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Nottingham City Council

'To Follow' Agenda Items

This is a supplement to the original agenda and includes the reports were marked as 'to follow'

Nottingham City Council
Health and Adult Social Care Scrutiny Committee

Date: Thursday 11 April 2024

Time: 9:30am

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Scrutiny and Audit Support Officer: Adrian Mann **Direct Dial:** 0115 876 4353

Agenda **Pages**

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Health and Adult Social Care Scrutiny Committee
11 April 2024

Ambulance Waiting Times

Report of the Statutory Scrutiny Officer

1 Purpose

1.1 To scrutinise the local position in relation to the waiting times for an ambulance and the system-wide approaches in place to improve performance in this area.

2 Action required

2.1 The Committee is asked:

1) to make any comments or recommendations in response to the report from the NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) on the current waiting times for an ambulance and the system-wide approaches being taken to improve these; and

2) to consider whether any further scrutiny of the issue is required (and, if so, to identify the focus and timescales).

3 Background information

3.1 As part of achieving service recovery within the NHS following the Coronavirus pandemic, the national Urgent and Emergency Care Recovery Plan included objectives to address increased response times across all ambulance services to emergency incidents. Ambulance trusts were asked to provide plans to increase capacity and manage demand to achieve a national emergency incident response time of 30 minutes for 2023/24. The East Midlands Ambulance Service (EMAS) developed a plan around three main focuses to improve its response time to emergency incidents: increasing capacity, managing demand and supporting staff. An average response time target of 39 minutes 49 seconds was set for the year.

3.2 Although performance across all of the ambulance response standards improved in January 2024 when compared to December 2023, none of the national performance standards were achieved, with EMAS' target response time to emergency incidents being missed by 2 minutes and 56 seconds, on average. Ultimately, high demand and hospital handover delays have impacted on ambulance waiting times, with the third and fourth weeks in January being particularly challenging.

3.3 EMAS' frontline resources remain high and there has been an increase in available hours through further recruitment and the use of additional ambulance providers. Sickness absence amongst frontline staff has reduced, but still

remains higher than target. Transport rates to hospitals continued to be relatively stable in January 2024, but a number of hospitals were experiencing periods of sustained pressure that impacted on patient handover times. Although there was a slight reduction when compared to December 2023, a quarter of patients met with prolonged waits during January 2024 – though the proportion of patient safety incidents and serious incidents remained stable.

3.4 To seek to help reduce demand for an ambulance, EMAS has introduced two Specialist Practitioner Hubs in Nottinghamshire. The Hubs are able to review patients waiting for an ambulance response, offer clinical advice and assess whether there is a more appropriate pathway available to meet patient need. The Specialist Practitioners are also available to respond to, see and treat patients before an ambulance arrives.

3.5 Additionally, a collaborative improvement plan has been put in place with the Nottingham University Hospitals NHS Trust (NUH) to support ambulance and hospital staff in handing over patients in a timely and effective way, so that ambulances are freed to respond to new incidents more quickly. NHS England's 'Getting It Right First Time' team has visited NUH and produced a report identifying six areas of focus for improvement, and EMAS, NUH and the ICB continue to work closely together in order to track and refine the collaborative improvement plan in response. Plans and performance are monitored at the Ambulance Turnaround Group, with oversight at the Urgent Emergency Care Delivery Board.

4 List of attached information

4.1 Report: Nottinghamshire Urgent and Emergency Healthcare

5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

6 Published documents referred to in compiling this report

6.1 None

7 Wards affected

7.1 All

8 Contact information

8.1 Adrian Mann, Scrutiny and Audit Support Officer
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NHS
Nottingham and Nottinghamshire

Nottinghamshire Urgent and Emergency Healthcare

Briefing for Nottingham Health and Adult Social Care Scrutiny Committee

April 2024

1. Introduction

The purpose of this paper is to provide an update on ambulance waiting times and the system-wide approach to addressing these.

2. Winter plan context

Nottingham and Nottinghamshire Integrated Care System (ICS) representatives have previously presented to the Nottingham Health and Adult Social Care Scrutiny Committee regarding our winter plan and the approach that we were taking to manage winter across the system.

The system winter plan was developed with colleagues across the Nottingham and Nottinghamshire system to triangulate the collective impact of all providers winter plans, ensuring alignment with national guidance, taking the learning from previous winters and also looking at best practice guidance. The plan describes clear governance structures and specific actions from each provider to navigate the challenges posed by winter demand. The plan emphasises a risk-based approach, identifying and addressing potential threats to the system.

