

**CARE QUALITY COMMISSION INSPECTION REPORT ON CAMBRIDGESHIRE
AND PETERBOROUGH NHS FOUNDATION TRUST**

To: **HEALTH COMMITTEE**

Meeting Date: **17 December 2015**

From: **Aidan Thomas, Chief Executive, Cambridgeshire &
Peterborough NHS Foundation Trust**

Electoral division(s): **All**

Forward Plan ref: **Not applicable**

Purpose: **The purpose of this report is to provide the Committee with a brief overview of the outcome of the Care Quality Commission inspection of Cambridgeshire and Peterborough NHS Foundation Trust in May 2015 and respond to the issues raised by this Committee.**

Recommendation: **The Committee is asked to note the outcome of the report and the actions being taken by Cambridgeshire and Peterborough NHS Foundation Trust to address the specific issues highlighted in the report raised by this Committee.**

<i>Officer contact:</i>	
Name:	Mel Coombes
Post:	Director of Nursing
Email:	charlotte.schwarz@cpft.nhs.uk
Tel:	01223 218977

1. BACKGROUND

- 1.1. The Care Quality Commission (CQC) inspected Cambridgeshire & Peterborough NHS Foundation Trust (thereafter referred to as 'the Trust' or 'CPFT') in May 2015. Around 80 inspectors visited our inpatient units and most of our community-based services. The new services recently transferred from Cambridgeshire Community Services (CCS) were not included of the inspection. The Eating Disorder Services (EDS) were not rated because not all of the services were visited.
- 1.2. The final CQC reports were received on Friday, 2 October, and the Quality Summit was held on Tuesday, 6 October, where the findings from the inspection and the final reports were presented to the Trust and other key stakeholders. The reports were published on the CQC website on Tuesday 16 October.
- 1.3. CPFT received a 'Good' (green) rating overall, with an amber (requires improvement) in 'Are services safe?' category. Feedback received from the CQC at the Quality Summit was very positive, and it is worth noting that CPFT is one of the few in the country to receive a good rating. The Trust was praised for the significant improvements made since the last inspection, and the speed in which certain issues highlighted during the inspection were acted upon, among others.
- 1.4. An overview of the final ratings is shown below.

Service	S	E	C	R	WL	Overall
Trust wide	A	G	G	G	G	G
Inpatient services						
• Acute wards for adults of working age & PICU	A	G	G	G	G	G
• Long stay/rehabilitation wards for working age adults (Mulberry 3, Oak 4)	G	G	G	G	G	G
• Forensic inpatients /secure wards (GMH)	G	G	G	G	G	G
• CAMHS wards	A	B	G	G	G	G
• Wards for older people with MH problems	G	G	G	G	G	G
• Wards for people with LD or autism	G	G	G	G	G	G
Community services						
• Community-based services for adults of working age	G	G	G	G	G	G
• MH crisis services & health-based place of safety (including liaison)	G	G	G	G	G	G
• Specialist community MH services for children & young people	A	G	G	A	G	A
• Community-based MH services for older people	G	G	G	G	G	G
• Eating disorder	Not Rated					
• CHS CYP	A	G	G	A	G	A

Legend:

Amber	Requires improvement
Green	Good
Blue	Outstanding

2. AREAS OF GOOD PRACTICE

- 2.1 The CQC highlighted a number of areas of good practice, specifically:
 - Effective, responsive and caring services, and in particular
 - Staff treated people who used the service with respect, listened to them and were compassionate. They showed a good understanding of people's individual needs.
 - Admission assessment processes and care plans, including those for physical healthcare, were good.

