

Front Sheet

Title of Meeting	Trust Board	Date	31 May 2018
Title of Paper	CMHT CQC Inspection report		
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Purpose: the paper is for:	• Delete as applicable
<ul style="list-style-type: none"> • Noting: <i>This paper is for discussion and noting.</i> 	

Recommendation:	
<p>The committee/meeting are asked to:</p> <p>This paper provides assurance to the Board about the improvements made to safety and governance in the CMHTs following the warning notice from CQC. Performance in this report has already been scrutinised at Finance and Performance Committee and the Quality Committee therefore this report contains only summary points from the action plan.</p> <p>The Board are asked to discuss the contents of this report and to provide feedback on areas requiring further assurance.</p>	
Summary of Key Issues:	• No more than five bullet points
<p>This reports provides a summary of:</p> <ul style="list-style-type: none"> • Improvements and ongoing work following the urgent unannounced inspection to three adult CMHTs from 22-24 January 2018. This report should be read alongside the now published CQC quality report. • Improvements have been noted in reduction of caseloads, systems and processes in place for managing people waiting for first assessments or those waiting for treatment, management of caseloads, follow up of patients who Do Not Attend appointments (DNA) and follow up after an episode of inpatient admission (7 day follow up) and handovers of care between clinicians. • Supervision uptake and experience has improved across all teams. • Nursing vacancies across the CMHTs have improved, notably in Canterbury and Coastal CMHT. <p>In a follow up visit on 16 and 17 May, some improvements were noted however there is still more work required, in particularly, clinical risk assessments and management and in ensuring consistency and standardisation of practice across all teams.</p>	

Report History:*Monthly Update to the Quality Committee***Strategic Objectives:**• **Select as applicable**

- Deliver outstanding quality of care across all of our domains
- Are an attractive place to work promoting employee recruitment, retention and development
- Deliver and embed continuous improvement in all we do
- Promote and deliver an internationally based research programmes
- Maximise the use of digital technology to improve service access and quality
- Optimise our estate to deliver integrated physical and mental health services across all communities in Kent and Medway
- Deliver financial balance and organisational sustainability
- Develop our core business and enter new markets through increased partnership working.

Implications / Impact:**Patient Safety:**

The safe domain has an overall CQC rating of 'requires improvement'. This domain requires particular focus.

Identified Risks and Risk Management Action:

Strategic risk 3756.

Resource and Financial Implications:

Failure to comply with the regulatory standards could result in an enforcement action being taken against the trust which may have financial and resource implications

Legal/ Regulatory:

Compliance with the regulatory standards set out in the Health and Social Care Act 2008.

Engagement and Consultation:**Equality:**

N/A

Quality Impact Assessment Form Completed: Yes/ No

1. Background to the CMHT CQC focussed inspection

The Care Quality Commission (CQC) carried out a three day urgent responsive inspection to three Community Mental Health Teams of working age adult teams from 22-24 January 2018. The teams inspected were Canterbury and Coastal, Medway and South Kent Coast (Folkestone site). The inspection was in response to concerns raised with the CQC including insufficient staffing levels leading to high caseloads which were not being managed safely. The Trust, through its monthly engagement meetings with the CQC, had shared risks in these teams in relation to staffing which had impacted on caseloads, waiting lists for new assessments and treatment and progress on implementing the operating model Choice And Partnership Approach (CAPA).

Enforcement action was taken against the Trust in the form of a warning notice which was issued on 16 February 2018. The notice required the Trust to:

- **Complete an immediate review of each of the community mental health teams for working age adults' caseload focusing on new referrals and case load allocation, risk assessments for all allocated and unallocated patients and safety plans put in place where necessary by 30 March 2018.**
- **Use this to inform a comprehensive review of the assessment, planning and delivery of care and treatment for all patients to ensure they have systems and processes embedded into the quality and safety of the service, to be completed by 16 August.**

1.1 Good practice noted during the inspection:

- Staff demonstrated good understanding of safeguarding and lone-working procedures. They knew how to report incidents and learn lessons from them.
- Staff at the Medway CMHT carrying out detailed initial assessments which provided a foundation to the patient receiving good care and treatment.
- All CMHTs consisted of experienced staff from different care disciplines. This ensured that patients had access to a multi-disciplinary approach towards their care and treatment. They included primary mental health specialists who supported people between primary and secondary care.
- Staff were hardworking and felt supported by their Local line managers and immediate colleagues.