The plan is overseen ultimately by the system Urgent and Emergency Care (UEC) Board (chaired by Nottingham and Nottinghamshire Integrated Care Board (ICB) Chief Executive), weekly by the UEC Programme Board and daily through our System Co-ordination Centre and our daily operational resilience calls.

The System Co-ordination Centre manages the day-to-day operational resilience of our health and social care teams and supports with escalations to ensure that we maintain effective escalation for all system partners as a whole to preserve system performance. Our System Co-Ordination Centre has been pivotal to supporting the system through challenges such as industrial action, hospital handover delays and the impact on ambulance crews' ability to respond to patients waiting in the community, and co-ordination of escalation actions across providers.

The actions and programmes of work being undertaken by the Nottingham and Nottinghamshire ICS in 2023/24, in response to the NHS England documents "Delivery Plan for recovering urgent and emergency care services"[1] and "Delivering operational resilience"[2], the Primary Care Recovery Plan[3] and the Elective Recovery Plan[4], will enable the Nottingham and Nottinghamshire ICS to respond better to the increased demands on health care services during the Winter period.

[1] NHS England » Delivery plan for recovering urgent and emergency care services
[2] NHS England » Delivering operational resilience across the NHS this winter
[3] NHS England » Delivery plan for recovering access to primary care
[4] Coronavirus » Delivery plan for tackling the COVID-19 backlog of elective care (england.nhs.uk)

Alongside these four documents, NHS England set out four areas of focus to enable systems to prepare for Winter:

1. Continue to deliver on the UEC Recovery Plan by ensuring high-impact interventions are in place.
2. Completing operational and surge planning to prepare for different winter scenarios.
3. ICBs should ensure effective system working across all parts of the system, including acute trusts and community care, elective care, children and young people, mental health, primary, community, intermediate and social care and the Voluntary, Community and Social Enterprise (VCSE) sector.
4. Supporting our workforce to deliver over winter.

We have worked collaboratively with all system partners throughout the winter period and have taken steps to reflect on actions that have worked well, putting in improvement actions quickly.

3. Operational delivery

It has been a challenging winter with two critical incidents, two major incidents and eight business continuity incidents to manage with system partners, alongside seven periods of industrial action and 30 days of industrial action managed across the system since September 2023. A summary of the industrial action, major incidents and critical incidents can be found in Table 1.

Table 1. Summary of the industrial action, major incidents and critical incidents

Date	Type of incident	Organisation
19 - 21 Sep	Consultants Industrial Action	All
20 - 23 Sep	Junior Doctors Industrial Action	All
02 - 05 Oct	Junior Doctors and Consultants Industrial Action	All
03 - 04 Oct	Radiographers Strike	All
23 Oct	Major Incident - Storm Babet	LRF
30 Oct	Critical Incident - Capacity and Flow	NUH
20 - 23 Dec	Junior Doctors Industrial Action	All
02 - 08 Jan	Major Incident - Storm Henk	LRF
03 - 09 Jan	Junior Doctors Industrial Action	All

03 Jan	Critical Incident - Capacity and Flow	System
24 - 28 Feb	Junior Doctors Industrial Action	All

A critical incident is any localised incident where the level of disruption results in a system partner temporarily or permanently losing its ability to deliver critical services, protect patient safety, or operate within a safe environment. This means to restore normal operating functions; we need to take special measures and additional support from other services and organisations[5].

The decision to declare an incident is in response to a live situation of risk. A critical incident can last hours, days or even weeks in some circumstances. Critical Incidents can be confined to a single NHS organisation or be system-wide, i.e., affecting more than one NHS organisation.

4. Hospital Handover Context

As part of the wider NHS recovery, the national Urgent and Emergency Care Recovery Plan included objectives to support patients being seen more quickly in emergency departments; with the ambition to improve to 76% of patients being admitted, transferred and discharged within four hours by March 2024, with further improvement in 2024/25. Performance of hospital handover times has deteriorated at NUH in recent months. In the Emergency Department (ED), the volume of patients attending and arriving by ambulance remains stable, however with the pressures on occupancy, timely outward flow from ED remains challenging and has been subject to delays. With no significant improvement in outward flow, the crowding in ED has increased significantly in recent months.