- The inpatient environments were conducive to mental health care and recovery.
- The bed management system within adult and older people's services was effective.
- Services were using evidence based models of treatment and made reference to National Institute for Health and Care Excellence (NICE) guidelines.
- Medicines management was effective and pharmacy was embedded into ward practice.
- Arrangements were in place to ensure effective use of the Mental Health Act (MHA) and Mental Capacity Act (MCA)
- The board and senior management had a vision with strategic objectives in place & staff engagement in the improvement agenda. Where concerns had arisen the board had taken urgent action to address areas of improvement.
- Effective use of performance management tools and governance structures which had brought about improvement to practices.
- Morale was found to be good in most areas and staff felt supported by local and senior management. There was effective team working and staff felt supported by this.
- The Trust had undertaken positive engagement action with service users and carers
- A good range of information was available for people and the trust was meeting the cultural, spiritual and individual needs of patients.
- Information systems were in place to ensure effective information sharing across teams.
- The Trust had an increasingly good track record on safety in the previous 12 months. Effective incident, safeguarding and whistleblowing procedures were in place. Staff felt confident to report issues of concern. Learning from events was noted across the Trust.
- The Trust had met its targets required under the Department of Health's 'Positive and Proactive Care: reducing the need for restrictive interventions' agenda. There had also been a decreasing level of restraint and seclusion in the previous 12 months.
- There was a commitment to quality improvement and innovation.

3. CPFT STRATEGIC ACTION PLAN

- 3.1 The Trust developed a strategic action plan in close consultation with its commissioners, and included actions for both CPFT and its commissioners. This was submitted to the CQC on 5 November. Copies were also sent to the CCG (Clinical Commissioning Group) and Monitor, the body that regulates health services in England.
- 3.2 The Trust's over-arching action plan is structured in 3 parts – Parts 1 and 2 were submitted to the CQC while Part 3 is for internal use only.
- 3.3 **Part 1** contains the Trust level actions from the over-arching Trust report, and addresses Requirement Notices (must do's) in three areas:
- Reg 13: MHA & MCA compliance around section 58 Consent to Treatment and Seclusion

- Reg 15: Ligature risks and observations within inpatient services
- Reg 18: Staffing

and recommended actions (Should do's) in two other areas:

- Availability of psychological therapies
- Mixed sex accommodation in Maple 1

3.4 **Part 2** contains Trust level actions for the 'Must do's' and 'Should' do's' from the Service-level reports that are not already covered in Part 1, covering the following key areas:

- Requiring commissioner support
 - Access to General Practitioners (GPs) for patients in George McKenzie House (GMH)
 - Physical investigation results - S3 ward, Phoenix Centre & adult community services
 - Early intervention model of care – in Cameo team
- CPFT responsibility
 - Section 136 suite
 - MCA and capacity assessments (various teams)
 - Restraint - in Poplar ward, which is a Psychiatric Intensive Care Unit (PICU)
 - Care planning and risk assessments (various teams)
 - Premises and environmental work – in inpatient & community settings
 - Medicines - Crisis Resolution & Home Treatment CRHT)
 - Equipment and medical devices – in Adult locality teams & IASS (Intensive Assessment and Support Service) ward
 - Restraint – in PICU, Phoenix & OPMH (Older People's Mental Health) wards
 - Food – in GMH & S3 wards
 - Mandatory training – in S3 ward & Phoenix Centre
 - Performance monitoring – in Children's community services
 - Incident reporting – in OPMH community teams

3.5 **Part 3** contains actions for gaps and weaknesses noted in both Trust and service-level reports that were not highlighted by the CQC as required actions and are not already covered as a Trust level action in Part 2.

- Requiring commissioner support
 - Section 136 suite
 - Enhanced services for young people with ADHD (Attention Deficit & Hyperactivity Disorder) & ASD (Autism Spectrum Disorder)
 - Delayed discharges due to lack of available community housing
- CPFT responsibility
 - Section 136 suite
 - MHA compliance
 - Premises and environmental work (community setting)
 - Medicines management

3.6 The clinical Directorates also have their action plan setting out actions to be taken at service/team level. These feed into the over-arching Trust action plans.

- 3.7 A CQC Oversight Group has been established to monitor the implementation of the action plan, with clear lines of reporting to the Performance Review Executive, Quality Safety and Governance Committee and the Trust Board.

4. ISSUES RAISED BY THIS COMMITTEE

The Health Scrutiny Committee has raised a number of questions with CPFT in advance of the meeting. These, and CPFT's responses, are set out below.

4.1 *Consent to treatment procedures needed improving*

This Committee was interested to hear what the specific issues raised in the report were in relation to consent to treatment procedures. These are specified below.

