

East London NHS Foundation Trust

Inspection report

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September 2021, 14 September 2021 to 16
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2021
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Ratings

Overall trust quality rating

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Outstanding 

Our findings

Our reports

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Overall summary

What we found

Overall trust

We inspected East London Foundation Trust as part of our continual checks on the safety and quality of healthcare services. We also inspected the well-led key question for the trust overall.

We carried out announced inspections of the forensic inpatient or secure wards and wards for older people with mental health problems core services during this inspection. We chose these two core services as we knew there had been some challenges including serious incidents and we wanted to see how the trust had responded and if high quality care and treatment had been maintained.

The trust provides the following mental health services, which we did not inspect this time:

- Acute wards for adults of working age and psychiatric intensive care units
- Child and adolescent mental health wards
- Community-based mental health services for older people
- Community-based mental health services for adults of working age
- Community mental health services for people with a learning disability or autism
- Long stay or rehabilitation mental health wards for working age adults
- Mental health crisis services and health-based places of safety
- Specialist community mental health services for children and young people
- Wards for people with a learning disability or autism

The trust also provides the following community health services, which we did not inspect at this time:

- Adults

Our findings

- Children, young people and families
- End of life care

The trust also provides GP services, which we did not inspect at this time.

Our overall rating of services stayed the same. We rated them as outstanding because:

- We rated safe, effective and responsive as good. We rated caring and well led as outstanding.
- We rated the forensic inpatient core service as outstanding overall. We rated the wards for older people with mental health problems core service as good overall. In rating the trust, we took into account the current ratings of the mental health and community health services which were not inspected this time.
- We found that despite the challenges of the pandemic, the trust had adapted, learnt and continued to make positive progress. We found that the trust had addressed all the areas where improvements were recommended at the previous well led review. In most cases the trust had gone the extra mile to ensure this was done in a manner which made a positive impact on people who use services and staff working for the trust. For example, throughout the inspection we heard about the use of trauma informed care and about work to improve the sexual safety of people using services.
- There had been significant changes in the executive leadership team and non-executive directors, these had gone well and provided an opportunity to improve the diversity of the board and introduce people with the breadth of experience needed to support the strategic direction of the trust. There had also been an expansion to the leadership capacity of the trust and the associated governance, for example the development of a directorate to oversee primary care and the introduction of a chief digital officer to the executive leadership team. The trust had well embedded clinical leadership and this had been further strengthened, for example in social work, allied health professionals and learning disability and autism.
- We found an overwhelmingly positive culture across the trust. Staff told us that they felt proud to work for the trust and we heard many examples of how they put the people who use services at the centre in their work. The senior leaders including the non-executive directors were open, friendly and approachable. They had worked hard during the pandemic to engage with services in person and remotely. People and teams were able to speak honestly and reflect on where improvements were needed and how this could be achieved. Freedom to speak up arrangements had been further developed and were well used.
- People participation had extended since the last inspection and we heard of many examples where co-production was taking place. The number of people participation leads across the directorates and services had grown. The peer support workers employed by the trust had doubled to around 80 people. The people participation team had responded to COVID 19 with the development of a befriending service which had recruited volunteers and made over 7000 calls to people who were lonely and isolated. An example of innovative co-production was the development of the service user accreditation scheme where service users had developed standards and 50-60 people had been trained to assess the services provided by the trust. The people participation team were supporting other trusts and providers to further develop their co-production work.
- We were inspired by the work being undertaken by the trust on race and privilege. This was connected to the Black Lives Matter movement and the work being done by the trust to improve staff well-being. There was a recognition that many of the black staff working for the trust were not alright and listening to their experiences. The trust was working towards the development of an anti-racist framework.

Our findings

- Quality improvement continued to be embedded and developed further across all areas of the trust. People working for and associated with the trust talked about how the approach was widely used. This approach was being developed further to look at waiting lists for services especially as referrals were increasing. The trust was making data available to teams to help them use a structured approach to look at demand and capacity of services and develop individual plans to improve patient flow.
- Work to refresh the strategy was almost complete and had been done with a wide range of internal and external consultation. The strategy on a page was clear and accessible. It provided a focus for the work being done by the trust to meet the needs of local populations. The systems, directorates and services had developed aligned annual plans on a page identifying their priorities and key milestones. The trust employed public health clinicians and was partnering with the Institute of Health Equity at University College London to develop outcome measures for population health.
- The trust had made a significant contribution through its delivery of the vaccination programme in North East London. This had been delivered at large scale and at speed.
- Partnership working had developed significantly since the previous well led review. Senior leaders were actively participating and leading in the two care systems where the majority of trust services were located. The trust also had many examples of where it was working in boroughs and neighbourhoods to meet the needs of communities. The trust had taken over the provision of some GP practices and this was enhancing the opportunities to meet the needs of populations. Examples of this work was the Bedfordshire Care Alliance where improved system working was enabling more people with long term conditions to receive the support needed to stay in their own homes. The importance of partnership working was reflected in the addition of a new sub-committee of the board focusing on integrated care.