The interplay between restricted patient flow out of ED and acute medicine, increased crowding in ED and acute medicine and deteriorating hospital handover time has been a persistent feature in NUH. During and after industrial action, it has not been possible to effectively support crowded clinical areas: some patients have been moved to base wards (boarding) and some held by EMAS resulting in further deterioration in the time that ambulance crews can be released to respond to patients waiting in the community. The reduced ED footprint within the ED majors has constrained our ability to sustain crowded areas.

5. EMAS performance

As part of the wider NHS recovery, the national Urgent and Emergency Care Recovery Plan included objectives to address increasing response times across all ambulance services for Category 2 incidents. All ambulance trusts were asked to provide plans to increase capacity and manage demand to achieve a national Category 2[6] response time of 30 minutes in 2023/24. EMAS developed a plan around three main pillars: Increasing Capacity, Managing

[5] https://www.england.nhs.uk/wp-content/uploads/2022/07/B0900-NHS-Emergency-Preparedness-Resilience-and-Response-Framework-version-3.pdf

[6] Category 2 ambulance calls are those that are classed as an emergency or a potentially serious condition that may require rapid assessment, urgent on-scene intervention and/or urgent transport.

Demand and Supporting Staff with associated contributary Category 2 response improvement trajectories with a Category 2 mean response time target of 39 minutes 49 seconds for the year.

6. EMAS wide update

Performance across all the ambulance response standards in January 2024 improved compared to December 2023, despite high activity and increased hospital handover delays. No national performance standards were achieved in January 2024.

As of the 31 January 2024, EMAS was not achieving the full financial year Category 2 improvement target of 39 minutes and 49 seconds, by two minutes and fifty-six seconds.

High demand and hospital handover delays have continued in January, with the third and fourth weeks in January being particularly challenging. Average hospital handover delays and hours lost were the highest so far this year, being substantially higher than forecast (directly impacting on the Category 2 performance).

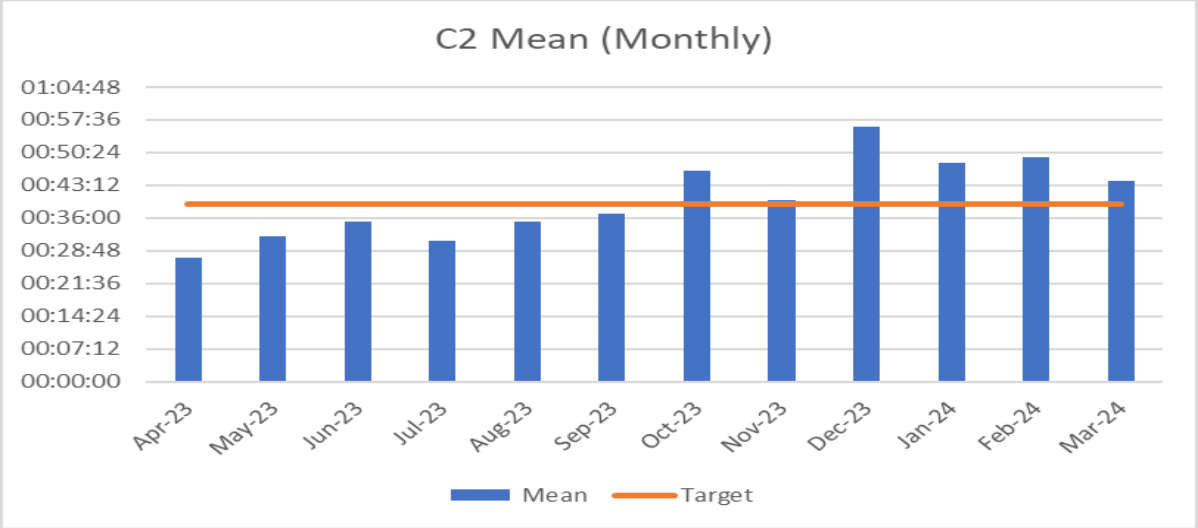
EMAS frontline resource hours remain high. There has been an increase in available hours through additional recruitment (EMAS exceeded its target to recruit 422 new frontline recruits during 2023/2024), a reduction of staff turnover (turnover has been below 10% since June 2023), overtime and the use of additional ambulance providers and the Trust is consistently outperforming the number of hours planned into the performance trajectory. Sickness has reduced in January, but still remains higher than the target.

Conveyance rates to hospitals from EMAS remained relatively stable in January 2024, although a number of hospitals experienced periods of sustained pressure which impacted on hospital handover times. There were as an average of over 728 additional hours lost in pre handover greater than 15-minutes each day (an average daily increase of circa 183 hours more each day compared to December).