Action points	Service-level actions	Trust level actions
Springbank ward - <i>five patients' prescriptions had mistakes between what was documented on their T2 form and what medicines patients had been prescribed</i>	No substantive doctors on the ward at the time, now resolved. Consultant Psychiatrist now monitors this in weekly Clinical Reviews	1.1 Review and strengthen the process and framework for MHA and MCA monitoring across the Trust, to include: <ul style="list-style-type: none"> • reviewing and updating the MHA administration monitoring tool • team-based monitoring to be included in InCA (In progress) 1.2 Strengthen the MHA administration processes over s58 procedures by building in an escalation framework (to the Clinical Director and Medical Director) into the monitoring process (Completed) 1.3 Continue with the performance management framework and regular reporting to Directorate PRE's, MHA Legislation Group and QSG Committee – (Ongoing) 1.4 Carry out a Trust wide audit (In progress) and re-audit of the administration and medication content of s58 statutory T forms,
Hollies & IASS wards - <i>for two patients there was no record of formal mental capacity assessments or best interests assessments in relation to the specific decision of medical treatment given to patients who were subject to DoLS (Deprivation of Liberty Standards).</i>	All Mental Capacity Act and Best Interest assessments completed and recorded in the correct location within RIO patient records	
Phoenix Centre – <i>capacity and consent was not being assessed and recorded on admission in line with the code of practice</i>	The forms used at the Phoenix was developed in the CAMHS (Child & Adolescent Mental Health Service) Care Programme Approach assessment form which does not pull through to the consent section on RIO (electronic patient records system)– amend RiO	
OPMH wards - <i>recording of capacity assessments and decision specific consent varied across the four wards</i>	Meeting held on 22nd October with all OPMH wards to identify the process of using capacity assessments on RIO.	
<i>There was also an incident of an informal patient on another ward (unspecified) being restrained and given medication without their</i>	None as ward not specified in the report	

<i>consent. The first record of consideration of the use of the MHA was approximately 6 hours after the incident.</i>		to include the quality of related documentation
---	--	---

4.2 Please expand on the concerns CQC had in regards to “restrictive practices” and how CPFT is addressing these with reference to the MHA guidance.

The CQC Trust level report specifically noted that (pg 6) “*The Trust had met its target required under the Department of Health’s ‘Proactive and Restrictive Care reducing the need for restrictive interventions’ agenda. There had also been a decreasing level of restraint and seclusion over the previous 12 months.*”

The report further added (pg 20) “*We observed a number of examples of staff managing patients’ aggressive behaviour effectively with an emphasis on de-escalation techniques. Additional data supplied by the Trust indicated that levels of restraint had decreased since January 2014.*”

Specific issues around restraint were only noted in the following services:

Action points	Service-level actions
OPMH wards - <i>not all staff were clear what interventions constituted restraint, and how this practice should be recorded.</i>	Meeting held on 22nd October with all OPMHS wards to discuss restraint as applicable to safe holds. Information to be disseminated to staff (Completed)
Adult acute wards - <i>prone restraint was used on occasion, and most prone restraint was for the administration of rapid tranquilisation</i>	Continue to implement CPFT Positive & proactive plans (Ongoing)

Actions being taken by the Trust are as follows:

- Continue with the work around embedding the standards around positive and proactive care across the Trust’s inpatient services. This includes:
 - Establishment of the Positive & Proactive Care (PPC) Steering Group
 - Refining the Datix reporting system to capture data around restrictive care practices
 - Provision of Physical Intervention Training in the new techniques. Trajectory for all inpatient staff to be trained by January 2016
 - Training staff to administer intramuscular injection in supine rather than prone position
 - Development of post-incident debriefing for staff and service users
- Involve CCG in the Trust review of restraint practice as part of Clinical Quality Review (CQR) process

It is worth noting at this point that we have continued to improve our practice around restraint as part of the Trust’s work on embedding the Department of Health’s Proactive and Restrictive care agenda.

The PPC Steering Group continues to meet monthly to monitor incident reports. Our records show that there were 58 incidents of use of restraint between August 2014 – February 2015 of which 29 (50%) were restraints in the prone position. In Quarter 1 of

2015/16 there were 9 cases of restraint using the prone position (face down) across all wards, and 4 cases in Quarter 2 which is a significant improvement.