There were however areas for improvement:

- There were recurring themes linked to serious incidents. The trusts own recent deep dive had recognised this and identified actions to improve. A patient safety forum had been developed to support this work.
- Whilst there were plans for significant developments such as a new mental health inpatient service in Luton and Bedfordshire, some of the trusts existing estate required work to ensure they provided a therapeutic environment, for example the health based place of safety in Newham. A rolling programme for decoration was required at the John Howard Centre and works were needed at Fountains Court to comply with same sex accommodation guidance.
- Several staff told us about the frustrations they experienced in using trust IT systems. A chief digital officer had been appointed, a digital strategy was in place and work to improve the connectivity of teams and wards was underway. Systems to enable staff teams to access live data to inform their day to day work on screens and on mobile phones was due to happen shortly after the inspection was complete.
- Whilst the inspection identified these areas for improvement, the trust was already aware of them, had highlighted potential risks and how these would be mitigated and had plans in place for how they would be addressed.

How we carried out the inspection

During our inspection of the two core services, the inspection teams:

- reviewed records held by the CQC relating to each service
- visited 12 wards across the London boroughs of Hackney, Newham and Tower Hamlets and in Luton and Bedfordshire. We looked at the quality of the ward environment, management of the clinic rooms, and observed how staff were caring for patients

Our findings

- interviewed the ward manager and/or matron on each ward
- spoke with 76 staff members including nurses, clinical practice leads, a physical health lead nurse, social therapists, support workers, occupational therapists, psychologists, consultant psychiatrists, a clinical pharmacist, an assistant pharmacy technical officer, art therapist and a speech and language therapist
- spoke with 10 senior members of staff including the head of forensic services, the head of nursing and associate clinical director for safety and security, the associate clinical director for therapies and recovery, the head of psychology, the lead pharmacist for forensic services, the sexual safety lead for forensic services and the drugs and alcohol lead for forensic services
- interviewed 47 patients and 11 relatives of patients
- reviewed 34 patient care and treatment records
- attended two multi-disciplinary team meetings, three ward rounds, two community meetings, one care programme approach meeting, a service referrals and move on meeting, a patient group, a people participation working together group, a carers' forum, a service wide safety huddle, observed two ward based safety huddles and visited the patient shop at the Wolfson House site
- spoke with an independent advocate
- carried out a specific check of the medication management on Butterfield, Clissold, Westferry and Bow wards
- looked at a range of policies, procedures and other documents relating to the running of each service.

You can find further information about how we carry out our inspections on our website: www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

What people who use the service say

During this inspection we spoke with 47 patients and 11 relatives of patients.

Overall, feedback from patients was very positive. Patients told us they felt safe, valued and respected. Patients said staff listened to how they were feeling and supported them to understand their care. They were positive about how caring, kind and approachable the staff were. One patient described how staff 'went the extra mile' when they were unwell.

Families were very positive about the service. Relatives said they found staff very supportive.

Use of resources

Not inspected.

Combined quality and resource

Not inspected.

Outstanding practice

We found the following outstanding practice:

Our findings

Trust Wide

- We found an overwhelmingly positive culture across the trust. Staff told us that they felt proud to work for the trust and we heard many examples of how they put the people who use services at the centre in their work.
- People participation had extended since the last inspection and we heard of many examples where co-production was taking place across all areas of the trust. Service users worked together with staff in the delivery of the work of the trust including staff recruitment and training; quality improvement projects, quality assurance work to assess wards and teams and the development of policies and guidance.
- We were inspired by the work being undertaken by the trust on race and privilege. This was connected to the Black Lives Matter movement and the work being done by the trust to improve staff well-being. Conversations had taken place with up to 2000 staff facilitated by executive directors over a number of days, evenings and weekends. This was promoting the development of an anti-racist framework for the trust.
- Quality improvement continued to be embedded and developed further across all areas of the trust. People working for and associated with the trust talked about how the approach was widely used. Quality improvement was being applied to address areas of challenge for the trust such as access to services which were facing increased demand.