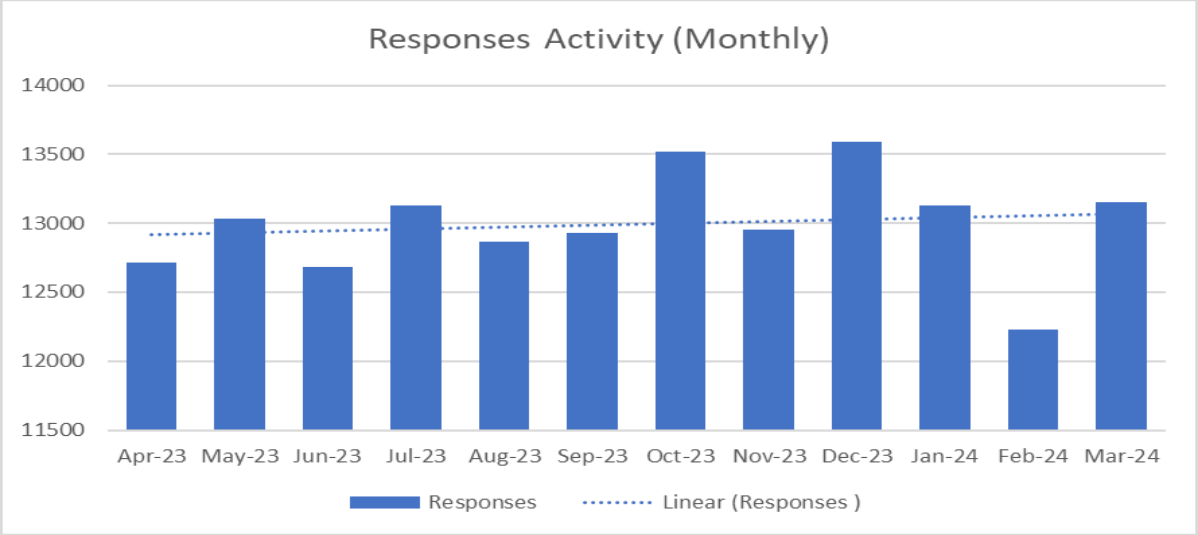
As resourcing and activity are within the modelled parameters for the Category 2 trajectory the biggest factor in the reduced performance was hospital handovers delays. A quarter of patients experienced prolonged waits in January 2024, a slight reduction compared to December. The proportion of patient safety incidents and serious incidents remains stable.

7. Nottinghamshire Divisional Performance

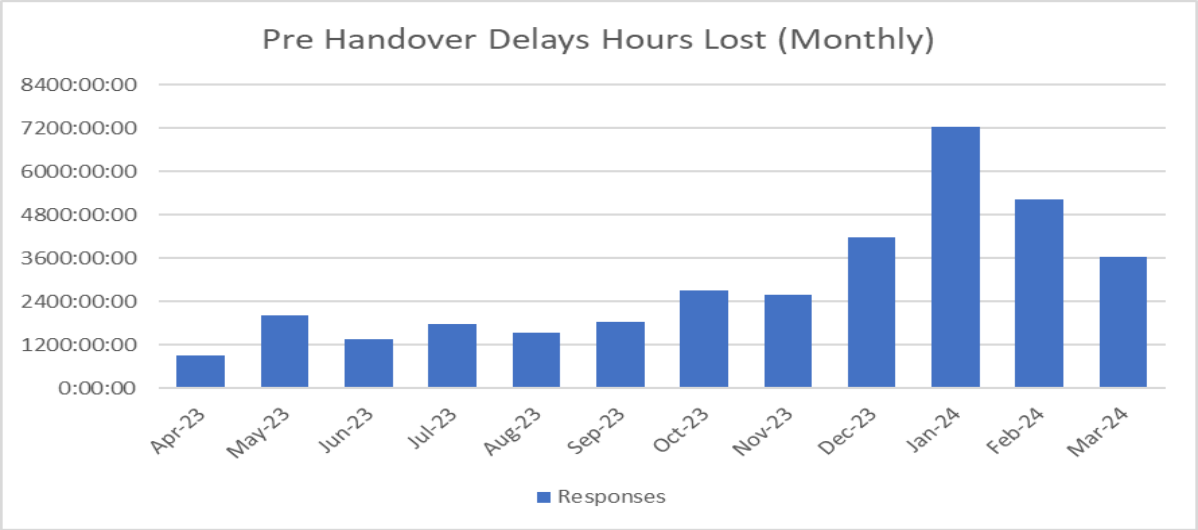
EMAS is commissioned and required to achieve the national ambulance performance standards across the East Midlands area (including the locally commissioned Category 2 improvement trajectory). EMAS is not commissioned, and therefore not resourced, to achieve the national standards for a county or city-based area. However, to aid discussions, the following data describes performance across the Nottinghamshire division.



