to the Trust board on 25 November 2021.

Committees/meetings where this item has been considered

Date	Committee/Meeting
26/01/2022	Quality Committee

Key messages

The Trust received an inspection of Older People Wards and Forensic Services during September 2021. The CQC also conducted a Well Led inspection of the Trust in October 2021. The outcome of this inspection provides assurance to the Trust Board in relation to the Trust's provision of Regulated Activities, and identifies areas for continued improvement.

The findings of these inspections have been published and the trust has maintained its Outstanding rating for a third time. The Trust has had three comprehensive inspections in 2016, 2018 and now 2021.

The CQC found areas of positive practice:

- Inspectors found an overwhelmingly positive culture across the trust. Staff told us that they felt proud to work for the trust and we heard many examples of how they put the people who use services at the centre in their work.
- People participation had been extended since the last inspection and we heard of many examples where co-production was taking place. The CQC described the befriending service and Service User Led Accreditation Programme as examples of innovative co-production
- The CQC were inspired by the work being undertaken on race and privilege connected to the Black Lives Matter movement and the work taking place to improve staff wellbeing
- Quality improvement continued to be embedded and developed further across all areas of the trust.
- Work to refresh the Trust Strategy was almost complete and had been done with a wide range of internal and external consultation. The strategy on a page was clear and accessible.

- The trust had made a significant contribution to this work through its delivery of the vaccination programme in North East London.
- Partnership working had developed significantly since the previous well led review. We heard about the active participation and leadership roles by members of the trust leadership team in the two care systems where the majority of trust services were located.

The CQC also recognised challenges and areas for improvement:

- CQC stated they would like to see the progression of the work to achieve sustained improvements in recurring themes from serious incidents.
- Recognised the adverse impact some environments/estates are having on patient care and will continue to monitor short and longer term work to make improvements.
- Challenges staff reporting in daily use of IT equipment and platforms.

The CQC inspection identified 1 Must Do action in relation to Mixed Sex Accommodation in Older People Inpatient Services. There were also 13 Should Do actions identified within the report.

An action plan for all Must Do and Should Do actions is now being developed and will be presented at the next Trust Board. Progress against the action plan will be monitored via Quality Assurance Committee.

Feedback has been collected from the past year of preparation activities and actions to strengthen ongoing preparedness have been identified.

Strategic priorities this paper supports

Improved population health outcomes	<input checked="" type="checkbox"/>	
Improved experience of care	<input checked="" type="checkbox"/>	
Improved staff experience	<input checked="" type="checkbox"/>	
Improved value	<input checked="" type="checkbox"/>	

Implications

Equality Analysis	The report includes feedback from the CQC regarding the inspection with specific feedback relating to Older Adults, mixed sex accommodation and race equalities
Risk and Assurance	This trust wide project will provide learning, innovation and continuous improvement as part of the quality assurance and quality improvement functions.
Service User/ Carer/Staff	The focus of this report is the assessment of services and experience for users and carers
Financial	There are no direct financial implications associated with the report.
Quality	The report informs of CQC assessment of quality and the proposal aim to further support teams to understand and improve the quality of their service.

PART ONE

1.0 Introduction

- 1.1 In Autumn 2021, the Care Quality Commission (CQC) carried out an inspection of East London NHS Foundation Trust. This included two core services: Mental Health wards for Older People and Forensic Services. The CQC also inspected the 'Well Led' question at the Trust overall.
- 1.2 This inspection was part of their continual checks on the safety and quality of healthcare services.
- 1.3 The purpose of this paper is to summarise the findings of the inspections, and detail the next steps in responding to these findings. It also aims to set out the plans to improve ongoing assurance against CQC standards.

2.0 Inspections of Mental Health Services

- 2.1 Announced CQC Inspections took place within a number of inpatient mental health wards across 2 core services (Mental Health Ward for Older People, and Forensic Services) during September 2021 as part of the annual inspection process. CQC chose these two core services as there had been some challenges including serious incidents and they wanted to see how the trust had responded and if high quality care and treatment had been maintained.
- 2.2 Both inspections followed an information request related to both services which included physical health and care plan audits; compliance for statutory and mandatory training, appraisals and supervision; ligature and infection control audits; and details of recent serious incidents and complaints.
- 2.3 For both inspections there was a Pharmacist as part of the inspection team.

