Nottinghamshire Healthcare
NHS Foundation Trust

Nottinghamshire Healthcare NHS FT: Integrated Improvement Plan Update Briefing for Nottingham Health and Adult Social Care Scrutiny Committee 19 September 2024

Introduction

This briefing provides an update on the progress taking place in Nottinghamshire Healthcare NHS FT on their Integrated Improvement Plan (IIP) which has been developed to address the issues identified in the recent Care Quality Commission (CQC) reports 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.

Background

Following the recommendations from the Section 48 report, the CQC reports and the financial situation within the Trust an Integrated Improvement Plan has been phased to ensure the Trust can deliver targeted, timely and sustainable improvements. The IIP consists of five significant programmes of work:

- Patient Safety & Quality Improvement
- Leading for the Future
- Finance & Productivity
- People & Culture
- Governance

In August part 2 of the Section 48 report was published focussing specifically on the Valdo Calocane case. This report produced additional recommendations for the Trust on risk assessment and record keeping, care planning and engagement, medicines management and optimisation and discharge planning.

Updates

- The Trust accepted entry into NOF4 and recognising the unusual high-profile circumstances we are in. To support the ongoing delivery of the IIP buddying arrangements have been put in place with the high secure hospitals Broadmoor and Ashworth as well as with Northamptonshire Trusts. Support is also in place from the national and regional Recovery Support Programme (RSP) teams, regional and national provider groups and other specialist expertise.
- Part 2 of the Section 48 report has been received and the recommendations from this have been included as part of the reporting through the Patient Safety & Quality Improvement Programme.
- The IIP has an established governance process with each of the five programmes having a Programme Board that reports into the monthly Integrated Improvement Portfolio Board. This reports into a Board level committee and externally to the regional Integrated Oversight and Assurance Group which is chaired by Dr Jess Sokolov and Amanda Sullivan from the ICB.

- Support to the IIP is being received externally from the NHSE regional and national Recovery Support Programme (RSP) Teams across the Programmes, in particular Finance & Productivity, Patient Safety & Quality Improvement and People & Culture. The RSP are also providing some targeted support to the Local Mental Health Teams.
- Transition Criteria for exit from NOF 4 have been produced and agreed by the IIP Board and have been aligned to each of the five Programmes under the IIP. Progress and pace against the transition criteria will be monitored internally at the IIP Board and at the Trust Board and externally at the regional and national NRST meetings with the first quarterly monitoring report produced in October.
- An Evidence and Assurance Group is being set up and will be responsible for signing off completed recommendations and transition criteria for the IIP once they are satisfied they have been actioned and there is clear evidence of achievement and sustainability. This group will be chaired externally by the Improvement Director at Northamptonshire NHS FT.

Key achievements

- A Safe Now dashboard has been developed, with the ICB supporting clinical and operational engagement, to monitor and measure safety and improvement. Weekly meetings between the ICB and the Trust review Safe Now data
- The CQC Assurance Group has closed a number of actions for Rampton Hospital as evidence of continued and sustained improvement:
    - Hospital Life Support Training
    - Physical Health checks following rapid tranquilisation
    - Completion of seclusion care plans
    - Clinical/managerial supervision
    - Recording patient observations (caveat – performance dropped in July for late observations)
    - Safe staffing levels
- Waiting lists for each Adult Community Mental Health Team have been validated including numbers and duration, wait for assessment and Wait for Treatment
- The target of 85% completion of the Oliver McGowan e-Learning by 31st July was met by Trust staff.
- There has been a significant increase in closed IR2s due to patient safety systems that identify areas for concerns, from 64.4% to 84.93%.
- Good progress has been made to reduce the number of patients waiting over 18 weeks for assessments in Community Mental Health across localities.
- Clinical Lead role has commenced in Adult Mental Health to support Flow with a focus on transition plans for Out of Area patient and purposeful admission.
- Care Group Nurse Directors have been recruited and will take a lead on areas of improvement across the Trust ensuring our care pathways have a strong clinical voice and will be part of the triumvirate leadership team at Care Group level.
- Through an organisational change process all Psychological Therapists have been brought together into one team to enable deployment in a way that reduces variation.

- Additional funding has been secured to increase the recruitment of new Psychological Therapist posts in the Integrated Team.
- "Big Conversation" events have taken place across the Trust sites since June with our Executives taking the lead and sharing the details of the IIP with colleagues in order to have open discussions on how people can become more involved, sharing ideas on how improvements can be taken forward. The feedback from these conversations has been aligned to the five IIP programmes and will be addressed through the Phase 3 process.

Key challenges and risks

- Both male and female Length of Stay in Adult Mental Health are below the required target which is to be at mean of 39 days by the end of December 2024, a pilot will be in place over September and October to flex ward capacity to respond to male/female demand.
- The Crisis Line performance is currently off track however a short and medium term recovery plan is being progressed to improve this through a working group.
- Progress against reducing OOA beds is off target and reductions in private beds has plateaued, purposeful admission reviews were started in August via the Medical Optimal Care Leads with a target of 100% OOA patients to have transition plans in place and admission prevention actions are being worked up with the Crisis Team to support timely and appropriate access to beds.