The above chart shows for Nottinghamshire where the target is for the C2 mean (monthly).



The above shows the level of responses for Nottinghamshire Division of EMAS (monthly).



The above shows the level of hours lost to hospital handover delays in Nottinghamshire.

The NHS England Ambulance Response Programme was introduced in 2017 after an extensive review of how ambulance Trusts should respond to patients. It was anticipated that Category 2 calls would account for 48% of each Ambulance Trusts activity, however in Nottinghamshire, this currently accounts for 49.5% of our total demand.

Overall demand in Nottinghamshire increased by 1.61% between 2022 and 2023, however for the same period reviewed for the activity charts within this report (1st Feb to 12th March), we have seen an increase of 13.5% compared to the same period in 2023. This is a small period of data capture, and we would anticipate the yearly increase in demand would be in line with the previous two years, however this demonstrates the level of activity the division faces during the winter period. This increase in demand is split proportionally across the division.

The Nottinghamshire Division of EMAS regularly reviews how we respond to patients, one of our latest initiatives is to introduce two Specialist Practitioner Hubs, one in the South of the division and one in the North. Specialist practitioners are paramedics with additional skills, one of these skills is to provide enhanced telephone triage. Specialist Practitioners are able to review patients waiting for an ambulance response, offer clinical advice and assess if there is a more appropriate pathway available. Specialist Practitioners are also available to respond to 'see and treat' patients.

8. UEC Flow Action Plan

Due to this challenged position over the winter months in relation to hospital handover times at NUH, the system has developed a collaborative improvement plan working together to support NUH staff to be able to accept a clinical handover from ambulance crews in a timely and effective way.

Key elements of this plan include:

- The Trust is participating in an NHS England Midlands "100 Day Challenge" with weekly meetings to improve the 4 hour wait performance and expects to experience a level of improvement in these metrics over the coming weeks.
- Same Day Emergency Care (SDEC) capacity is also in the process of being increased and reorganised – this will increase the numbers of patients who can be treated without the need to be admitted and therefore support the performance on our emergency department.
- Virtual Ward capacity increased in January to 195 beds – offering a further route for patients to leave hospital. Work continues to release more capacity for step up virtual ward beds with Community Providers. Occupancy of Virtual Wards increased from 81.7% in December to 99% in January
- Strong clinical focus on 12 hour delays in ED, taking learning from other Trusts' implementation of "Continuous Flow Models";
- Increased clinical review of the Emergency Operations Centre call stack for Nottingham and Nottinghamshire patients to support all possible alternative pathways;
- NUH Emergency Department to identify a clinician each day to oversee hospital handover delays.

- Further system work on improving hospital discharges and patient flow, with significant progress having been made on the accuracy of discharge and reasons for delay across the system.
- The implementation of care transfer hubs, now operating 6-days a week.
- Focus from the System Discharge Board on addressing discharge issues, with a prioritisation of securing the right care home capacity for the medium term.

The national NHS England 'Getting It Right First Time' (GIRFT) team have recently visited NUH and their report provides 6 areas to focus on for improvement. A monthly monitoring meeting will be held with the GIRFT team to ensure progress is being made. We are demonstrating progress against this collaborative plan and EMAS, NUH and the ICB continue to work closely together in order to track and refine the plan in response to the daily challenges. Plans and performance are monitored at the Ambulance Turnaround Group, with oversight at the Urgent Emergency Care Delivery Board.

9. Recommendations

Nottingham Health and Adult Social Care Scrutiny Committee is asked to note the contents of this report.

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Health and Adult Social Care Scrutiny Committee
11 April 2024

Nottinghamshire Healthcare NHS Foundation Trust – Care Quality Commission Assessment Outcomes

Report of the Statutory Scrutiny Officer

1 Purpose

1.1 To scrutinise the outcomes of the recent Care Quality Commission (CQC) assessments of the mental health services provided by the Nottinghamshire Healthcare NHS Foundation Trust (NHT) and the improvement activity proposed in response.

