To update the Board of Directors on the impact of the CQC Action Plan; to set this in the context of the Care Quality Commission “State of Care” Report (October 2016), which gives key themes from inspection visits and to propose a Quality Improvement Plan to support continuous improvement in the organisation and to place the organisation in the best position to secure an improved rating at the next CQC comprehensive inspection.

**Key Issues, Options and Risks**

1. **Introduction**

Following the Comprehensive Inspection into services provided by Lincolnshire Partnership NHS Foundation Trust (LPFT), an action plan to secure progress on the “must do” and “should do” actions identified in the 11 service reports is being implemented.

This report considers the following, in the context of implementing that action plan:

- Findings from the Care Quality Commission on the revised inspection regime that covers Adult Social Care, Primary Care, Acute Hospitals, Community Hospitals, Mental Health and Ambulance services;
- An assessment of the impact of the LPFT CQC Action Plan as a vehicle for securing continuous improvement; and
- A proposed continuous Quality Improvement Plan to secure a continuous improvement approach for the next five years.

2. **Findings from the new Care Quality Commission (CQC) inspection regime**

The CQC published a “State of Health Care and Adult Social Care 2015/16” report published by the CQC in October 2016 www.cqc.org/stateofcare). The report identifies the results and key themes/learning from the inspections undertaken by the CQC using the new inspection regime, adopted pre 2015.

The report covers the results of inspections of all NHS and non NHS services and for social care. The extracts that follow relate specifically to those themes identified for Mental Health and Learning Disability providers. The CQC report also references the two Mental Health Trusts that have achieved a rating of outstanding (East London NHS Foundation Trust and Northumberland, Tyne and Wear NHS Foundation Trust).
The following summarises key extracts (in italics) from the report relating to:

The extent to which organisations have positively improved their inspection ratings.

“Some health and care services are improving, but we are also starting to see some services that are failing to improve and some deterioration in quality”

Despite the difficult environment in which providers are operating, some have been able to improve the quality of care they provide. About three-quarters (76%) of those that we re-inspected following an initial rating of inadequate achieved an improved rating: 23% went from inadequate to good and 53% went from inadequate to requires improvement.

However, improvement is far from universal. Almost half (47%) of those services that we re-inspected following a rating of requires improvement did not change their rating. And in 8% of cases, the quality of care deteriorated so much that we rated it inadequate”.

Specifics for the Mental Health and Learning Disability provider sector.

Mental health services

As at 31 July 2016, we had inspected all 57 NHS mental health trusts and published inspection reports and ratings for 47 trusts. Of the 47 rated, 16 were rated as good. In September 2016, we rated the first two outstanding mental health trusts – Northumbria, Tyne and Wear NHS Foundation Trust and East London NHS Foundation Trust. However, care for people with a mental health condition needs to improve, with 30 trusts rated as requires improvement and one rated as inadequate. In each mental health inspection we look at up to 11 core services and give each a rating, which is then aggregated to give an overall rating. As in acute trusts, there was considerable variation by core service. In some cases, community services were rated better than their inpatient counterparts; in others the opposite was true. A large majority of NHS community mental health services for people with a learning disability or autism were rated good (84%) or outstanding (3%). In these services, we tended to find that staff were skilled and appropriately trained, patients were involved in planning their care, and there were systems in place to deal with urgent referrals. At the other end of the scale, less than half (45%) of NHS acute wards for working age adults had a good or outstanding rating. We also inspected 161 independent mental health locations. Of these, seven (4%) were rated as outstanding, 103 (64%) as good, 43 (27%) as requires improvement and eight (5%) as inadequate.

Safety is our biggest concern for mental health services, with 9% of both NHS trusts and independent locations given a rating of inadequate for safety. Problems with the physical environment frequently contributed to a rating of inadequate or requires improvement for inpatient services.

