

Trust Board – 27 July 2017

NHFT CQC and HMP Whitemoor Action Plans: update report

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Situation

Following the Care Quality Commission (CQC) inspection in January 2017, the Trust developed action plans in relation to the requirement notices, and the must and should do's.

This report provides details of progress against the specific actions associated with the requirement notices within the Trust CQC action plan created in response to that inspection. The actions detailed were timetabled for completion by the end of June 2017.

It also provides an update in respect to the CQC requirement notices and subsequent actions plans created following the HMP and CQC March 2017 inspection of Whitemoor Prison. The actions detailed are timetabled for completion by June 2017.

In addition, a joint inspection by CQC and OFSTED of Rainsbrook Secure Training Centre took place on the 19th June 2017. The Trust received a requirement notice and is in the process of developing an action plan. This report provides a high level summary of the outcomes of the inspection and the initial Trust response. Progress against the action plan will be reported to future Trust Board meetings.

Background

The CQC, following their comprehensive inspection of the Trust in January 2017, rated the Trust as good overall with the following rates for each domain:

Safe - Requires improvement
Caring - Outstanding
Effective - Good
Responsive - Good
Well led - Good

As a result of the judgements made by the CQC at their inspection the Trust has set actions that the CQC require the Trust to complete. A comprehensive action plan was developed and is being managed and tracked via Datix.

In addition, in March a joint inspection by CQC and HMP inspectorate at Whitemoor Prison, (CQC/HMIP) was undertaken. As provider of healthcare at Whitemoor prison, the Trust has received draft actions to undertake, including requirement notices. A comprehensive action plan was developed.

A joint inspection by CQC and OFSTED of Rainsbrook Secure Training Centre took place on the 19th June 2017. The Trust provides the health element only into this centre. The CQC and OFSTED report is wider than the health provision.

The Trust has received the Inspection Report, which is draft subject to completion of the factual accuracy processes which the Trust is undertaking at this present time. Once the report has been finalised an update will be provided to Trust Board.

Initial actions have already been put in place, these include the immediate provision of significant additional senior level support to the service, appraisal completion planned and diarised for August/September, an audit of training and supervision compliance etc. The action plan once developed will be subject to monitoring and assurance.

Assessment

NHFT CQC update

The Trust action plan identified 34 requirement actions, of which 9 were planned for completion by the end of June 2017. Eight of the requirement actions were completed, one is still in progress. Plans are in place for the outstanding action. Details of the requirement notice and the subsequent action taken is shown in appendix one.

Update on 'in-progress' actions

The action that is in-progress is:

- Requirement notice: Managers did not ensure staff understood their responsibilities in relation to the shared care protocol with GP's
 - The protocols have been developed and are due to go to NPAG (Northamptonshire Prescribing Advisory Group, an external group to the Trust) on the 23rd of August for approval. Once approved they will be implemented. Plans are already in place to implement.
 - The delay in completion is due to the timing of the NPAG meeting.

HMP Whitemoor update

The HMP Whitemoor action plan identified 5 requirement actions that were required for completion by the June 2017. All requirement actions were completed. Details are shown in appendix 2.

Recommendations

The Trust Board is asked to:

- i. Approve this report; as assurance that actions as detailed in appendices one and 2 are complete and fulfil the CQC requirement notices, with the exception of the highlighted outstanding action.

Governance table

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| Paper sponsored by: | Julie Shepherd, Director of Nursing, AHP's and Quality. | |
| Paper authored by: | Caroline Marshall , Interim Senior Manager | |
| Date | 17 th July 2017 | |
| DIGBQ strategic alignment | Develop | ✓ |
| | Innovate | |
| | Grow | |
| | Build | |
| | Quality | ✓ |
| ORR Considerations: | 2384 Regulatory non-compliance with CQC/Ofsted jeopardises the Trust's ability to deliver its strategy,2385 The Trust is unable to maintain the right workforce capability and capacity to deliver its strategic plan, 2386 The Trust fails to safeguard children and adults appropriately, 2387 The Trust fails to identify and act on poor practice, 3195 Health based place of safety fails to meet regulatory requirements for safety and privacy and dignity, 3196, Failure to demonstrate systems and processes that deliver safe practices in community health services, 3351 Medication Management – failure to ensure safe care and treatment | |
| HOMI Considerations: | None believed to apply | |
| EDS2 considerations: | None believed to apply | |