Forensic inpatient or secure wards

- Co-produced quality improvement projects were leading to service improvements. For example a project exploring sexual safety applied several effective interventions and reduced sexual safety incidents on Clerkenwell ward by 92%. Co-produced quality improvement projects on East India ward and Bow ward addressed incidents of racism towards staff and patients. This aimed to improve awareness and understanding around the impact of racism on patients and staff whilst reducing the numbers of incidents.
- The person-centred approach towards exploring patients' vaccination fears at Wolfson House had resulted in 76% of patients at Wolfson House being vaccinated against COVID-19.
- The strong focus on patient development across the service had led to people being supported to access training opportunities and paid jobs within the service.

Wards for older people with mental health problems

- There was a strong, visible, person centred culture. Staff treated patients with compassion and kindness. People felt cared of and that they really mattered. Feedback from people who use the service and those who are close to them was continually positive about the way staff treat people.
- There was compassionate, inclusive and effective leadership at all levels in the service. Leaders had a deep understanding of the challenges and priorities within their services and promoted the 'right' culture. Staff were proud to work for the organisation.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve:

Our findings

Wards for older people with mental health problems

- The trust must ensure that all wards are compliant with guidance on mixed sex accommodation. Female patients must not have to walk through areas used by male patients in order to use bathrooms. **Regulation 10 (paragraph 10(2)(a))**

Action the trust SHOULD take to improve:

Trust wide

- The trust should ensure that its work around identifying recurring themes linked to serious incidents continues, with the aim of embedding learning and minimising the repetition of poor practice.
- The trust should continue its work identified in the estates strategy to ensure that all areas where patients receive care and treatment are an appropriate standard.
- The trust should continue its work on improving the experience of staff when using IT and the associated systems.

Wards for older people with mental health problems

- The trust should ensure that all wards providing mixed sex accommodation have an area designated for the use of female patients only
- The trust should ensure that all staff have completed the appropriate level of mandatory training in safeguarding
- The trust should ensure that all time sensitive medication is administered to patients at the correct time
- The trust should ensure that staff take appropriate action when temperatures in clinic rooms rise about the recommended range.

Forensic inpatient or secure wards

- The trust should ensure a programme of rolling decoration works is developed for the John Howard Centre.
- The trust should ensure staff monitor the fridges within the ADL kitchens on Butterfield ward and Clissold ward to ensure food is fit to be consumed.
- The service should ensure that oxygen bottles are secured appropriately when not in use on Clissold ward. The trust should also ensure that appropriate arrangements for managing medical equipment, to ensure it is suitable for use, are established on Bow and Westferry wards.
- The service should ensure that medicines fridge temperatures are maintained between 2° and 8°C. Appropriate actions should be recorded if temperatures are recorded outside of this, as per trust guidance. The service should also ensure that ambient room temperatures, where medicines are stored, are below 25°C. Appropriate actions should be recorded if temperatures are recorded outside of this, as per trust guidance.
- The trust should consider improving local broadband and mobile connectivity to ensure staff can connect to online systems.
- The trust should consider improving the format of information displayed on Butterfield and Clissold wards to ensure it is easy to read.

Our findings

Is this organisation well-led?

Our rating of well-led stayed the same. We rated it as outstanding.

Leadership

- There had been significant changes in the executive leadership team and non-executive directors. These changes had gone well and provided an opportunity to improve the diversity and introduce people with the breadth of experience needed to support the strategic direction of the trust. For example, non-executive directors had been appointed with experience of primary care and local authorities.
- There had also been an expansion to the leadership capacity of the trust and the associated governance, for example the development of a directorate to oversee primary care and the introduction of a chief digital officer to the executive leadership team. These changes had also provided opportunities for career progression within the trust.
- The board was diverse and reflected the communities it served. The trust continued to show a strong commitment to clinical leadership, with a number of the executive directors and directorate level leaders having clinical backgrounds.
- Board members, including those who were relatively new in post, spoke knowledgeably about the strategic direction of the trust. They were passionate about the work of the trust and how they could contribute. Whilst they all had different backgrounds, experience and approaches, they were mutually respectful and actively listened and responded to each other's ideas.
- The chair had announced that he would be leaving to take up a chair role at another trust. Plans had been made in line with the succession planning for the vice-chair to undertake the role on an interim basis if needed to provide continuity of leadership.
- Non-executive directors spoke positively about the induction they received to the trust which was tailored to their individual needs and interests. Non-executive directors were buddied with executive leaders. There were regular board development days using external facilitators where appropriate and also meetings with the board of North East London NHS Trust.
- The portfolios of the board members were kept under review. Members of the board had champion roles. For example, an executive director was the champion for people with a learning disability and autism.
- The trust ensured that services in Luton and Bedfordshire and London received appropriate levels of executive oversight and support with the continued appointment of deputy chief executive roles covering each of these geographies.
- Interviews held with the trust leadership team demonstrated a high level of awareness of the priorities and challenges facing the trust and how these were being addressed. People were able to speak with insight about the importance and complexities of the work with stakeholders, the development of new models of care and the workforce challenges.
- The trust board recognised the importance of visiting services in order to understand the challenges they were facing and to inform their assurance work. During the pandemic, the programme of visits for non-executive directors had initially been paused and then moved to remote, online video calls. It was hoped that face to face visits could be resumed shortly. Executive board members also had a programme of visits, which had continued throughout the