2 Action required

2.1 The Committee is asked:

1) to make any comments or recommendations in response to the report from NHT on the CQC assessment results relating to the mental health services that it provides and the improvement activity proposed as a result; and

2) to consider whether any further scrutiny of the issue is required (and, if so, to identify the focus and timescales).

3 Background information

3.1 The CQC carried out a series of unannounced, focused inspections of NHT's mental health service provision during June, July, October, November and December 2023, as it had received information that raised concerns about the safety and quality of the services. The CQC published its reports on 17 January and 1 March 2024, with the ratings levels going down from the 'requires improvement' assessment given previously in 2022 to 'inadequate'. A rapid review of mental health services was also commissioned by the Secretary of State in January 2024, and the results of this were published on 26 March 2024.

3.2 The Committee has engaged with NHT on a number of occasions in relation to both overall service delivery and individual provision. NHT representatives attended the Committee meeting on 13 May 2021 to review its strategic and transformation work in the context of the Coronavirus pandemic, and future mental health service commissioning was discussed at the meeting on 23 March 2023. The Committee has also reviewed specific provision with NHT and its partners, including psychological services, eating disorder services, the support available to people with co-existing substance misuse and mental health needs and the support offer to people in mental health crisis. A number

of the themes that the Committee has discussed with NHT previously are relevant to the findings of the CQC reports.

3.3 As a result of the CQC reports and the Section 48 review, NHT has been placed within Segment 4 of the NHS National Oversight Framework. This is for NHS Trusts where there are very serious, complex issues in relation to service quality and/or finance concerns that require intensive support. NHT is now working rapidly to develop an Integrated Improvement Plan to address all of the actions and recommendations arising from the CQC reports, and also from Prevention of Future Deaths notices and other external reviews. This plan will be finalised by the end of April and it is intended to cover the full scope of the challenges faced by NHT, including patient safety, service quality, people and culture, finances and leadership. NHT is being supported by the national NHS England Recovery Support Team in developing this plan, which will be delivered as a NHT-wide Improvement Programme.

4 List of attached information

4.1 Report: Nottinghamshire Healthcare NHS Foundation Trust: Care Quality Commission Inspections and Reviews

5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None

6 Published documents referred to in compiling this report

6.1 Care Quality Commission Inspections – Nottinghamshire Healthcare NHS Foundation Trust

6.2 Reports to, and Minutes of, the Health and Adult Social Care Scrutiny meetings held on:

- 13 May 2021
- 23 March 2023

7 Wards affected

7.1 All

8 Contact information

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Nottinghamshire Healthcare NHS FT: CQC inspections and reviews

Briefing for Nottingham Health and Adult Social Care Scrutiny Committee

April 2024

Introduction

1. This briefing will provide an update on recent Care Quality Commission (CQC) reports on Nottinghamshire Healthcare NHS FT, including the reports on Rampton, Adult Inpatient Services and Older Adult Inpatient Services as well as the Section 48 review commissioned by the Secretary of State for Health and Social Care. The briefing outlines some of the key actions the Trust has taken in response and to the plans for improving our services further.

Background

2. Over the past three months, the CQC have published several key reports into services provided by Nottinghamshire Healthcare NHS FT. These are:

- **Report into Rampton Hospital – Overall finding Inadequate.**
  Report Published 17th January 2024; Inspection took place June/July 2023
  Core Service - High secure hospitals - (17/01/2024) INS2-18268147597 (cqc.org.uk)

- **Acute Wards for adults of working age and psychiatric intensive care wards – Overall finding Inadequate**
  Report published 1st March 2024
  Core Service - Wards for older people with mental health problems - (01/03/2024) INS2-18347625871 (cqc.org.uk)

- **Wards for Older People with mental health problems – Overall finding Inadequate**
  Report published – 1st March 2024
  Core Service - Wards for older people with mental health problems - (01/03/2024) INS2-18347625871 (cqc.org.uk)

- **Section 48 Special Review of Mental Health Services at Nottinghamshire Healthcare NHS FT – Published 26th March 2024**
  Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust - Care Quality Commission (cqc.org.uk)

Section 48 Review

3. This review was commissioned by the Secretary of State for Health and Social Care and covered 3 workstreams:

- An assessment of the improvements made at Rampton Hospital
- A review of the quality and safety of our community mental health services, crisis services, and Early Intervention in Psychosis service.
- A review of records relating to the care and treatment of Valdo Calocane including care provided in non-Trust providers, such as primary care and independent hospitals.