1.2 Trust's response

Following the verbal feedback at the end of the three day inspection, the Trust immediately developed an action plan to urgently address the concerns. Progress against this has been monitored on a weekly basis and reports provided to the Executive Assurance Committee and the Quality Committee and upwards to the Board. The final report published on 9 May 2018 set out four "MUST DO" and six "SHOULD DO" actions which are detailed. Progress to date below including the progress made to date.

2. Actions the Trust MUST take to improve

2.1 The trust must ensure that staff assess the risks to patients' health and safety or respond appropriately to meet people's individual needs to ensure their welfare and safety during any care or treatment.

An immediate review of caseloads – This was carried out within two weeks of the verbal feedback. A review of all patients on care coordinator caseloads were carried out to ensure that there was evidence of care and treatment being provided, that there were up to date risk assessments, core assessments, clustering and CPA reviews scheduled as required. The gaps from this assessment have informed the improvement action plan. Table 1 below shows the improvement to date on some of these aspects. Additional resource and support to CMHTs was put in place through Quality Managers and Practice Improvement Facilitators who work alongside direct care clinical staff, regularly auditing case notes and showing them where improvements in record keeping needs to be made. Staff have welcomed this additional focused support and challenge.

Risk assessments - In January 72.4% of people on caseloads had up to date risk assessments and this increased to 84% end April (see table1). The quality of the risk assessments are audited via the CliQ-Checks. Weekly performance reports are shared with service managers and teams and further scrutinised at the relevant quality governance meetings.

Table 1

	No of Open Pathways	% Care Plan in last year	% Core Assmt in pathway	% HoNOS in last year	% Cluster in review period	% Risk Assmt in last 6 months
07/03/2018	7450	81.3%	81.7%	77.0%	72.4%	72.4%
22/05/2018	6835	91.6%	89.3%	87.2%	84.0%	84.0%

Communication with patients and referrers - All new appointment booking letters contain details of how patients can access help whilst waiting for formal assessments or treatment and actions they can take if their condition deteriorates. All letters about patients care are now copied to them or written to them directly. Standard letter templates for correspondence with GPs and patients were co-produced with Experts by Experience.

Audits of health records – There is now a robust clinical audit process in place, led by the Quality Managers and Improvement Facilitators. This has been managed through the CliQ-Check quality assurance system which has been in place in Older Adults services. The tool has been tweaked for use in CMHTs and allows an in depth review of a random sample of case notes on a weekly basis. Feedback is given to the clinicians and managers immediately and overall compliance with quality standards is monitored through the Trust quality governance structure. In April, teams were achieving on average 53% of the quality standards, an improvement from 39% in March.

In addition to the CliQ-Checks, a quality audit which encompasses newly established systems and process was undertaken for the first time in April. The purpose was to test the extent to which the new policies, systems and processes were being adhered to. The results showed an improvement from 56% to 63%. This audit will be repeated end June.

The number of people with an up to date Crisis Plan is at 87% against a 95% standard. The Care Group has been instructed to attain the required standard levels by July 31st 2018.

Red Board meetings (daily planning meetings) – These have been set up across all teams and act as a “safety huddle” where all MDT members meet to discuss patients who are assessed as high risks, those who have not attended appointments (DNAs) and to ensure 7 day follow are completed as planned following an episode of acute care. The meetings allow the team to discuss patients who they are most concerned about and to ensure relevant actions are taken and followed up. There is still some variation in how these meetings are utilised and there is ongoing improvement work to fully embed this into the functioning of the teams.

Caseload clinic reviews – have been established across the CMHTs, led by senior clinicians. These in addition to Risk Forms, Clinical MDT meetings and individual supervision, allow the staff to discuss any risks they are concerned about in relation to patient care.

2.2 The trust must ensure that staff provide safe care and treatment to patients’ receiving, or awaiting to receive, a service from the adult community mental health teams.

28 day referral to assessment – The performance target has improved across the teams since January 2018. Almost all teams are scheduling all first appointments well within the 28 day window except for teams where slots are unavailable due to short term absence. Teams now routinely book within 10 working days of the referral. The numbers of people awaiting treatment, post-assessment, has fallen.