Our findings

pandemic. Systems were in place to ensure that the findings of these visits were shared with the board and that action was taken to address any issues raised by the team that was visited. Most staff commented on the approachability of senior leaders in the trust. They told us they had good access to leaders and felt they had a good understanding of the challenges in their service.

- The trust had strengthened the fit and proper person policy and procedures since the last inspection. We looked at the fit and proper persons checks for eight board members, including everyone who had joined the board since the last inspection. Appropriate checks were completed looking at original documents where needed. The annual reviews did not just rely on board members completing a self-declaration, there was now a formal 1:1 review.
- The trust reviewed leadership capability and capacity on an ongoing basis. A board succession plan was in place. Senior leaders in the trust had individual development plans linked to their career aspirations. This supported them to access a range of opportunities including mentoring, coaching, experience of work external to the trust, formal training and reflective practice. Leadership development opportunities were available for staff who were aspiring to be managers as well as existing managers. During the inspections, we heard many positive examples from staff who had accessed development opportunities.

Vision and strategy

- The trust's values had not changed from when we had last inspected. The values of: we care; we respect and we are inclusive were known by staff throughout the trust.
- The work to refresh the strategy was almost complete via the 'big conversation' which had included a wide range of internal and external consultation. The strategy on a page was clear and accessible. It provided a focus for the work being done by the trust to meet the needs of local populations. The systems, directorates and services had developed aligned annual plans identifying their priorities and key milestones.
- The refreshed strategy retained and aimed to build upon, the four existing strategic outcomes. These were: to improve outcomes based on the health of the populations they serve; to improve the experience of care; to improve the experience of staff and to improve value.
- The trust continued to be actively involved in external partnership work to meet the needs of the populations it served. Since the last well led review, the trust had worked more collaboratively with its neighbouring trust, North East London NHS Foundation Trust. There had been opportunities for both boards and executive leaders alongside other operational staff, to come together and work on areas of mutual interest. This joint working had resulted in many positive developments, including the shared access to acute inpatient mental health beds which meant that all patients needing this service received care and treatment within North-East London rather than going further afield.
- The trust had extended its involvement in the two main care systems where the trust services were located. Senior leaders in the trust were taking leadership roles in the systems. Examples of this work was the Bedfordshire Care Alliance where improved system working was enabling more people with long term conditions to receive the support needed to stay in their own homes. The trust had also started to introduce local commissioners joining directorate management teams which was creating a new and positive way of working.
- The trust was actively involved in the provider collaboratives who had responsibility for commissioning specialist mental health services. The trust led the CAMHS provider collaborative across north London.
- There were section 75 National Health Services Act 2006 agreements in place with local authorities within the trust and regular multi-agency meetings. Some approved mental health professionals (AMHPs) worked for local authorities, while others were seconded to the trust, with each borough having its own centralised system. There was

Our findings

a regular AMHP forum chaired by the director of social work and facilitated by the social work development and project lead. The trust had service level agreements with acute hospitals within its geographical area and the MHA administration team provided support when patients in these hospitals were detained. There was also regular liaison with police colleagues over the trusts differing geographies.

- The trust was also engaging more widely with people who use services in their strategic planning and development. For example, in North-East London there was a conference to review CAMHS provision attended by several hundred young people and their families. They discussed what was important to people using the service; they wanted to improve access with a single point of entry. This model which was already in place in Luton and Bedfordshire is being rolled out in Newham.
- The trust was developing its work on population health. There were particular geographical areas where the trust provided primary, community and mental health services where the benefits were being explored. For example, in Bedfordshire there was an emergency department consultant helping with the triage arrangements in a GP practice provided by the trust. The trust employed public health clinicians and was partnering with the Institute of Health Equity at University College London to develop outcome measures for population health.
- There were already many examples of where the trust was working with partners including the third sector to meet the needs of local communities. They had also extended their support to particular groups such as homeless people during the pandemic. They did however also recognise where other providers, particularly third sector organisations with local roots were best placed to meet people's needs.