Mental health crisis care

In 2013/14, 1.8 million contacts were made with mental health crisis teams. We looked at the help, care and support people receive during a mental health crisis. The quality of care experienced by a person in crisis varied depending on where they live and when they seek help. Many people found that help was not available when they needed it, care was not centred around their needs and staff did not always treat them with respect or compassion when they were in crisis. Local services are developing innovative approaches to the challenge of providing a high-quality response to people in crisis.
The improvement we see through our inspections

We have seen improvements in the quality of care in many services – particularly those with the poorest quality. Since we started our new approach to inspection, we have re-inspected 3,317 services in total (comprising 2,849 adult social care services, 432 primary medical services, 26 NHS acute trusts, one acute independent health service, one NHS mental health trust, five independent mental health services and three community health services). Our re-inspections have mainly been of providers where we had substantial concerns and we wanted to check improvement. However, we also re-inspect when we receive new information of concern. Some of the services that we rated inadequate have subsequently closed or are no longer operating. Of the 596 services and providers rated inadequate and then re-inspected, 455 (76%) improved their rating. Of these, 139 (23% of those we re-inspected) went from inadequate to good and 316 (53%) went from inadequate to requires improvement.

However, improvements by services and providers rated as requires improvement were not so widespread. Of 2,006 services and providers, only 898 (45%) were able to achieve a rating of good. In 943 cases (47%) there was no change, and in 165 cases (8%) the quality of care had become inadequate. We have seen providers achieving substantial improvements through the special measures programme. Where we find inadequate care, a provider is usually put into special measures. This works in different ways in each of the sectors, but generally there is a structured framework in which providers can be supported to improve, or signposted towards organisations that can help. There is a clear timeframe for providers to improve, and if that does not happen, we can take further action (and in cases where there is a serious risk of harm to people, we will take immediate enforcement action). During 2015/16, four hospital trusts were able to come out of special measures, followed by a fifth in August 2016. Additionally, Heatherwood and Wexham Park Hospitals NHS Foundation Trust exited special measures when it was acquired by Frimley Health NHS Foundation Trust (a process that started in 2014/15 and completed in 2015/16). One remarkable example of improvement at the trust was Wexham Park Hospital, which went from inadequate to good in just over a year. The hospital managed to reduce its deficit and its total number of staff while markedly improving its quality of care. A huge investment in changing the organisational culture and supporting leadership at all levels lay behind this impressive turnaround. For some providers the inspection process can bring a fresh perspective, particularly when providers are rated inadequate or requires improvement. Staff had sometimes raised concerns with management that had not yet been addressed and so an inspection provided a chance to escalate concerns. For example, inspectors told us about staff on a hospital ward who thanked them for coming and told them they felt more confident and safer delivering care as a result of changes made following the inspection. Providers who responded to our annual survey in November 2015 were positive about CQC’s role in encouraging improvement. Almost two-thirds (64%) said that our inspection had helped to identify areas of improvement and seven in 10 (70%) thought the inspection reports were useful for their service. Nearly two-thirds (63%) of providers said they thought that outcomes for people who use services were improved as a result of our inspection activity.

What services have done to improve

Good leadership continues to be an essential factor in improving and maintaining high-quality care. In services that have improved, there tends to be a positive organisational culture and leaders anticipate and respond to problems and concerns. Our ratings back this up, showing that the overwhelming majority of services rated good or outstanding overall have good or outstanding leadership. Improvement is also more likely to happen when providers are open to receiving constructive feedback, and engage with CQC and collaborate with partners to improve care.
Key points (for mental health services)

We have seen some excellent examples of good practice over the last year, with 16 NHS trusts rated as good as at 31 July 2016. We are pleased to have rated our first two NHS trusts as outstanding in September 2016. We have also seen good and outstanding practice in independent mental health providers, with 103 rated as good and seven rated as outstanding. Good leadership – both at a provider and ward level – is key to both providing a good service and helping organisations to improve. However, overall our ratings suggest that care for people with mental health problems is not good enough and needs to be improved. In particular, the safety of patients in NHS trusts remains an area of concern, with 40 rated as requires improvement and four rated as inadequate for the key question ‘are services safe?’

Other areas of concern include: – the safety of ward environments – the safety of patients withdrawing from alcohol and opiates – long-stay patients in mental health wards – providers continuing to apply to register residential services that are not consistent with the new service model for people with a learning disability.

Overview of quality (for mental health services)

We have completed our comprehensive inspections of all 57 NHS mental health trusts. By July 2016, we had published the inspection reports and ratings of 47 trusts. Of these, 16 were rated as good. Since this data was collated, we have rated the first two mental health trusts – Northumberland, Tyne and Wear NHS Foundation Trust, and East London NHS Foundation Trust – as outstanding. However, our overall ratings for NHS providers also suggest that care for people with mental health problems needs improvement, with 30 rated as requires improvement and one rated as inadequate. Looking at the overall ratings for NHS trusts at core service level, 61% of services were rated good and 4% outstanding. By July 2016, we had rated 161 independent sector mental health hospitals. Of these, we rated seven (4%) as outstanding, 103 (64%) as good, 43 (27%) as requires improvement and eight (5%) as inadequate.