The Older People Wards visited include:

Team	Tuesday 7 September	Wednesday 8 September	Thursday 9 September	Friday 10 September
CQC Inspectors, CQC Professional Advisor and Expert by Experience	Leadenhall Ward	Cazabourn Ward Sally Sherman Ward	Fountain Court	Poplars Ward
CQC Pharmacy Inspector	Fountains Court Poplars Ward	Cazabourn Ward Sally Sherman Ward		

The Forensic Wards:

Team	Tuesday 14 September	Wednesday 15 September	Thursday 16 September
CQC Inspector, CQC Professional Advisor and Expert by Experience	Clerkenwell Ward	Westferry Ward	Ludgate Ward
CQC Inspector, CQC Inspection Manager and Expert by Experience	East India Ward	Bow Ward	
CQC Inspector, CQC Inspection Manager, CQC Professional Advisor and Expert by Experience	Butterfield Ward	Clissold Ward	
CQC Pharmacy Inspector	John Howard Centre	Wolfson House	

3.0 'Well Led' inspection

- 3.1 CQC conducted a 'Well Led' inspection on 26 and 27 October 2021 at Trust Headquarters. A Well Led inspection typically forms part of the annual inspection process, which looks to understand how 'Well Led' the Trust is. The trust's last Well Led inspection was in 2018, as the planned inspection in 2020 was postponed due to the Covid-19 pandemic. The inspection involved a number of interviews/focus groups, looking at key areas including: leadership, strategy, culture, governance, risk, information management and learning / improvement / innovation.
- 3.2 Alongside interviews with Executive Directors, Non-Executive Directors and Corporate Leads the CQC observed committees and forums across the trust throughout September and October as well as holding a series of focus groups.
- 3.3 The CQC attended and observed the following meetings:

Event/Group/Meeting	Date	Engagement
Forensics Medium Secure PP WTG	2 September 2021	Observing & 30 minutes at the end of the session to gain feedback
Council of Governors	9 September 2021	Observing
People Participation Committee	16 September 2021	Observing
ELFT Ability Network	16th September 2021	Observing & 1 hour at the end of the session to gain feedback
Trust Board Meeting	23 September 2021	Observing

Beds & Luton Community Health People Participation Working Together Group	23 September 2021	Observing & 30 minutes at the end of the session to gain feedback
Newham CAMHS People Participation Working Together Group	27 September 2021	Observing & 30 minutes at the end of the session to gain feedback
City & Hackney People Participation Working Together Group	29 September 2021	Observing & 30 minutes at the end of the session to gain feedback
Junior Doctors Forum	29 September 2021	Observing & 1 hour at the end of the session for a focus group
People Participation Working Together Group for East London Psychology	11 October 2021	Observing & 30 minutes at the end of the session to gain feedback
Mortality Review Group	19 October 2021	Observing

3.4 The CQC also requested a final information request which included sickness, vacancy and turnover rates; appraisal, supervision and training compliance by directorate; number of deaths and serious incidents in the last 24 months; number of compliments and complaints in the last 12 months; patient and staff responses to the Family and Friends Test; and details if what teams are current accredited internally and externally.

4.0 Key Findings

4.1 The [full inspection report](#) was published on 13 January 2022. The Trust was rated Outstanding overall, retaining this rating for the third consecutive time. Each of the 5 domains across the trust were also rated. All of these ratings were retained from the previous inspection, with the exception of Responsive which changed from 'Outstanding' (last rated in 2018) to 'Good'.

Domain	Rating	Rating Characteristic, as described by CQC
Safe	Good ↔	People are protected from avoidable harm and abuse. Legal requirements are met.
Effective	Good ↔	People have good outcomes because they receive effective care and treatment that meets their needs.
Caring	Outstanding ↔	People are truly respected and valued as individuals and are empowered as partners in their care, practically and

		emotionally, by an exceptional and distinctive service.
Responsive	Good ↓	People's needs are met through the way services are organised and delivered.
Well Led	Outstanding ↔	The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.

4.2 The two core services inspected also received updated ratings. Forensic Service retained their previous 'Outstanding rating', increasing their rating for the Effective domain from 'Good' to 'Outstanding'. The Older People wards were rated 'Good' overall, with Safe rated 'Requires Improvement'.