Saturday clinics have been provided in South Kent Coast (Dover team) where the waiting list is higher. All patients waiting for services have been reviewed in South Kent Coast. These clinics will continue to run until the end of June at which point they will be reviewed for both clinical and cost effectiveness.

Patients waiting for treatment – There is now a standardised and improved process in place for reviewing and ensuring patients awaiting treatment are provided support. The newly established Active Review Team in South Kent Coast CMHT ensures people waiting for services are safe. South Kent Coast is the Pathfinder Team and will develop Standard Operating Procedures for Active Review to roll out across the remaining CMHTs as required.

Care plans – the performance against giving patients a copy of their care plan has increased however, this is an area for improvement. The overall number of completed care plans has increased from 81% in March to 91% in May. Not only is the quality improving, there is also evidence in the weekly clinical record audits undertaken via the CliQ-Checks.

Care Programme Approach (CPA) reviews (including crisis plans) - There has been an increase in number of Care Programme Approach (CPA) reviews carried out in last 6 months from 50.4% in January to 62.4% end April. The performance over a year is over 90%. The focus on the last six months was to ensure that CPA reviews are brought forward as part of checking that patients are receiving appropriate care, relevant to their needs.

Active Review Programme - The Active Review team is made up of CMHT staff, sits within the CMHT and operates as an MDT. The role of the team is to hold the caseload of those persons waiting to be offered a service following assessment, those waiting allocation to a Care Co-Ordinator and those waiting for other services not requiring Care Co-Ordination. The team may also be able to hold non CPA caseloads with a view to offering short term

interventions to encourage swift recovery and discharge from services. The team are able to hold larger caseloads as much of the work is maintaining contact with the person whilst they wait for services mostly via telephone.

Aims:

- To ensure those persons waiting for services have a named contact in the team
- To offer short term social care interventions if appropriate to prevent needs escalating
- To be able to refer persons into active treatment through the core groups programme
- Provide advice and guidance on other services available
- Refer to other mental health support services
- Discharge people as part of the MDT processes

Personality Disorder pathway - As the Pathfinder Team for Personality Disorder, Medway CMHT are developing two aspects of the Personality Disorder pathway; the initial interventions programme for people newly assessed and diagnosed and a crisis intervention for those persons who describe being in a crisis situation and need an intervention as an alternative to hospital admission. The team are linking closely with Devon Partnership Trust who have developed similar work and a training programme has been agreed. Roll out of the interventions will begin in July on a small scale taking learning and outcomes into the review and development cycle.

2.3 The trust must have systems in place to ensure patients are aware of any changes in their care provision and alternative plans that have been put in place to ensure their safety. This would include long or short term change of care coordinator and discharge.

A system for handover of care during periods of short or long term leave by a Health Care Professional or Care Coordinator has been established, also known as “Buddy System”. The MDT Red Board meeting serves a purpose to review staffing on a daily basis and to allocate tasks accordingly in the event of staff absence. This system still needs to be fully embedded across all teams.

2.4 The trust must have effective audit and governance systems and/or processes in place that ensure care and treatment is provided in line with their policies.

The CliQ Checks system is a system of quality assurance that has been adopted across the Trust. The Quality Managers and Performance managers are frequently reviewing patients’ records alongside front line staff and providing immediate feedback on areas requiring further improvement. These audits are completed at a minimum of two weeks per team. The outcome of these has already been alluded to earlier in the report.

3. Action the Trust SHOULD take to improve

3.1 The trust should ensure that sufficient numbers of permanent staff are recruited and retained to enable the CMHTs to operate effectively.

Nursing vacancies across Community Recovery Care Group have improved, however it remains a challenge to recruit to some teams in the East Kent teams, especially medical posts. Gap is mitigated by a review of the workforce model and identifying further skills and knowledge that could be used to compliment the medical workforce such as the recruitment of Consultant nurses and use of Nurse independent Prescribers or Pharmacy prescribers. Additional support is being offered by the Recruitment Team to support this this centralised recruitment. Nursing vacancies have reduced from WTE 21.73 in January to WTE 10.51 in

April which leaves 8.16% vacancies which is below Trust target of 15% with the only exception being South Kent Coast.

3.2 The trust should ensure that staff meet the trust's target for completion of their mandatory training courses.

The average compliance for CMHTs mandatory training is 88% which is above Trust target of 85%. The exceptions are in safeguarding children level 3, personal safety and CPR training and there is a robust plan in place to ensure full compliance.