4.3 ***What are the specific staffing issues in community teams and acute services that are affecting the waiting times and what is CPFT with partners doing to address these? This may feature as part of the January 21st discussion.***

The CQC Trust level report noted that (pg 21), whilst the Trust had challenges regarding recruitment and retention and maintaining safe staffing levels, they also saw detailed action plans and positive information about recruitment initiatives and found that staffing levels were improving for a number of teams.

Specific staffing issues affecting waiting times were noted in the Children's community and Cambridge Adolescent Mental Health Services, as follows:

Action points	Trust level actions
Speech & Language Therapy (SaLT) - staffing was not at a level to meet demand with a rapidly increasing waiting list	<ul style="list-style-type: none"> CPFT and the Local Authority to agree new service specifications through contract negotiations round for 2016/17 <i>Note: CPFT is contributing to a county wide review of SaLT commissioned by the Joint commissioning unit this will look at a needs analysis and a consistent equitable service across the county</i> CPFT to continue implementing SaLT triage for pre-school children from the additional non recurrent funding of £40K from Commissioners (In progress)
Community nursing - staff were mutually supportive providing cover for each other. However it was considered that this service operated on the 'good will' of its employees and without additional resource may not be sustainable in the long term.	To identify capacity required and agree new core service specifications within the resource envelop and address these issues with commissioners as part of system redesign programme through the contract negotiations round for 2016/17 <i>Note: CPFT has already undertaken a joint review of the service and reduced the demand by stopping some services (like constipation and Eczema clinics).</i>
School nursing - numbers had not increased in line with population increases in recent years. Caseloads were not being managed by the current level of staffing	CPFT and the Local Authority will agree a commissioning model with new service specifications and skill mix that will adequately respond to the increasing demand through the contract negotiations round for 2016/17
Health visitors - managing a caseload of 450(should be 380) plus families. Recommended caseload is 300 with an ideal caseload of 250 families, depending on the complexity of the individual family needs	The Directorate will work with Commissioners on a workforce model, with a skill mix that will adequately respond to the increasing demand to ensure safe, effective practice and full delivery of the service specification
CAMHS - Ensure that the	<ul style="list-style-type: none"> Continue to implement the actions set out in the

Action points	Trust level actions
<p>CAMHS community team have the capacity to ensure that the waiting lists in community mental health teams are reduced and effectively managed.</p> <p>In the previous 12 months there had been two incidents involving young people who had been choice assessed and were waiting to start treatment but had not been identified as high risk</p>	<p>Waiting List Project work plan which aims to reduce the waiting list to within 18 weeks target (In progress)</p> <p>Continue with localised recruitment programme to increase workforce and capacity to bring down the waiting list (In progress)</p> <ul style="list-style-type: none"> • Pilot and implement CAPA (Choice & Partnership Approach) model across all CAMHS teams. To be implemented in Peterborough initially. • CPFT to model capacity and demand to CAMHS that sets out clear trajectories for meeting demand on services. <p>Note 1: CCG has provided £600,000 recurrent funding and £150,000 non-recurrent funding to reduce the waiting list. The waiting list is being reduced as projected.</p> <p>Note 2: The commissioners have also identified non-recurrent funding of £340,000 from the transformation money once the transformation plans are approved by NHS England to clear the waiting list for ADHD and ASD assessments. A business case is being developed to agree a new integrated model of neurodevelopmental service with joint working between CPFT and Cambridge Community Services. Recurrent funding will be identified by the commissioners to develop a sustainable service.</p> <ul style="list-style-type: none"> • The Directorate will work with commissioners on transformational system review and redesign across CAMHS services to take account of increased demand & acuity. (In progress)

Staffing issues in inpatient services were noted by the CQC in the following areas.