Only the first two workstreams have reported to date, and given the Committee's concerns, we have focused on the issues relating to the second of these workstreams.

Section 48 Review Summary:

4. The CQC summary of their report is as follows:

- **People struggled to access the care they needed when they needed it, putting them, and members of the public, at risk of harm.** Like many other mental health services across the country, mental health services at NHFT were in high demand, with long waiting lists for community mental health teams, difficulties in accessing crisis care and lack of access inpatient beds. A lack of oversight for people on waiting lists and too many patients without a care coordinator was putting them, and the public, at risk of harm.
- **The quality of care and treatment across the trust varied and care provided did not always meet the needs of individuals.** While most patients were treated with kindness, compassion and dignity, the quality of care planning was inconsistent and patients, their families and carers were not always involved. The make-up and size of teams did not meet the needs of the local populations, and care and treatment was not always in line with the Mental Health Act 1983 and Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as well as current evidence-based good practice and standards.
- **High demand for services and issues with staffing levels meant that patients were not always being kept safe.** Complex staffing arrangements in community mental health services meant that staffing levels did not always match caseload sizes and the number of referrals received. Staff approach to risk assessment and risk management was inconsistent, which increased the risk of people coming to harm.
- **Leaders were aware of risks and issues faced by NHFT, but action to address safety concerns was often reactive.** There have been a number of changes in leadership in recent years. While leaders were aware of some of the current risks in safety and quality of services, they did not appear to have clear oversight of these. NHFT was taking action to address safety concerns, but these activities were predominantly reactive.
- **At a system level, we found issues with communication between services, which affected continuity of care for people. While the integrated care board was taking steps to improve quality, changes weren't happening quickly enough.** Patients told us that transferring between inpatient care and crisis care into community care was difficult, and that services did not always ensure continuity of care. This was made worse by poor communication between services. While the integrated care board and NHS England were taking steps to oversee and improve care, we were concerned that change was not happening quickly enough.

Trust Response

5. **Adult and Older Adult In-Patient services**

Enhanced Observations

- Written briefings on the importance and effective observations and the possible consequences of these not being carried out have been provided for staff, displayed in all wards.
- A programme of delivering face to face explanations of the importance of enhanced observations was carried out on all wards.
- Senior Managers have attended handovers to ensure they include allocation of observation responsibilities and ward meetings to complement the above.
- Training on effective observations has been provided to all staff who then complete competency checks. Observation training is included in inductions inc. Agency staff orientation.

- Assurance is provided by reviewing CCTV records against plan. We have now reviewed over 1,000 episodes of CCTV which confirmed a compliance rate of over 95%, with many wards now seeing no instances of non-compliance for several months.
- The Participation Team are investigating patient experience of being on enhanced observations.
- Therapeutic observations collaborative commenced.

Staffing

- Safety Huddles were introduced to all wards. Further work is required to fully exploit their potential.
- Daily Demand Meetings/Operational Huddles in place to oversee staffing and ensure staffing is distributed to address clinical demand.
- Support the use of regular Agency staff where the need is identified and derogation confirmed, thereby promoting continuity.
- Developed a recruitment campaign to include open days, college engagement, international recruitment, local advertising, career development, Preceptorship and wrap around support for newly qualified staff.
- Roster oversight and sign off improved.
- Establishment review panel chaired by Executive Director of Nursing and Finance Director to review local reviews using a triangulated approach to ensure establishments meet demand.

Medicine Management

- Across MHSOP wards, prescription charts are reviewed at each handover for signatures, T forms. Any omissions are challenged and addressed with the staff responsible in real time.
- Head of Nursing reviews prescription charts each week.
- Medication administration best practice learning/reflection sessions are in place on Silver Birch Ward. These are facilitated by the Advanced Clinical Practitioner and include all registered nurses. This model is designed to address concerns highlighted and if successful will be rolled out across MHSOP wards.

Seclusion

- The Reducing Restrictive Interventions Team delivered an intensive training program to ward staff across Adult Acute wards where seclusion is operated.
- Each episode of seclusion is attended by the Matron, Head of Nursing or Duty Senior Nurse
- All episodes of seclusion are reviewed by the Head of Nursing, where records are triangulated with CCTV video reviews. These reviews show an improvement in compliance, usefully they also highlight areas for further work.