Our inspections have given us a benchmark of the quality of mental health services in England, and examples of good practice in action. Over the last two years, we have re-inspected seven trusts. We are pleased to report that two of these (Worcestershire Health and Care NHS Trust and Oxford NHS Foundation Trust, whose reports were published in August 2016) have improved their overall ratings from requires improvement to good. More generally, our inspectors have seen a broad range of improvements including changes to the physical environment, quality of staffing and restrictive practices. Where our inspectors saw improvements, they found that leaders were properly engaged. This meant that not only were they more likely to spot problems themselves, but were also able to make improvements more quickly when they arose. In these trusts, our inspectors often found that teams worked well together – even if they were under-resourced – and that there was a culture of flexibility and delegation that empowered staff to make necessary changes.

Looking in more detail at the ratings by key question, the picture is more mixed. While there are pockets of really good practice – which is reflected in the ratings for the key question ‘are services caring’ – other areas, such as safety, need to improve dramatically.

Last year, we highlighted the safety of mental health services as a key concern. We reiterate our concerns this year, with all but three NHS trusts rated inadequate or requires improvement overall for the key question ‘are services safe?’ Due to the size and complexity of NHS mental health trusts, and the variability between core services, it is possible that in some hospitals a few poorer performing core services may affect their overall rating. For example, only three core services out of 11 need to be rated as requires improvement for the
whole trust to receive a rating of requires improvement for the key question ‘are services safe?’

It is important to note that mental health services place a different emphasis on some aspects of safety than acute hospitals. Problems with the physical environment frequently contributed to a rating of requires improvement or inadequate for inpatient core services. The most common problems mentioned in our inspection report were problems with the layout of some wards, meaning that staff had poor lines of sight and difficulty in observing some parts of the ward; risks from potential ligature anchor points that staff had not adequately assessed or mitigated against; failure to follow the guidance on getting rid of mixed-sex accommodation; poor state of repair or decoration; seclusion rooms that did not meet modern requirements.

During 2015/16, we issued Warning Notices to four NHS trusts relating to concerns with the environment of the service. In three cases, we specifically noted that there was a lack of governance or that governance was not effective in identifying environmental issues. In a number of reports, inspectors explicitly linked the problems they found with the fact that the wards were housed in old or unsuitable buildings. In the long term, there needs to be greater investment in purpose-built wards that are more suitable for mental health care. However, in the medium term, providers must manage the risks posed by older buildings to improve patient safety. Through our inspections, we have found examples where providers have made changes to the environment, which enabled people to use the services more safely.

Safe
When things go wrong, it is important for healthcare professionals and organisations to learn lessons and make sure the same mistakes are not repeated. Nowhere is this more important than when someone dies. Following the NHS England commissioned report on the investigation of deaths at Southern Health, we are looking at how NHS acute, community healthcare and mental health trusts investigate deaths and learn from their investigations. We also want to assess whether opportunities to prevent deaths have been missed. Findings from our review are due to be published later this year. Problems with staffing also contribute to the poor ratings for trusts in terms of safety. National figures show a continuing decline in the number of mental health nurses. At the same time, the number of staff reporting that they are working extra hours remains high, at almost three-quarters, in the 2015 NHS staff survey. Our inspectors have also flagged a problem with experienced staff reaching retirement age, and not enough nurses being trained or retrained. Despite this, feedback from inspectors flagged staffing as an area in which they had found examples of improvements over the last year. Solutions to some of the problems identified included moving staff to where they are most needed and recruiting from abroad.

Effective
To assess the effectiveness of services, we check whether people receive care, treatment and support that follows good practice, achieves good outcomes and promotes a good quality of life. At a provider level, our data suggest that services need to improve in this area, with 28 NHS trusts rated requires improvement for the key question ‘are services effective?’ However, as we highlighted in the section on safety, the complex nature of NHS mental health trusts means that the picture is both different and variable at a core service level, with 67% of core services (293 out of 436) rated as good or outstanding. Of the 162 independent hospitals inspected and rated, 105 (65%) have been rated as good and outstanding for this key question. Where we rated services as good or outstanding, we found that care plans were kept up-to-date and reviewed regularly, patients had good access to psychological therapies, and there were comprehensive multidisciplinary teams (including medical staff, nursing staff, social workers, psychology staff and occupational therapists) who worked well together to care for and support patients. Under this key question, we also check that people who are subject to the Mental Health Act 1983 (MHA) are assessed, cared
for and treated in line with the MHA and Code of Practice. Through our monitoring activities we have found that services across England are striving to provide innovative, caring services for patients subject to the MHA despite resource pressures. However, we are concerned that we are still finding variation in the way that the MHA and Code of Practice are being applied. Further detail about our monitoring activities will be published in our MHA annual report in November 2016.