Extract of CQC Action plan showing Required actions with completion dates up until 30th June 2017

| ID (Risk) | CQC Report Title | CQC Regulations | Regulated Activity(ies) | Description of risk | Synopsis | Action CQC Compliance |
|-----------|-------------------------------------|--|--|---|---|--|
| 3328/704 | Community Health Inpatient Services | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment | Diagnostic and screening procedures, Treatment of disease, disorder and injury | REQUIREMENT NOTICE The trust did not ensure all medicines are stored and disposed of in line with trust policy and best practice. | Regular checks of adherence to the policy will be taken by the relevant matron and senior matron as part of quality checks. | <p>Achieved</p> <p>All areas have completed a storage audit and are actioning recommendations. Staff have been reminded of their responsibility for disposal of medications through the reissuing of trust guidance: discussed at Team meetings and local action plan for ward teams issues</p> <p>Disposal of patients own CD's is now audited via the weekly ward audit of CDS so on-going process. Local action planning updated in June 2017 and awaiting updated feedback on progress of implementation end-June.</p> <p>The trust purchased maximum minimum thermometers for all clinical rooms that did not have a thermometer in place, and guidance was issued on how to comply with trust policy: on-going monitoring of temperatures submitted weekly.</p> |

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| 3302/ 648 | Community based Mental Health Services for Older People | Regulation 11 HSCA (RA) Regulations 2014 Need for consent | Assessment or medical treatment for persons detained under MHA 1983, Treatment of disease, disorder and injury | REQUIREMENT NOTICE Formal capacity assessments and best interest's decisions were not fully recorded within the care records. | Local MCA training to be arranged to ensure staff are aware of the requirements under the MCA for capacity assessments and best interest decisions relating to community care issues MCA Adherence will be discussed at 1:1 supervision sessions and will be included on the Supervision agenda. This will include brief dip sample audit of System 1 notes. Staff meetings and STAR days to inform staff of expectations in relation to MCA recording Operational Managers will ensure that MCA is completed in line with MCA act and policy when completing the record keeping audit. | Achieved Refresh training completed. MCA has been added to the supervision template. Brief dip sample audits have been undertaken. |
| 3303/ 649 | Community based Mental Health Services for Older People | Regulation 17 HSCA (RA) Regulations 2014 Good governance | Assessment or medical treatment for persons detained under MHA 1983, Treatment of disease, disorder and injury | REQUIREMENT NOTICE Managers had no assurance systems in place to monitor the quality and safety of their services. | Clinical leads and managers to work with informatics and performance and quality colleagues to develop and embed appropriate assurance and quality metrics which are service specific. Specific metric will be, CPA compliance, Referral to Treatment times, 48hr/7 day follow up, waiting lists, case loads, themes from Complaints and Serious Incidents, IWGC, mandatory training, supervision and appraisals. This list is not exhaustive and will be reviewed quarterly. Performance and quality will be a standing agenda item at local OMT for Older People and all team meetings. Operational Managers will be responsible for discussing performance and quality issues. | Achieved Agenda for matrons meeting, local team meetings and OMT OP updated to reflect quality and performance informatics. Performance have been and discussed informatics and SMART with local management team. |

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| 3304/650 | Community based Mental Health Services for Older People | Regulation 17 HSCA (RA) Regulations 2014 Good governance | Assessment or medical treatment for persons detained under MHA 1983, Treatment of disease, disorder and injury | REQUIREMENT NOTICE Managers did not ensure staff understood their responsibilities in relation to the shared care protocol with GP's | <p>The role of community staff in relation to the shared care protocol with GP's will be discussed at the next available STAR Days/Team Meetings for staff. This will be revisited in 3 months from the date of the original meeting to ensure that all staff have retained the information in relation to shared care protocol and that this can be evidenced.</p> <p>The shared care protocol will be added to the local induction checklist for all new staff.</p> | <p>In progress</p> <p>The role of community staff in relation to the shared care protocol with GP's has been discussed at the STAR Days/Team Meetings for staff. The shared protocol has been added to the induction checklist to ensure new starters are aware. However, the protocols are still subject to approval. Sign off anticipated on 23rd August.</p> |
| 3306/627 | Acute Wards for Adults of working age and PICU | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment | Assessment or medical treatment for persons detained under MHA 1983, Diagnostic and screening procedures, Treatment of disease, disorder and injury | REQUIREMENT NOTICE Trust must ensure that medicines management are safe. | <p>Review of the Trusts Rapid Tranquilisation Policy and education/training programme</p> <p>Develop and implement audit programme of clinical records in relation to rapid tranquilisation</p> <p>Implement daily monitoring of clinic room temperatures and documentation of actions taken</p> <p>Audit of daily clinic temperature quarterly and to report to Medicine Management Safety Group</p> <p>Develop Task and Finish group to review clinic temperature monitoring across the organisation</p> <p>To reduce omitted doses and ensure correct coding if drugs are omitted. staff to introduce self-check at the end of each medication round</p> <p>Implementation of omitted dose audit to all inpatient areas with results managed through clinical supervision</p> <p>Pharmacy team to attend ward star days to provide additional medication management training as a refresher for all staff who administer medication</p> | <p>Achieved</p> <p>Review of trust Rapid Tranquilisation Policy has been completed.</p> <p>A review of the training programme which is delivery by pharmacy to both nursing staff and medical staff has been completed and will be delivered to both groups within their respective planned training from July 2017.</p> <p>The use of rapid tranquilisation is already audited within the trust and will continue.</p> <p>Clinic room temperatures have been recorded daily since week of the CQC inspection.</p> <p>System for identifying and resolving omitted doses has</p> |