3.3 The trust should ensure that all have regular access to supervision and that these sessions are recorded and stored appropriately.

This is another aspect of staff support that has seen a big improvement. Supervision uptake across all CMHT professional groups has increased from 37% in January to 44% in March and 85% in April. Some teams such as Maidstone and Thanet achieved 100% while Medway, South Kent Coast South West Kent were all above 90%. The quality of the supervision is also monitored by the Quality Managers and HR Business partners who audit a sample of these records and facilitate HR support through local surgeries. Forward planning, rigorous monitoring and reporting have enabled this improvement.

3.4 The trust should ensure that staff follows consistent criteria for deciding whether a patient requires care coordination following initial assessment.

MDT/Clinical review meetings are structured in a way that allows consistency in the approach to allocation of caseloads. The CMHT operational policy and guidance contained within "A day in the life of a CMHT" provides additional support for patients who should be care coordinated. This is further reviewed at case load management clinics and supervision. Allocation is done during these MDT meetings or by a designated senior clinician.

3.5 The trust should ensure that staffs follow up clients who did not attend appointments appropriately.

Following the inspection in January, the DNA policy that was already under review was finalised and relaunched in order to provide greater clarity on actions to take if patients do not attend scheduled appointments of any nature. Implementation of this policy is under constant review through the Red Board- daily planning meetings and performance reports issued to teams on a weekly basis. DNAs are at the lowest level since June 2017 where it was 15.78% to end April 2018 13.83%. This improvement follows significant work in contacting clients prior to attendance and working with referrers.

3.6 The trust should ensure that staff give patients adequate notice when they need to cancel appointments and have systems in place to ensure that alternative appointments are arranged in a timely manner.

Further guidance has been issued to staff about the management of alternative appointments in the event that an appointment has to be cancelled. There is now closer monitoring of how soon the appointment is rebooked following cancellation. Some of this will be achieved through consistent use of electronic diaries which are visible to all team members including administrators. KMPT cancelled appointments were highest in February and March at 10% and this reduced to 9% in April. March figure was due to severe weather.

The snow in March impacted the teams' performance on this as some staff couldn't get into their usual places of work. The Care Group have agreed a stepwise reduction in service cancelled appointments with the aim to make these an exception and when it happens that it is logged as an incident

4. Follow-up unannounced inspection

Following the report publication, the CQC undertook a two day unannounced inspection from 15-16 May to review progress primarily on the MUST DO actions. They visited the three CMHTs inspected in January and also inspected Maidstone CMHT in order to ensure that changes were being implemented across all teams.

The CQC noted the improvements to caseloads sizes, reduction in number of people waiting for treatment, the new system and processes in place and improved staff morale particularly in Canterbury and Coastal CMHT. They however, observed and heard about where there is still variation and inconsistency in practice. Areas of concern remain that of how clinical risks are assessed, timeliness of reviews, how they are managed and ensuring this is fully reflected in patients' record.

Some of the improvements highlighted were:

- Canterbury and Coastal CMHT – noticeable positive change with merger of two teams and feed back in staff interviews. Risk oversight is constantly improving according to staff and they feel much better in their role for it. Staff seem happy with caseloads and suited to disciplines on the whole, including good support of these during supervision. Staff seem happy to work here. Culture seems to be changing.
- Red Board meeting and Active Review Team in South Kent Coast CMHT (Folkestone site).
- Caseloads and waiting lists were reducing.
- Positive feedback from staff about supervision and support provided to them.
- Audits and improvements to patients' safety as reflected in CliQ-Check results.
- Positive medical support in South Kent Coast and Canterbury and Coastal CMHTs.
- Good work done on auditing GP referrals in Medway.
- In Maidstone CMHT, forensic patients had clear plans, monitoring, contact and risk management.
- Staff recognised their clinical documentation is monitored through CLIQ checks and they appreciate that oversight.
- Systems and processes in place however not yet fully embedded.

5. Next steps

The Trust is now refreshing the CMHT action plan following this visit to ensure that it clearly focuses on the areas of inconsistency and that improvements made are embedded into practice. An aspect of care requiring improvement at pace is the overall risk management processes within teams and this will be a key focus area in the coming weeks. A full report of the follow up inspection will be provided by the CQC at the end of June.