Culture

- Throughout the well led review we heard from people about the culture of the trust, where the first thought was always for the patients.
- The trust was aware and open about the challenges with the workforce culture particularly for Black, Asian and minority ethnic staff. They used the data available and had a number of innovative ways of addressing these challenges and improving staff experience. The trust recognised the impact of the pandemic on staff and the pressures they were experiencing.
- The 2020 NHS staff survey indicated that the trust was in the top 25% of providers for its scores in health & well-being, immediate managers, morale and staff engagement. The trust scored better than average when compared to other trusts for indicators relating to safety culture and quality of care. However, the trust scored worse than average against three indicators; equality, diversity & inclusion, safe environment (bullying & harassment) and safe environment (violence). The trust was in the lowest 25% of trusts, in terms of its response rate which was 44%.
- In May 2021, an NHS people pulse survey was carried out. Two-hundred and fifty-seven trust employees responded. The key messages from this survey were that in relation to coronavirus support, employees fed back positively about being kept informed and feeling confident in their local leaders. Respondents described their teams working well together and highlighted the fact that people around them genuinely cared about their wellbeing. They also reported their mood at the time of the survey as being 'somewhat motivated and calm'. At the same time, a number of staff reported finding a balance between work and their personal life a challenge. Other areas of concern were the health of close family members and not being able to see friends and family. Tiredness and high workloads were also reflected in the feedback.
- Respondents suggested that improvements could be made to enhance IT support, more flexible work schedules and updates on changes at work. At a team level, the opportunity to discuss how people in the team were feeling, feeling like a valued member of the team and the opportunity to share knowledge were also suggested as important areas for continued focus. The trust recognised there were areas where they needed to improve and had co-produced action plans within each team, directorate and at a trust wide level in response to the issues raised.

Our findings

- In January 2020 we received a whistleblowing concern that raised serious concerns at Newham Centre for Mental Health about racism, discrimination, unfair recruitment, promotion and progression practices and the negative treatment of Black, Asian and minority ethnic staff in the trust. In November 2020 we received another whistleblowing concern suggesting racial discrimination within the Bedford recovery team.
- We shared these concerns with the trust. We attended two Black, Asian and minority ethnic staff network meetings and facilitated a virtual focus group with network members. We invited further comments from attendees via email and an online comment app. We reviewed additional information sent to us by the trust and spoke with the freedom to speak up guardian (FSUG) in relation to these specific concerns.
- Feedback from the Black, Asian and minority ethnic network focus group was positive. Members felt the network was valued and supported by the trust, particularly their senior leadership team. Members felt the trust showed a real desire to learn and improve. Members felt they could access the senior leadership team and raise any issues or concerns. The trust acknowledged and accepted there was more work to be done in relation to job roles, feedback on recruitment processes, access to training, and bullying and harassment. Members felt that issues raised at the network meetings and in other forums were taken seriously and followed through.
- The trust investigated the concerns and produced a report 'Black, Asian and minority ethnic colleagues development and career movement, and general experience at Newham Centre for Mental health'. While this showed no Black, Asian and minority ethnic employees within the senior management at Newham Centre for Mental health, it did demonstrate that Black, Asian and minority ethnic staff were progressing into senior roles outside of this service. It also highlighted an ongoing action from the staff survey which was to actively encourage and support Black, Asian and minority ethnic staff to gain experience and knowledge and apply for senior positions within the directorate.
- In regard to the Bedford recovery team, the trust commissioned an external investigation which found that the culture of the team was influenced by the existence of a "clique". A detailed action plan was created to develop the leadership of the team, teamworking and team values, system and partnership working, governance and quality of care.
- The trust acknowledged that some staff were still experiencing bullying and harassment and that further work was required. Some concerns were voiced within the membership regarding discrimination between different cultural groups. This has been acknowledged by the trust. The network itself was large and had a strong voice, but they were aware that some people are still not getting the opportunity to voice their concerns, particularly where they are in a minority.
- The trust won the NHS Workplace Race Equality Award as part of the HSJ 2020 awards for their project to improve experiences of Black, Asian and minority ethnic staff. Members of the network were proud and pleased with this. This project resulted in increased representation of Black, Asian and minority ethnic staff in higher bands, promoting at least two to band 8C. The project engaged 1,300 managers. The FSUG found that the trust had been transparent, supportive and accepting of any issues raised.
- At the time of our review, the trust had made its 2021 Workplace Race Equality Standard (WRES) submission. Overall, it was a relatively positive picture with some progress in seven of the nine indicators. The Black, Asian and minority ethnic network and people plan delivery board had inputted into an action plan, which was due to be published after we completed our review. The trust's WRES data showed increases in the numbers of Black, Asian and minority ethnic staff in non-clinical roles, band 7 and above. It also showed increases in Black, Asian and minority ethnic representation at band 8A and 8B clinical roles and at consultant level. Whilst white staff were still 1.22 times more likely to be recruited from shortlisting, the data showed that this indicator was improving for Black, Asian and minority ethnic staff.
- Indicators showing the percentage of staff experiencing harassment, bullying or abuse from patients, relatives, the public or staff in last 12 months both showed improvement. We heard how a shift in the trust's focus in 2019 to looking at dignity and respect had helped support improvement in bullying and harassment indicators. As part of this dignity