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| | | | | | <p>Implementation of omitted doses audit to all inpatient areas with results managed through clinical supervision Pharmacy Team to attend Ward STAR Days to provide additional Medication Management Training as a refresher for all staff who administer medications</p> | <p>been developed by the inpatient areas which include -Check drug chart during drug round – nurse dispensing -a designated nurse will be highlighted on the shift planner to check all drug charts for omissions that shift etc. Pharmacy Team delivered training to Harbour Ward on management of medication.</p> |
| 3307/611 | Acute Wards for Adults of working age and PICU | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment | Assessment or medical treatment for persons detained under MHA 1983, Diagnostic and screening procedures, Treatment of disease, disorder and injury | REQUIRMENT NOTICE Trust must consistently maintain medicines at correct temperatures in all areas and ensure action taken if outside correct range. | <p>During the CQC inspection week the trust purchased maximum, minimum thermometers for all clinical rooms where medication is stored that did not have a thermometer in place, and guidance was issued on how to comply with trust policy Implemented Daily monitoring of clinic temperatures by ward and unit staff with documentation of actions taken where temperatures have exceeded room temperature. Ward matrons to monitor at a local level that temperatures are being monitored on a daily basis and actions are being taken in the event of readings above 25 degrees and any breaches are dealt with through clinical supervision and team meetings. Clinic temperature monitoring records to be audited quarterly and reported to Medicines safety group and through OMT Actively participate in the Trust wide task and finish group to review clinic temperature monitoring across the organisation</p> | <p>Achieved</p> <p>Clinic room temperatures have been recorded daily since week of the CQC inspection.</p> <p>Task and Finish Clinic Room Temperature control group has been formed but not yet commenced due to pharmacist's availability. In the interim Mental Health North and South are completing a weekly audit.</p> |

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| 3308/653 | Acute Wards for Adults of working age and PICU | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment | Assessment or medical treatment for persons detained under MHA 1983, Diagnostic and screening procedures, Treatment of disease, disorder and injury | REQUIREMENT NOTICE Trust must ensure that appropriate arrangements are in place for accurate recording and monitoring of the administration of medicines, in particular those classed as critical medicines. | To reduce omitted doses and ensure correct coding if drugs are omitted. Staff to introduce self-checks at end of each medication round to check all administration has been documented and where doses are omitted for clinical reasons these are correctly recorded. Implementation of omitted doses audit to all inpatient areas with results managed through clinical supervision Pharmacy Team to attend Ward STAR Days to provide additional Medication Management Training as a refresher for all staff who administer medications. | <p>Achieved</p> <p>System for identifying and resolving omitted doses has been developed by the inpatient areas which includes</p> <ul style="list-style-type: none"> -Check drug chart during drug round – nurse dispensing -a designated nurse will be highlighted on the shift planner to check all drug charts for omissions that shift -a datix will be submitted for any omissions -the datix will be submitted by the nurse who made the omission for accountability – a reflective account will be provided for supervision with the charge nurse -3 omissions will instigate performance management and repeat meds competency assessment -a twice weekly review will be undertaken by the charge nurse / ward matron <p>Pharmacy Team delivered training to Harbour Ward on management of medication.</p> |
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| 3309/654 | Acute Wards for Adults of working age and PICU | Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment | Assessment or medical treatment for persons detained under MHA 1983, Diagnostic and screening procedures, Treatment of disease, disorder and injury | <p>REQUIREMENT NOTICE Overall, within the acute wards patient areas and equipment were not clean or properly maintained.</p> | <p>Local management & clinical team to work with estates and facilities to ensure maintenance and decoration are completed in a timely way.</p> <p>The inpatient wards within Mental Health will ensure that all patient areas are clean and properly maintained by the management team working with the PFI facilities providers and estates to ensure regular cleaning and maintenance is undertaken.</p> <p>Ward manager to ensure cleaning issues are escalated in a timely manner to the appropriate person and ensure cleaning schedules are reviewed.</p> | <p>Achieved</p> <p>GFM monthly report. Monthly walk around arranged with GFM and Ward Matrons and Service Manager. Cleaning Schedule held by Hotel Services. Night cleaning schedule.</p> |
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| 3332/616 | Acute Wards for Adults of working age and PICU | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment | Assessment or medical treatment for persons detained under MHA 1983, Diagnostic and screening procedures, Treatment of disease, disorder and injury | <p>REQUIREMENT NOTICE The trust must ensure that the prescribing of medicine for rapid tranquilisation of patients is completed as detailed in the NICE guidelines [NG10] on-Violence and aggression: short-term management in mental health, health and community settings and their own policy document.</p> | <p>Review of trusts rapid tranquilisation policy with senior pharmacist colleagues and consultant psychiatrist to ensure existing policy is clear for clinicians Review of the existing education and training programme for Nursing staff with Senior pharmacist Development and implementation of education & training programme for prescribers to include junior medical staff. Development and implementation of audit programme of clinic records of rapid tranquilisation patients</p> | <p>Achieved</p> <p>Review of trust Rapid Tranquilisation Policy has been completed. The reviewed policy has been approved by the Medicines Management Committee. It has now gone to Trust Policy Board for approval.</p> <p>A review of the training programme which is delivery by pharmacy to both nursing staff and medical staff has been completed and will be delivered to both groups within their respective planned training from July 2017.</p> <p>The use of rapid tranquilisation is already audited within the trust and will continue. The audit used previously has been reviewed and a copy of the collection template and accepted audit proposal has been included as evidence.</p> |
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Healthcare, HMP Whitemoor – Extract of CQC/HMIP Inspection Action plan for actions due for completion by June 2017