Action points	Service-level actions
Springbank - nursing and medical staffing levels were poor	<ul style="list-style-type: none"> • Medical staffing (Resolved) • Nursing recruitment ongoing as part of the Trust Recruitment Retention action plan.
Poplar (PICU) - low level of staff at night on ward meant that patients could potentially access ligature points without the notice of staff.	<ul style="list-style-type: none"> • Zonal observations of environment to be in use as an interim measure until estates work completed • Staffing levels monitored on a daily basis and where required, additional staff will be rostered ongoing
Mulberry 1 and Mulberry 2 - availability of psychological input	<ul style="list-style-type: none"> • Resolved. Band 8a & 5 in post
Mulberry 1 and Oak 4 - no psychologist in post at the time of inspection although Mulberry 3 was recruiting	<ul style="list-style-type: none"> • Resolved
CRHT - there were no psychologists working within the teams	<ul style="list-style-type: none"> • Resolved
Eating disorder services (S3)	<ul style="list-style-type: none"> • Completion of a Safer Staffing Acuity Tool to

Action points	Service-level actions
and Phoenix) – <i>consider using a patient acuity tool to assess and plan staffing levels and ensure wards are working with the required established staffing levels</i>	determine staffing as part of the Trust wide safer staffing establishment review (Completed) <ul style="list-style-type: none"> • Monitor acuity of patients on a daily basis (during handover) and ensure staffing reflects the needs of the patients (Ongoing)
Darwin Centre - <i>one member of staff below establishment</i>	The ward uses temporary staff to fill the staffing gaps while they continue with recruitment plans.

Actions being taken by the Trust are as follows:

- CPFT will complete the review of staffing establishment within inpatients in line with Hard Truths recommendations. **Completed** and presented to the Board in November 2015.
- CPFT will share the outcome of the staffing establishment review and work with commissioners to identify any cost/funding implications for 2016/17, taking account of funding already agreed in the interim. **Completed** and shared with CCG on 9 December CQR meeting.
- CPFT will work with commissioners to ensure any additional cost/funding implications arising from the staffing establishment review will inform the contract negotiations round for 2016/17.

4.4 The CQC's "are services safe?" category requires improvement. What are the issues identified by the CQC and what is CPFT doing to make sure services are safe.

Under the heading of 'Are services safe?' the CQC Trust level report noted that

- Clinical risk assessments were thorough and comprehensive, reflecting the needs and risks of patients.
- The Trust had an increasingly good track record on safety over the previous 12 months.
- Effective safeguarding and whistleblowing procedures were in place. Staff felt confident to report issues of concern and learning from events were noted across the Trust.
- Staff are aware of their responsibilities under the Duty of Candour requirements.
- The Trust had met its targets required under the Department of Health's 'Positive and Proactive Care reducing the need for restrictive interventions' agenda. There has also been a decreasing level of restraint and seclusion over the previous 12 months.

The CQC identified six key areas that needed improvement:

- Staffing – please see **4.3**
- Restrictive practice – please see **4.2**
- Out of hours Learning Disability psychiatry cover in IASS – please see **4.5**
- Clinical rooms in Oaks 1, 2 & 3 wards
- Ligature points
- Health-based place of safety

Clinical rooms in Oaks 1, 2 & 3 wards

The CQC report noted that the clinical rooms in Oaks 1, 2 and 3 where they dispensed medicines were “*very small*” and “*there were no hand washing facilities*” which means staff had to leave the clinic rooms to prepare medicines in the area where patients made their own drinks and snacks, raising concerns about infection control risks. The CQC also noted that a business plan had been submitted to the Trust to address this. Our Estates team are working with the wards to explore options to address the improvement work required.

Ligature points

The CQC Trust level report noted that (pg 18) the Trust had undertaken an annual programme of environmental health and safety checks, and ligature risk assessments were reviewed as part of this programme.

Ligature risks were specifically noted by the CQC in the Psychiatric Intensive Care Unit (Poplar ward), the Darwin Centre and the Croft Unit:

- **Poplar ward**

The CQC saw completed environmental risk assessments which were regularly updated. Moreover, the ward had undertaken and updated a ligature risk assessment. There were minimal ligature points in the ward but this had been identified in the risk assessment. Control measures were found to be in place to minimise the risk to patients, including the use of nursing observations. The CQC raised concerns about the low level of staff at night on ward which meant that patients could potentially access ligature points without the notice of staff. This is being addressed as part of the Safer staffing establishment review (please see 4.3)

- **Croft Unit**

The CQC referred to cameras mounted on the walls in various rooms around the unit. However, these rooms were only used when supervised by staff.

- **Darwin Centre**

The CQC referred to one ligature risk, which was a door handle leading to the garden which was not anti-ligature. This has been replaced.