	Forensic Services	Mental Health Wards for Older People
Safe	Good ↔	Requires Improvement ↓
Effective	Outstanding ↑	Good ↔
Caring	Outstanding ↔	Outstanding ↔
Responsive	Outstanding ↔	Good ↓
Well Led	Outstanding ↔	Outstanding ↔
Overall	Outstanding ↔	Good ↓

4.3 The report was published with 1 'must' do actions and 13 'should' do actions.

The action that the Trust must take to improve related specifically to the Mental Health Wards for Older People:

- The trust must ensure that all wards are compliant with guidance on mixed sex accommodation. Female patients must not have to walk through areas used by male patients in order to use bathrooms. This relates to Regulation 10 (paragraph 10(2)(a)).

4.4 This relates to inspectors observing on Fountains Court that South Wing corridor accommodated 4 male and 4 female service users. The configuration of the wing meant that it could facilitate 2 gender specific corridors. Every bedroom had ensuite toilets and wash basins, and the wing shared 1 communal shower (located on the 'male' corridor) and 1 communal bath (located on the 'female' corridor). This meant that female patients had to walk past male service user's bedroom in order to have a shower.

4.5 Immediate action has already been taken in relation to this action. Arrangements were made to ensure that the service users in the South Wing were supported to access either the North or East wings if they wanted to use a bath or shower, and

their corridor does not accommodate their needs. The North wing (male) and East Wing (female) both have 1 communal shower and 1 communal bath each. This was communicated to all staff and appropriate signage put in place to support this. Given the flexible use of the beds in South Wing the Bedfordshire and Luton DMT intend to review the facilities with Estates and Facilities teams in order to explore if having facilities in both corridors is feasible. This will determine what future action is taken.

- 4.4 The actions the Trust should take to improve are listed below, broken down by the location they relate to:

Mental Health Wards for Older People:

- The trust should ensure that all wards providing mixed sex accommodation have an area designated for the use of female patients only
- The trust should ensure that all staff have completed the appropriate level of mandatory training in safeguarding
- The trust should ensure that all time sensitive medication is administered to patients at the correct time
- The trust should ensure that staff take appropriate action when temperatures in clinic rooms rise about the recommended range.

Forensic Inpatient Wards:

- The trust should ensure a programme of rolling decoration works is developed for the John Howard Centre.
- The trust should ensure staff monitor the fridges within the ADL kitchens on Butterfield ward and Clissold ward to ensure food is fit to be consumed.
- The service should ensure that oxygen bottles are secured appropriately when not in use on Clissold ward. The trust should also ensure that appropriate arrangements for managing medical equipment, to ensure it is suitable for use, are established on Bow and Westferry wards.
- The service should ensure that medicines fridge temperatures are maintained between 2° and 8°C. Appropriate actions should be recorded if temperatures are recorded outside of this, as per trust guidance. The service should also ensure that ambient room temperatures, where medicines are stored, are below 25°C. Appropriate actions should be recorded if temperatures are recorded outside of this, as per trust guidance.
- The trust should consider improving local broadband and mobile connectivity to ensure staff can connect to online systems.
- The trust should consider improving the format of information displayed on Butterfield and Clissold wards to ensure it is easy to read.

Trustwide:

- The trust should ensure that its work around identifying recurring themes linked to serious incidents continues, with
- the aim of embedding learning and minimising the repetition of poor practice.
- The trust should continue its work identified in the estates strategy to ensure that all areas where patients receive

- care and treatment are an appropriate standard.
- The trust should continue its work on improving the experience of staff when using IT and the associated systems.

