

## CQC Inspection Progress Report –January 2019

Consideration was given to a briefing paper concerning the improvement action plan for the Pennine Care NHS Foundation Trust (PCFT) that had been produced following the Care Quality Commission (CQC) inspection in the summer of 2016. Overall the trust had been rated as “Requiring improvement”.

1. The Managing Director Mental Health PCFT attended the meeting to present the information and address the enquiries of the Committee.

- *PCFT were re-inspected in July and August with a well lead review in Oct 2018. Our ratings across the five CQC domains make up the overall ‘requires improvement’ rating. These are as follows:*
  - *Caring: Good*
  - *Responsive: Good*
  - *Safe: Requires improvement*
  - *Effective: Requires improvement*
  - *Well-led: Requires improvement*
- *The overall and five domain ratings have not changed since our last inspection in 2016, but this report feels very different to the previous one. It recognises the significant improvement we have made in many in areas and that we are on a positive journey towards ‘good’.*
- *We are delighted that our mental health older people’s wards have improved their rating from requires improvement to good and that our dental services, which were inspected for the first time, were rated as good.*
- *We are also proud that we have been rated as good for ‘caring’, which is testament to your compassion and dedication to patients and service users.*
- *Our work to improve the management of mixed sex accommodation for mental health patients was recognised, and we are planning to make a decision based on the consultation findings by the end of February.*
- *There are areas where we must make improvements such as ensuring up to date records, consistency in medicines management and application of the Mental Health Act, and a stronger focus on equality and diversity. We are already working on these and will continue to do so.*
- *We are very encouraged by the recognition of positive changes around our culture and our clear commitment to improving quality.*
- *The report recognises we are making changes, but that these are early in their development. We hope and expect these changes will be embedded over the next year and the impact much more visible in the future.*
- *This is a journey of sustainable improvement and our plans should move us towards a ‘good’ rating, with an eye firmly on becoming an ‘outstanding’ Trust.*

<p>2. It was reported that, following the inspection, a programme of refurbishment had been completed on both Northside and Southside Wards. Section 136 assessment suite had also been refurbished. Additional Government funding had been received to upgrade a number of buildings to improve patients' experience.</p> <ul style="list-style-type: none"> <li>• <i>The patients have now been repatriated to Oldham wards from Tameside where they were admitted whilst the refurbishment was completed. The ward environment is much improved.</i></li> </ul>	
<p>3. An independent review had been undertaken which had showed that the wards were not sufficiently resourced to ensure a therapeutic environment. At Greater Manchester level, it had been recognised that it was necessary to bridge the gap between mental health providers in the region. Therefore, significant funding had been invested which would be used to recruit members of staff.</p> <ul style="list-style-type: none"> <li>• <i>Recruitment is ongoing across the Trust and specifically in Oldham to inpatient staff. This includes therapy, nursing, support and leadership posts.</i></li> <li>• <i>In Oldham there are;</i> <ul style="list-style-type: none"> <li>○ <i>Additional 7 qualified Nurses in post, 9 awaiting start date</i></li> <li>○ <i>Occupational Therapy Instructor in post</i></li> <li>○ <i>Administration Assistant in post</i></li> <li>○ <i>Quality Governance Manager and Assistant in post</i></li> <li>○ <i>Deputy Ward Managers in post, 1 awaiting start date</i></li> </ul> </li> </ul>	
<p>4. Training and development was also an area of focus: members of staff had been provided with mandatory as well as specific training such as Dementia awareness.</p> <ul style="list-style-type: none"> <li>• <i>Physical health training has been reviewed and updated for mental health staff.</i></li> </ul>	
<p>5. Monthly meetings with CQC, with a new senior leadership team in post, ensured that the Trust was on track with all work streams listed in the improvement plan. However, a forward plan was going to be developed to guarantee consistent quality improvement. Members sought and received clarification /commented on the following points:</p> <ul style="list-style-type: none"> <li>– <i>End of Life – it was explained that there was no action from the inspection with regards to the End of Life service.</i></li> </ul>	
<p>6. No female only lounge available – It was explained that a female only lounge was planned and it would soon be provided.</p> <ul style="list-style-type: none"> <li>• <i>A female lounge has been created on Cedars.</i></li> </ul>	
<p>7. Impact of CQC rating on members of staff's morale – It was explained that Senior Management had taken the opportunity to</p>	