Our findings

and respect work, an interactive externally curated exhibit 'A mile in my shoes' was used to start a different conversation around culture within the organisation. This was followed up by 'Through my eyes', externally facilitated focus groups that concentrated on staff's lived experience. This led onto 'Through someone else's eyes' an organisational conversation with up to 2000 staff led by executives based on the stories shared by staff. It was promoting the development of an anti-racist framework for the trust.

- However, white staff were 1.02 times more likely to access continuous personal development (CPD) compared to Black, Asian and minority ethnic staff. Whilst the overall number of disciplinary cases had reduced for both white and Black, Asian and minority ethnic staff, the number of Black, Asian and minority ethnic staff disciplinary cases was still higher than white staff. The most recent data also showed Black, Asian and minority ethnic staff were 1.95 times more likely to enter disciplinary processes and that this figure had increased from 1.19 in the previous year.
- WRES data also showed a deterioration in the representation of Black, Asian and minority ethnic staff in non-clinical band 8D and very senior management roles. Similarly, for band 8C, 8D and 9 roles, there was a slight decrease in Black, Asian and minority ethnic representation. Changes to the executive team had led to a decrease in Black, Asian and minority ethnic representation. However, Black, Asian and minority ethnic representation amongst non-executive directors had increased. The trust had commissioned an external provider to develop 1:1 coaching for Black, Asian and minority staff seeking career progression. There were ongoing discussions with the Black, Asian and minority ethnic network focusing on what else the trust needed to do to support Black, Asian and minority ethnic development into leadership roles. There had also been some small incremental changes, which the trust hoped would lead to bigger change going forward. For example, during appraisal part of the conversation now should be about the job you aspire to and how to get there.
- At the time of our review, the trust had also made its 2021 Workplace Disability Equality Standard (WDES) submission and was in the process of finalising its action plan with the trust ability network. Progress had been made in seven of the 10 indicators. The trust had improved its representation of disabled staff within most bands and at very senior management level. There had been an improvement in the likelihood of disabled staff being appointed from shortlisting. There had also been an improvement in the percentage of disabled staff believing that the trust provided equal opportunities for career progression or promotion.
- There had been a decrease in the number of disabled staff reporting harassment, bullying or discrimination. The percentage of disabled staff who felt the trust valued their work had improved. An increased number of disabled staff also felt the organisation had made adequate adjustments for them to be able to carry out their work. There was an improvement in the staff engagement score for disabled staff and overall engagement score for the organisation. However, disabled staff were relatively more likely to enter formal capability processes. There was an increase in the percentage of disabled staff, who felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. Between 2020 and 2021, there had been a deterioration in the number of board members with a disability.
- The trust had continued to recognise the importance of the four staff networks, and they had all strengthened since the last well led review including the network for women. The networks all felt supported by the trust with regular links with the chief executive, executive sponsors and human resources. They all felt able to have open conversations. The networks also had links with the directorate leadership teams who identified leads and champions. The network leads felt they had enough time to carry out their roles and were pleased with the access to support co-ordinators. They had good links with the communications team with regular articles in the trust bulletins. The networks felt appropriately engaged in the development of the equality strategy, but felt the challenge was now to make this meaningful for front line staff.
- The trust recognised the importance of supporting staff well-being especially during the pandemic. Well-being was discussed in all 1:1 conversations. During the well led review there was the annual staff awards celebration which had

Our findings

taken place in person and was described very positively. Teams had been supported to maintain their away days. Other initiatives had been to give staff a £100 gift card which was hugely appreciated and also sending people tea and scones to their homes for team gatherings. The trust had also recognised the challenges for staff who were home schooling their children and sought to 'redefine wellbeing' by providing accessible lessons they could use.