In addition, the CQC report noted that each ward had undertaken ligature risk assessments within the adult acute services and a ligature risk had recently been identified on anti-ligature furniture. All staff were aware of the risk and arrangements had been made to remove the risks.

The CQC report also raised concerns around lines of sight in Poplar (PICU), the Darwin Centre, the Croft Unit, S3 and the Section 136 suite. These are being addressed through the installation of convex mirrors.

Actions being taken by the Trust are as follows:

- Replace door handle in Darwin Centre **Completed**
- Review and re-audit ligature risks across all inpatient areas. Update risk assessments, mitigations and action plans where required, and reflect in the ward risk registers where appropriate. **In progress**

- Continue regular monitoring of ligature audit action plans via Strategic Ligature Reduction Group (SLRG). **Ongoing**
- Complete the cycle of inpatient establishment review to take account of increased acuity, observations and other environmental factors, including poor lines of sight and staffing requirements at night. **Completed**
- Ensure that identified environmental works are completed within planned timeframes, as follows (**In progress**):
 - Replacement of bathroom doors in identified adult inpatient areas
 - Removal of anti-ligature furniture in identified adult inpatient areas
 - Installation of convex mirrors to improve lines of sight (PICU, Section 136 Suite, The Croft, Phoenix, S3)
- Continue to provide regular thematic analysis reports on Datix incidents, paying particular attention to ligature risk incidents. **Ongoing**

Health-based place of safety (section 136 suite)

The CQC noted that “*some areas in the health-based place of safety could not be observed. Staff were aware of these and had taken mitigating action to ensure people who used the service were observed at all times.*” This is being addressed through the installation of convex mirrors and review of staffing establishment.

4.5 On the IASS ward there was no out-of-hours learning disability psychiatry rota to support patients and staff. Patients had to attend the acute hospital out-of-hours putting additional pressure on the system. How is this being resolved?

Out of hours psychiatry cover is provided by all appropriate Trust psychiatrists including Learning Disability psychiatrists. The service is reviewing the model of out of hours Learning Disability ward arrangements to explore the option of speciality specific cover.

4.6 We understand that CPFT have some concerns around delayed discharge of patients with learning disabilities, where the delay can result in a loss of a community placement. Can CPFT further expand on these concerns.

Issues around delayed discharges were noted in Mulberry 3, Oak 4 & GMH wards due to housing difficulties while patients were waiting for suitable accommodation to become available.

Actions taken by CPFT are as follows:

- CPFT will work with the Local Authority on strategies to address delayed discharges due to lack of appropriate housing in the community.
- Continued monitoring of delayed discharges through PRE and performance reporting framework

Action taken by Mulberry 3 and Oak 4 – The Acute Care Forum review lengths of stay across Recovery wards and systems/processes in place to support discharges.

5. SIGNIFICANT IMPLICATIONS

5.1 Resource Implications

The most significant implication arising from the CQC inspection reports relate to staffing resources, and are directly linked to the funding for services from the Trust's

commissioners. As such, we have worked closely and engaged with our commissioners in developing the CQC action plan as this can only be addressed with their support.

All commissioners have committed to address this as part of the contract negotiations round for 2016/17.

5.2 Statutory, Risk and Legal Implications

CPFT has a statutory obligation to comply with the CQC Fundamental Standards of Quality and Safety. Breaches in compliance will impact upon its contractual and regulatory obligations, particularly with its Commissioners and Monitor.

5.3 Equality and Diversity Implications

CPFT is committed to the principles of equality and diversity, and the CQC action plan will ensure that residents within Cambridgeshire and Peterborough will have access to fair and equitable care across its services.

5.4 Engagement and Consultation Implications

CPFT has worked with and engaged its commissioners in the development of the CQC action plan, which has been developed in consultation with the clinical Directorates, relevant Trust leads, Board of Governors and Non-executive Directors of the Trust.

5.5 Localism and Local Member Involvement

Not applicable

5.6 Public Health Implications

Please see 5.3 above.

Source Documents	Location
CQC inspection reports for CPFT	http://www.cqc.org.uk/search/services/mental-health/CPFT?location=&latitude=&longitude=&sort=default&la=&distance=15&mode=html

--	--