Physical Healthcare

- Introduced Board Reviews on Adult Wards each morning. These meetings are led by medical colleagues and the Nurse-in-Charge. They have a set agenda which includes individual Physical Health Assessment and care needs.
- Established Physical Health Matron and Registered General Nurses in MHSOP wards.
- Staff are trained in Hospital Life Support.
- 96% of staff have received NEWS2 training and how to recognise the deteriorating patient.
- Introduced NEWS2 aid memoire – details parameters, medical response and responsibilities for emergency equipment of a named nurse each shift.
- Nutrition and Fluid training in place and charts are reviewed at each handover.

Learning from Incidents

- The Trust had undertaken a review of all outstanding incident reports clearing a significant backlog.
- A monthly Care Group Clinical Learning Forum has been established. These exist within the Governance framework and include learning from; After Action Reviews, ILRs, MDT reviews and complaints.
- We will commission a Making Families Count event to share the experience of families affected by suicide and homicide.
- The Trust is transitioning at pace to Patient Safety Incident Response Framework - PISRF – which focuses on we can learn from incidents.

Privacy, Dignity and Personalised Care

- Arrangements were put in place for personalised wash kit including toothbrushes which are kept separate.
- Bowel charts and bath books were discontinued and personalised records implemented.

Environment

- Providing J-track curtain tracking to remaining shower areas at Highbury Hospital.
- Replaced toilet dispensers at Highbury that could conceivably be used as a ligature anchor point.
- Ensured staff on all wards at Highbury can access ligature cutters.

6. **Adult Community Mental Health services**

Adult Community Teams

- We have now triaged and identified all those people waiting for assessment and a treatment or care package. We have ensured that all people waiting have a safety plan in place and know where to go.
- We have updated our Waiting Well policy and have ensured that all teams are following this, ensuring contact is maintained with those waiting.
- Our local Mental Health teams are using the risk assessment process to understand the needs of those waiting and to review those most in need of support. The Deputy Director of Nursing and Suicide prevention lead have spent time at the RAM meetings embedding changes and ensuring consistency and effectiveness.
- We have reviewed our Did Not Attend policy to place a greater emphasis on what we need to do to reach out to those people who are struggling, and to embed a greater safety process prior to discharge to GPs.

- We identified those teams with disproportionate pressures and put in place cover arrangements to ensure minimum staffing levels are achieved, and we are progressing the recruitment drive already in place and including the development of new roles.

Crisis Resolution and Home Treatment Teams

- The risk assessments of all people under the Crisis Teams were reviewed, and all risk assessments are in place.
- We have established a monthly programme of audits which will include quality monitoring of safety plans.

Crisis Line – 111

- We are reviewing our Crisis Line offer in its entirety.
- We have secured a different telephony system which will support the reduction of the number of unanswered calls and provide much improved reporting functionality. Further work will be completed to enhance the technical ability of the systems used.

Medicines

- Our pharmacy team reviewed all those people in receipt of depot medication and other medicines dispensed by local community teams to ensure the necessary controls are in place and adherence to the individual's treatment plan.

Estates and Facilities

- A review of all ligature assessments for all community bases have been undertaken. This included working with teams to strengthen controls and understanding of risk in the context of the buildings they occupy.

Learning

- We have commissioned a thematic review of homicides which will be conducted by four clinically credible, highly experienced people. The Terms of Reference have been agreed and the work has commenced. We will share the learning with systems partners including colleagues at the CQC.
- We are also carrying out a review of people who may have come to harm whilst waiting for one of our services.
- The patient safety team are organising a number of learning events for the mental health care group using the voice of those who use services and their families.

- Phase 2 of this work will run in parallel and focus upon delivering cultural and systemic change.
- We had commissioned a review of both our Crisis Services and Local Mental Health Teams prior to the section 48 review. This review is underway, and we will ensure findings from the CQC review are included. We have extended the Terms of Reference in addition to the work around contemporary models, place-based care, the number of teams we have in place and the improvements we know we need to make.

7. Next Steps

As a result of the CQC reports listed above and the Section 48 review, the Trust has been placed in Segment 4 of the NHS National Oversight Framework. This segment if for those Trusts where it has been identified that there are very serious, complex issues manifesting as critical quality and/or finance concerns that require intensive support.

The Trust is now working at pace to develop an Integrated Improvement Plan capturing all of the actions and recommendations arising from the various CQC reports, alongside Prevention of Future Deaths notices and other external reviews. This will be finalised by the end of April and will cover the full scope of Trust challenges including patient safety, quality, people and culture, finances and leadership. The Trust is being supported by the national NHS England Recovery Support Team in developing this plan, which will be delivered as a whole Trust Improvement Programme.