- The survey results for medical trainees at the trust completed by Health Education England had improved. The trust was also working with Health Education England on the further development of new roles.
- The freedom to speak up guardian (FSUG) was a full-time post within the trust, with the current incumbent well established in the role. Since the last inspection, a number of FSUG ambassadors, who report to the FSUG, had been established. Both the FSUG and ambassadors had received training to carry out their role. The FSUG met regularly with the executive team and submitted reports to the board. Part of their role included raising awareness of the FSUG, attending staff inductions and visiting locality teams. In October 2020, the trust had promoted 'Freedom to speak up' month. During our inspection activities we found that staff were aware of the FSUG and felt confident about speaking out.
- Whilst ambassadors may receive initial contacts, it was the FSUG who progressed these. Since the onset of the pandemic, the FSUG has seen a significant upturn in contacts. The most recent report to board noted that during the preceding 6 months, most concerns had been raised in Luton and Bedfordshire. Of the 57 FSUG contacts over this period, 13 originated in this geography. A breakdown by category of FSUG contacts over this period showed that 26 contacts related to organisational processes or structures. The FSUG had developed close links with human resources colleagues to ensure these issues could be readily addressed. Sixteen contacts related to bullying and harassment, six were COVID 19 related with two categorised as 'unknown'. The remaining seven contacts contained an element of patient safety or quality of care concerns with no specific recurring themes identified.
- As a result of the increase in the number of referrals, a review of how the post was resourced was underway. Key priorities for the coming year had also been identified and included a virtual freedom to speak up conference, the triangulation of concerns and themes against protected characteristics and the rollout of learning modules for all staff that had been developed to promote the importance of speaking out and creating an environment where it was safe to do so.
- The trust had appointed a guardian of safe working hours (GOSW). They attended the bi-monthly junior doctors forum, received feedback on their experience and encouraged junior doctors to complete exception reports. All exception reports were reviewed by the GOSW. On average approximately 30 exception reports per quarter were received. Themes included trainees working over their hours due to handover or clinical issues, late production of rota's and payroll. The guardian met monthly with the chief medical officer and reported to the board each quarter.
- Feedback from junior doctors was overall positive. As well as regular trust wide forums, there were regular geographical meetings. The trust had responded to environmental issues that had been raised by junior doctors in relation to their rest rooms. Trainees received regular clinical supervision, followed specialised training programmes and accessed medical education programmes with protected time. The trust encouraged junior doctors to participate in QI programmes. For example, some trainees proposed changes to the on-call night rota, which were implemented and subsequently evaluated.
- The staff sickness rate for the 12 months to September 2021 was 4.44%
- The trust turnover rate for the 12 months to September was 13.8%. Over the same period, the trust vacancy rate was 10.1% but, in some areas, this rose to 19%. The trust was finding it challenging to recruit community health service nurse and mental health nurse roles, which was in line with other trusts nationally. In Luton and Bedfordshire, the trust was reliant on locum consultants. To address these challenges, the trust was considering more localised recruitment, looking at how bank or permanent posts within the trust could be made more appealing to agency workers and developing new apprenticeship roles. Thirty-six apprentices were in post at the time of the inspection

Our findings

covering a range of roles including social work, pharmacy and allied health professionals. Work was also underway to look at how bank work for the trust could be developed into a career pipeline to make it an attractive option for agency staff to join the trust. We were told that one of the options under consideration was improved learning and development opportunities for bank staff.

- The trust acknowledged that during the pandemic there had been a dip in appraisal rates. The trust were encouraging managers to complete these whilst acknowledging that the pandemic had delayed them. There had also been an adjustment in the appraisal reporting window to help balance the workloads of managers. The trusts reporting system showed that at the time of our inspection, 64% of appraisals due for the year had been completed. The trust was monitoring this compliance rate closely and listening to managers to see if other support was required.
- Each professional discipline had been represented on a working group looking at both clinical and managerial supervision. A new model for supervision was due to be rolled out in June 2022. Over the nine operational directorates, supervision for September 2021 was just over 74%. Each directorates supervision compliance rate was monitored at local and directorate level and action plans could be put in place if needed. During our core service inspections, we saw that staff received regular supervision.
- At the time of this inspection, the trusts overall mandatory training compliance rate was 84%. No operational directorate had a mandatory training compliance rate below 81%. The 84% figure was down slightly on the pre-pandemic compliance rate of 90%. The trust had reviewed its training offer to move as much mandatory training as possible online, in response to the pandemic and restrictions on being able to deliver training face to face. Data in relation to mandatory training was reviewed at directorate management meetings. Where individual teams or geographies were identified as having lower compliance with mandatory training, this was followed up by local leaders to see what support was needed to improve compliance.
- A director of therapies, with responsibility for allied health professionals (AHPs) reported to the medical director. They focused on representing AHPs at all levels in the trust and the provision of learning and development opportunities. Since our last inspection, a director of social work post had been developed. The social work director had been in post since November 2020. They had initially focused on gathering accurate data on training and registration information to understand social workers currently working in the trust and their needs. There were weekly social work forums. The director also sat on the Mental Health Act law group.
- We looked at the investigation reports for five serious incidents to see if duty of candour had been applied in practice. We saw that families and carers had contributed to deciding the terms of reference for the incident investigation. The trust shared the outcome of the investigation with families and carers. We also saw that families and carers had an explanation of what had happened and where appropriate, an apology.