Recent CQC inspection outcomes

Following the S48 review, the CQC notified the Trust that it would be adopting a different approach to inspecting Trust services. Rather than large, comprehensive inspections taking place over a defined period, the Commission will carry out smaller scale rolling inspections into Trust services focusing on one or two specific Quality Statements. A number of these inspections have taken place over the past few months, with several outcomes published, and more in draft and awaiting finalisation. Of the published outcomes (full inspection reports not yet publicly available), the table below sets out the CQC findings:

CQC Domain	CAHMS In-patient 14/8	Mother and Baby Unit 13/8	Orion Learning Disability Unit 9/8	Adult Eating Disorder Unit 9/8	Rampton Hospital 17/6
Safe	Good	Good	Good* (Breach also identified re risk assessments following incidents which is being actioned)	Good	Inadequate
Effective	Requires Improvement	n/a	n/a	n/a	n/a
Caring	Good	n/a	Good	Good	Requires Improvement
Responsive	Good	n/a	n/a	n/a	n/a
Well-led	n/a	n/a	n/a	n/a	Requires Improvement

Whilst it is pleasing to see the progress particularly in the Quality Statement regarding Safe, the Trust is fully aware that there is much more to do and will continue to work with the CQC to make improvements.

Next Steps

- The IIP Programmes are in the process of transitioning to Phase 3 of the plan to look at tackling the underlying root causes by reviewing some fundamental issues such as:
  - Reviewing priority clinical pathways, working with patients and carers to understand how we can improve our clinical models and therefore patient experience;
  - How we recruit, train and support our staff to provide consistent levels of patient care and service;
  - Improving the clinical voice and listening to and working with patients in everything we do.
- A Patient and Carer Reference Group and a Colleague Reference Group are to be implemented to ensure the patient voice is at the centre of any improvement work going forward.
- "Big Conversation" events will continue to take place at Trust sites, led by the Executive Team and these will also be held for patients and carers.
- Staff Engagement events have been set up at various sites across the Trust to share what support services are in place for our staff.

Patient and Carer Reference Group

- A Patient and Carer Reference Group is being set up and the Trust is working with Healthwatch Nottingham/Nottinghamshire to take the group forward and embed the patient voice in every part of the IIP Programmes.
- The aim of this group is to give advice, ideas and insight on the Trust's plans, challenges and opportunities to improve the safety, quality and value for money of its services from a patient, carer and community perspective. It will also provide oversight with a check and challenge process on the progress of plans developed for the IIP to ensure they are based on what matters to patients and carers.
- This group will build on the feedback the Trust has received to carry out some rapid pathway redesign work with patients at the centre.
- Two initial co-production sessions have been held with patients, carers and voluntary sector and community groups – their feedback is being used to shape how we take this and the wider plan forward.

Colleague Reference Group

- A Colleague Reference Group has been set up with more than 25 staff members initially expressing an interest in being part of it. This group will work with colleagues across the Trust to help shape and design the improvements outlined in the IIP.

- The group will provide insight from a colleague point of view on the work the Trust is doing to improve the safety, quality and value for money of its services, identify areas of improvement that should be focussed on, advise how the Trust can strengthen the colleague voice in all its services and develop a culture of listening and co-production with colleagues.
- Colleagues will also be asked to identify specific areas or projects they can contribute to as part of the IIP.

Appendix 1
Safe Now Metrics:

Inpatient Care	
Code	**Metric**
1.1	Number of patients waiting for a bed
1.2	Number of patients in a 136 Suite Step Up for over 24 hours
1.3	Number of readmissions within 28 days
1.4	Wards with staffing under 85%
1.5	Wards with staffing over 125%
1.6	Patient risk assessments up to date (%)
1.7	Compliance with physical health assessment on admission process
1.8	Compliance with NEWS2 escalation policy
1.9	Number and proportion of NottsHC patients requiring enhanced observations (1:1 or greater)
1.10	Number and proportion of observations where no issues were found
1.11	IR1s submitted on falsified observations
1.12	Number of patients secluded
1.13	Episodes of seclusion
1.14	Compliance with seclusion Code of Practice (developmental)
1.15	Number of patients prone restrained for anything other than intramuscular tranquilisation
1.16	Number of patients prone restrained for more than 10 mins
1.17	Episodes of rapid tranquilisation
1.18	Number of incidents where patients went AWOL and come to harm
1.20	Number of total incidents of moderate harm and above
1.21	Number of patients clinically ready for discharge
1.22	Quality of discharge
1.23	Deaths within 30 days post discharge
Community Services (Local Mental Health Teams – LMHT, EIP & MHSOP CMHT)	
2.1	Compliance with 72 hour follow up standard
2.2	Compliance with 18 weeks wait standard for assessment
2.3	Compliance with Waiting Well Policy
2.4	Compliance with 18 weeks wait standard for treatment
2.5	Number of patients awaiting CCO allocation not on the active caseload of another NHT team
2.6	Disengaged patients
2.7	Patients declined for service and death within 6 months
2.8	Patient risk assessments up to date
2.8a	CCO patient risk assessments up to date (Community, developmental)
2.9	Clinical Vacancy Rate in Community Teams
AMH & MHSOP – Crisis & Home Treatment Team	
3.1	Clinical vacancy rate in Crisis Response Service
3.2	Patient risk assessments up to date
3.3	Proportion of very urgent patients seen within 4 hours
3.4	Proportion of very urgent patients see within 4 hours face to face
3.5	Proportion of urgent patients sees within 24 hours
3.6	Proportion of urgent patients seen within 24 hours face to face