Caring

Similarly to last year, our inspectors found that overall NHS mental health services were treating people with compassion, kindness, dignity and respect. To date we have rated 96% (416 out of 435) of NHS core services as good or outstanding for the key question ‘are services caring?’ Through our inspections, we have found some great examples where services had supported people with mental health problems to make decisions about their own needs and involved people in a person centred way. While a similar proportion of independent hospitals received an outstanding rating for this key question (eight services, 5%), 10 services have been rated as requires improvement or inadequate for caring. Areas for improvement include services having an increased focus on involving patients in making choices.

Responsive

Key factors underpinning good and outstanding responsive practice in mental health providers are assessing people promptly and starting treatment quickly; enabling people to leave hospital as soon as they are ready; wards and care settings that are comfortable and adapted to people’s individual needs; responding promptly to concerns and complaints, and learning lessons from them; involving patients in designing and planning services; identifying unmet needs and changing provision to meet this. Feedback from our inspectors highlighted examples where people were involved in the design and development of the service, for example through service user groups and staff interviews, to identify and meet their preferences, aspirations and unmet needs. Trusts offering services to patients from areas where services were not available was another example of a good responsive service. In addition, trusts working with other organisations, such as joint working between police and mental health services, was regarded as a sign that the service was responsive to people’s needs. We found pockets of good practice in developing integrated care. For example, proactive and coordinated approaches to planning a patient’s discharge from the point they were admitted. Our inspectors viewed this as essential for improving the experience of people receiving mental health care. Being responsive to the patient’s preferences and needs, and planning discharge into good quality and suitable housing, can help to avoid a patient being readmitted to hospital. However, with 20 NHS trusts rated as requires improvement, and 33 independent hospitals rated requires improvement or inadequate, there is still more work to be done. Our inspectors found that some services did not consider accessibility beyond often limited wheelchair access, leaving people with visual or hearing impairments unable to fully access the care they needed. We also found: long waits from referral to assessment or referral to treatment in community mental health services – especially in child and adolescent mental health services; long waits for specialist psychological therapies; delays in making Mental Health Act assessments when people are taken to a health-based place of safety; failing to plan discharge for people in rehabilitation and learning disability wards; failing to respond to concerns and complaints.

Well-led

The quality of leadership can have a direct effect on the quality of care offered by a provider. Good leadership – both at a provider and ward level – is key to providing good care. We can see this in the ratings for NHS trusts and independent hospitals with 78% of trusts and 93%
of independent hospitals having the same overall rating as their well-led rating. Our ratings reflect both the quality of local leadership of clinical services and the quality of leadership and governance at board level. However, as noted in the introduction, many mental health trusts are large and geographically dispersed, making good governance particularly challenging. This is highlighted through our inspections of larger trusts, where we have found examples of poor practice in one or two wards when the rest of the trust is performing well. Trusts that we have rated as good or outstanding for well-led, or have shown improvement following an initial less good inspection, often have senior leadership teams that have engaged actively with the frontline staff. Our inspectors stress the importance of senior leaders making themselves more available. An example of good practice given was one trust holding a “big breakfast” informal meeting with staff and the chief executive. Other improvements relating to the well-led key question included improved staff recruitment processes, such as taking better account of the fit and proper person requirement, and actions to improve staff morale. The two trusts that we rated as outstanding overall in September 2016 were characterised by the quality and style of leadership. Both trusts had an open culture in which the senior leadership team valued their frontline staff. Nevertheless, our ratings for the key question ‘are services well-led?’ show that there is more work needed, with just over half (24 out of 47 trusts, 51%) of NHS trusts and 122 out of 161 (75%) of independent mental health hospitals rated as good or outstanding.