4.5 Overall the reports were very positive and included various examples of outstanding practice. This included:

- We found that despite the challenges of the pandemic, the trust had adapted, learnt and continued to make positive progress. We found that the trust had addressed all the areas where improvements were recommended at the previous well led review. In most cases the trust had gone the extra mile to ensure this was done in a manner which made a positive impact on people who use services and staff working for the trust.
- Changes in executive directors and non-executive directors had been positive, and had provided an opportunity to improve the diversity of the board and introduce people with the breadth of experience needed to support the strategic direction of the trust.
- There is an overwhelmingly positive culture across the trust. Staff told CQC that they felt proud to work for the trust and they heard many examples of how staff put the people who use services at the centre in their work.
- People participation had extended since the last inspection and we heard of many examples where co-production was taking place. They cited the befriending service and Service User Led Accreditation Programme as two examples of 'innovative coproduction'
- The inspection team were inspired by the work being undertaken by the trust on race and privilege, and the work being done by the trust to improve staff well-being.
- Quality improvement continued to be embedded and developed further across all areas of the trust. People working for and associated with the trust talked about how the approach was widely used.
- Partnership working had developed significantly since the previous well led review. Senior leaders were actively participating and leading in the two care systems where the majority of trust services were located. The trust also had many examples of where it was working in boroughs and neighbourhoods to meet the needs of communities.

5.0 Action Planning

5.1 Work is now taking place to develop the Trust's action plan for the actions and improvements identified by CQC.

5.2 An Action Lead and Executive Lead have been identified for each action, and work to develop the action plan is aimed to be completed by 8th February.



5.3 A clear governance process has been set out to ensure the action plan is regularly updated and reported via Quality Assurance Committee (QAC). All actions are expected to review at appropriate local groups/committees and updated at set intervals (maximum quarterly).

5.4 Evidence will be presented to CQC Action Plan Group once completed, and this will then be signed off at Executive Directors Meeting.

5.5 Updates on progress against the action will be provided to Quality Committee Quarterly, and then to QAC and Trust Board.

5.6 An update on the action plan with actions planned to be taken will be presented at the

March Trust Board Meeting.

PART TWO

6.0 Ongoing Preparation for CQC Inspections

6.1 Following the trust's first comprehensive inspection in 2016, a programme of proactive review against CQC standards was put in place, whereby all clinical services are expected to undertake a self-review against 40 CQC key lines of enquiry (KLOEs). A selection are then expected to put themselves forward to undertake peer reviews with other similar services, which involves interviewing staff, and people using the service.

6.2. Throughout 2021, preparations for a CQC inspection were scaled up and included meetings with Directorate Management Teams (DMTs) and Corporate Leads/Subject Matter Experts to identify key risks and challenges, 'Know your Service' sessions for service leads and mock inspection visits to all inpatient wards, seclusion rooms and 136 suites to provide feedback on the environment, and interview staff. Mock interviews were also undertaken by an experienced CQC Executive Reviewer.

6.3 In the spirit of continuous improvement, feedback has been collected on the further efforts taken in preparation for this inspection with a view that useful activities are maintained as part of 'business as usual'.

7.0 Proposals for action

7.1 In order to strengthen assurance in relation to regulatory compliance and inspection readiness, and support the quality and safety of services, it is proposed to focus on the following areas:

- 7.2 The current CQC@ELFT programme will be reviewed to incorporate learning from the most recent inspection. The standards used will be reviewed in light of feedback from the inspection and areas identified in the action plan.
- 7.3 The programme will also be expanded to include Corporate Leads. Annually there will be an expectation for groups to assess themselves against key criteria (specific to their function), key risks and mitigations. This will help ensure there is ongoing visibility of any areas of risk.
- 7.4 There will be annual meetings with DMTs to review the outputs of clinical teams involvement in CQC@ELFT processes, and also other available intelligence: Mental Health Act inspections, outputs from CQC Engagement Meetings and intelligence held by CQC about their services. This will ensure different information related to CQC preparedness is brought together for DMTs, and common themes are identified and acted upon.
- 7.5 A resource review is being undertaken to ensure that there is adequate resources to support the operational and corporate services adequately.
- 7.6 Work will be undertaken to identify staff members within the trust who are or have been Specialist Advisors for CQC Inspections. A network will be developed in the hope to utilise their skills and experience, to develop resources and share this across the Trust.

8.0 Recommendations

- 8.1 The Action Plan in response to the January 2022 CQC Report will be presented at the next scheduled Trust Board.
- 8.2 Actions plans to address the 1 must do and 13 should dos to be monitored via the Quality Assurance committee with updates to the Board regarding progress
- 8.3 Learning from preparation activities during 2021 will be incorporated into the future CQC preparedness programme. Progress will be reported to Quality Committee as part of the regular CQC update.

9.0 Action being requested

- 9.1 The Board is asked to:
 - a) RECEIVE the report and APPROVE the recommendations proposed