<p>start doing things differently. The workforce had been supported through the change towards a therapeutic model of care. Prior to the inspection, Mental Health services had been underfunded and not enough resources had been made available. However, the workforce had always been recognised as a caring workforce. The CQC report had helped to provide evidence that more resources were necessary to provide a safe environment for patients.</p> <ul style="list-style-type: none"> <li><i>The commissioners have provided additional investment and the trust continue to discuss ongoing investment into inpatient services to improve the therapeutic offer.</i></li> </ul>	
<p>8. Old inspection regime, change in the rating criteria and date for a new inspection – It was explained that PCFT was the last mental health provider to be assessed by CQC under the old inspection regime. The new inspection regime was based on a self-assessment model. Currently, three CQC Compliance Managers had meetings with the Trust’s Senior Management on a monthly basis. They also took part in an engagement session with members of staff. CQC planned their inspections according to a risk rating scale. Therefore, the Trust had to wait for a new inspection.</p> <ul style="list-style-type: none"> <li><i>See section 1.</i></li> </ul>	
<p>9. Continuing improving services and managing the budget deficit of the Trust– It was explained that investments were required to provide good quality Mental Health services and ensure a safe environment. In addition, Senior Management and clinicians worked together to make the best use of resources. The integration of the health and social care agenda would also be part of the process and the new Chief Executive was a strong supporter of it.</p> <ul style="list-style-type: none"> <li><i>The Trust is working with commissioners and the GM HSCP to develop a sustainability plan moving forward in light of the financial context of PCFT.</i></li> </ul>	
<p>10. Prevention to highlight issues at an earlier stage and stigma associated to Mental Health - It was explained that work with primary care was essential to provide low level support to people and to prevent issues from escalating. Prevention and investments in higher level support for people with severe Mental Health problems were equally essential measures.</p> <ul style="list-style-type: none"> <li><i>In Oldham TOG Mind provide a step 1 IAPT service, this supports community engagement and education about common mental health problems.</i></li> </ul>	
<p>11. Ability of the Trust to retain members of staff – It was explained</p>	

<p>that recruiting staff was a national issue as there was a shortage of 36,000 nurses in the country. The Trust intended to reinvest resources to develop clinically the workforce with a focus on skill mix and competencies.</p> <ul style="list-style-type: none"> <li><i>The Trust is working with key partners to continue to improve recruitment and retention. And is using innovative approaches to this including engaging in national programmes such as apprentices.</i></li> </ul>	
<p>12. Internal review – It was explained that there was a team entirely dedicated to carry out continuous internal reviews. This entailed a cultural change where members of staff, service users and stakeholders could raise their concerns when issues occurred.</p> <ul style="list-style-type: none"> <li><i>This work is to be progressed with the Trust wide steering group.</i></li> </ul>	
<p>13. <i>The PCFT Action Plan Progress Update</i>  <i>The Trust is working closely with NHS Improvement, commissioners and the GM Health and Social Care Partnership</i></p> <ul style="list-style-type: none"> <li><i>An update is given to the CCG at the contract meetings regarding all mental health strategy updates and CQC quality reports. This is well received by the commissioners.</i></li> <li><i>We continue to work with NHSI both as part of our delivery of the actions required from the enforcement undertakings and also within general day to day provider / regulator relationship. The Trust is on course to deliver the plan set for 2018/19 and the regulator is satisfied that this will be the case. The Trust continues to work with other local partners to ensure the strategic direction of the Trust is agreed and understood locally. The draft plan for 2019/20 is due mid-February and the final plan due early April.</i></li> </ul>	