3. An assessment of the impact of the LPFT CQC Action Plan as a vehicle for securing continuous improvement

The CQC Action Plan has served the organisation well in providing a focus for making progress on the key “must do” and “should do” actions identified by the CQC when it inspected LPFT services.

The majority of the actions will be completed by the end of this calendar year.

Services engaged in monitoring the plan and securing the evidence to confirm achievement of the plan objectives.

Services have moved positively through the CQC actions and have developed, in some instances, their own quality improvement groups.

The CQC Actions were valid, however they did not take account of previous reports, for example lessons from incidents.

Staff and patients were not involved in the actions identified for the CQC Action Plan – however a continuous quality improvement approach would involve seeking and acting on the views of staff and patients including the results of surveys.

The key questions are: -

- Do the actions fully address the learning from other incidents or reports including serious incidents?
- Are the actions taken as a result of the CQC Action Plan enough to secure an improved rating, should the CQC inspect the organisation again?
- Is there a focus on continuous improvement that resonates with what our staff and patients want to see in terms of the quality of services provided?
- Are there key issues relating to systems, processes or culture that we know need to be addressed?
- How do we move to secure continuous quality improvement as part of a plan for the next five to ten years?
4. A proposed Quality Improvement Plan to secure a continuous improvement approach for the next five years

The Trust has explored how best to implement a Continuous Quality Improvement Plan (CQIP), which takes the remaining actions from the CQC Action Plan and expands that to include themes from Incident Reports, Investigations and other regulatory or internally generated "lessons learnt" reports and combine them into a single plan. The plan would be supplemented by the results of an exercise to fully engage our staff and partners in gaining their feedback about key risks and known issues that relate to their services.

There would be six or seven key (themed) objectives in the CQIP that apply across the organisation at any one time that would contribute to raising quality and the standards the organisation as a whole is achieving, for example (not exhaustive): -

- Record keeping, care planning, clinical systems, recording of information and access to information to support case reviews including safeguarding;
- Risk assessment recording, documentation and alignment of risk assessments with care plans;
- Care planning and carer involvement in care planning;
- Action to address the results of the community mental health survey and inpatient mental health survey;
- Communication including patient transitions between services;
- Clinical supervision and managerial supervision arrangements and embeddedness.
- Staff survey results and the need for cultural development.

The proposal is that the plan owner would be the Director of Nursing and Quality, working very closely with the Medical Director and the Director of Operations. Each theme would have an Executive Director sponsor/champion.

This would be monitored by the Executive Team and reported to the Quality Committee which would provide scrutiny and oversight of progress, reporting to the Board of Directors.

Executive Analysis

The CQC State of Care Report identifies the following characteristics as being important to move from requires improvement to good as a rating: -

- Strong, transparent leadership
- Good oversight of care
- Driving change through effective systems and processes
- A positive organisational culture
- Effective collaboration with partners (links with the Sustainability & Transformation Plan).

This proposal is suggested to take the next steps towards a Continuous Quality Improvement approach in the organisation, building on the experience of implementing the CQC Action Plan.

This CQIP would be developed by the end of December 2016 and be a high level, organisation wide plan. It would underpinned by cultural development across the Trust.

It would include six or seven high level strategic objectives, which applied organisation wide. It would involve staff in its development.

It would include the evidence or assurance metrics that demonstrate continuous improvement.
improvement and would improve standards by setting realistic but challenging goals. It would be supplemented by very detailed, specific monitoring of individual incident reports and other action plans, which would be collated into one single database and aligned to the overall CQIP.

**Recommendation (action required, by whom, by when)**

To approve the proposal to complete the CQC Action Plan and transfer outstanding actions, along with other themes from incident reports and organisational learning, to the development of a Continuous Quality Improvement Plan.

To approve the flow of accountability for delivery of the plan from the Executive Team, to the Quality Committee and on to the Board of Directors, under the strengthened governance arrangements in place for the organisation.

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<th>CQC Standards Impacted:</th>
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<tr>
<td>Equality Analysis:</td>
<td>Completed for each opportunity as part of due diligence</td>
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**Risk Appetite**

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**Key Elements**

- **Financial / VFM:**
  
  - G ✓

- **Compliance/Regulatory:**
  
  - ✓
  - G

- **Innovation/Quality:**
  
  - G ✓

- **Reputation:**
  
  - G ✓

**APPETITE**

- **NONE**
- **LOW**
- **MODERATE**
- **HIGH**
- **SIGNIFICANT**

The level of risk against each element should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.