| Rec. No. | Recommendation | Accepted/ Rejected | Response Action Taken/Planned | Function Responsible/ Policy Lead | Target Date | RAG |
|-----------|--|--------------------|---|-----------------------------------|----------------------------|---|
| 4. | Medicine Management: Requirement Notice 1 | | | | | |
| 4.3 | Pharmacist needs to commence pharmacy clinics for prisoners. | Accepted | The pharmacist will commence running a drop in clinic for prisoners wishing to discuss their medication. | Head of healthcare | May 2017 Completed | 1 st pharmacy Clinic scheduled for 11 th May 2017 and monthly after that. |
| 4.5 | 1.3 Requirement Notice: A current in possession risk assessment was not always present on SystmOne, so that it could be seen by the prescriber when prescribing medicines. | Accepted | Risk assessments were in place at the time of the inspection unfortunately we had installed a new updated template which over wrote the current ones and moved them into the journal making them very hard to find. This has now been rectified and a new risk assessment template is now in use. | Head of Healthcare | May 2017 | 13 risk assessments completed giving us 100% compliance. |
| 4.7 | 1.5 Requirement Notice: High risk medicines, such as lithium, methotrexate and others were not regularly monitoring by the prescriber to ensure that the on-going doses prescribed were correct and that there was no deterioration in body functions. Only two of the five patients receiving lithium therapy had up to date blood results recorded and one patient had not seen a prescriber for over three years. This compromised patient safety. | Accepted | Regular clinics run by the GP and Pharmacist has been discussed and will commence in May. A monthly Nurse led phlebotomy clinic will also be commenced to support this. | Head of Healthcare | June 2017 Completed | A nurse led clinic has been setup with the pharmacist and GP to ensure that all High risk medications are reviewed monthly. D wing (CPFT) has also been involved in these discussions. This has been incorporated into the Nurse led clinics and is currently underway. |

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| 4.8 | 1.6 Requirement Notice: Medicine management on D wing was poor. Very few medicines were given in- possession and some were crushed before they were administered, despite there being no pharmaceutical indication to do so. | Accepted | To be discussed with the Medicine management committee and a review of in possession and crushing to take place. Dosette boxes will be commencing in May 2017. | Head of Healthcare | June 2017 Completed | Crushing of medication has ceased within the prison and the use of dosette boxes commenced on the 21 st May. MMC has been fully involved in this decision and the CPFT consultant also sits on this group. |
| 5. Dental: Requirement Notice 2 | | | | | | |
| 5.2 | 2.2 Requirement Notice: Essential safety, risk and service certificates were not available including evidence of a recent legionella risk assessment, waste control management, fire safety. | Accepted | For the prison to provide the Healthcare department with all the necessary evidence and certificates. | Governor HMP Whitemoor / Head of Healthcare | May 2017 Completed | Certificates now available. |
| 7. Social Care: Requirement Notice 3 | | | | | | |
| 7.1 | 3.1 Requirement Notice: Needs further development as the healthcare department currently supports this in a good will capacity. | Accepted | An initial meeting has already taken place between the prison and Healthcare to plan a way forward. The governor for Healthcare has sent out a meeting request to Social Service for the end of April. | Governor for Healthcare / Head of healthcare | June 2017 Goodwill from healthcare is now completed. | Social Services, Healthcare and the prison have met and Healthcare no longer supplies services. The prison in conjunction with Social Care has agreed a way forward to deliver care within the prison for social needs. |