Governance

- The governance of the trust has been strengthened to reflect its changing strategic direction. For example, the trust had introduced an additional sub-committee to the board. This was the integrated care and commissioning committee. This reflected the developing work of the trust in integrated care systems and its growing role in commissioning services.
- Since the last well led review the trust had changed how the sub-committees provided feed-back to the board. They had moved from exception reporting to providing more detailed reports to provide improved assurance.
- Board meetings remained well led and appropriately structured. The trust remained very aware of the need to use part two of the board meeting appropriately. This was mainly used to discuss individual incidents and patient safety.
- The operational directorates continued to describe how they were held to account through the governance processes and supported to identify for themselves when improvements were needed. The quality and performance review

Our findings

meetings had continued, and the focus was on bringing together clinicians to share good practice and find solutions to challenges. They described a culture of supportive conversations. There was also an annual meeting for each directorate with the quality committee where there was an in-depth review of their work. Service directors also attended various other groups which formed part of the wider governance processes, such as those looking at incidents and mortality. The trust had also introduced a weekly safety huddle with the chief executive attended by the directorate leads.

- The role of people who used services in the assurance processes had been strengthened since the last inspection. A service user accreditation system had been introduced. Standards had been developed and 50-60 service users had been trained to assess the services delivered by the trust who had put themselves forward for accreditation. Since April 2019, the following wards and teams had put themselves forward for assessment:

Bedfordshire & Luton - Onyx ward - Gold

Bedfordshire & Luton - Bedford Adult Recovery Team - Gold

Bedfordshire & Luton - Brantwood CMHT - Not accredited

Bedfordshire & Luton - Wardown CMHT - Gold

Bedfordshire & Luton - Townsend Court - Bronze

Bedfordshire & Luton - Cedar House - Gold

Bedfordshire & Luton - Fountain Court - Gold

Bedfordshire & Luton - Ampthill CMHT - Gold

Bedfordshire & Luton - Willow Ward - Gold

Bedfordshire & Luton - Poplars Ward - Gold

Bedfordshire & Luton - Coral Ward - Gold

Bedfordshire & Luton - Jade Ward PICU - Gold

Bedfordshire & Luton - Crisis team for Luton and South Beds - Not Accredited

Bedfordshire & Luton - Leighton Buzzard - Silver

Bedfordshire & Luton - Mid Beds CMHT - Silver

Bedfordshire & Luton - Stockwood CMHT - Silver

Bedfordshire & Luton - Ash Ward - Silver

Bedfordshire & Luton - Bedfordshire and Luton Services for People who have a Learning Disability - Silver

Our findings

- Bedfordshire & Luton** - Liaison and Diversion Service - Gold
- Bedfordshire & Luton** - Bedfordshire Early Intervention Service - Gold
- Bedfordshire & Luton** - South Beds Older Adults CMHT - Not Accredited
- CAMHS** - Bedfordshire CAMHS - Gold
- CAMHS** - City and Hackney CAMHS - Gold
- City & Hackney Mental Health** - City & Hackney Recovery & Rehab team - Bronze
- City & Hackney Mental Health** - City and Hackney Crisis Service - Bronze
- City & Hackney Mental Health** - South Hackney Recovery CMHT - Bronze
- City & Hackney Mental Health** - Mother and Baby Unit - Gold
- City & Hackney Mental Health** - North Hackney Recovery CMHT - Gold
- City & Hackney Mental Health** - Ruth Seifert ward - Not Accredited
- Community Health Services - Bedfordshire** - Specialist Palliative Care Team - Gold
- Community Health Services - Newham** - Extended Primary Care Team South - Gold
- Community Health Services - Newham** - Extended Primary Care Team North West - Gold
- Community Health Services - Newham** - Tissue Viability - Gold
- Community Health Services - Newham** - Extended Primary Care Team Telehealth Services - Gold
- Community Health Services - Newham** - Fothergill Ward - Gold
- Community Health Services - Newham** - Sally Sherman Ward - Gold
- Community Health Services - Newham** - Newham Cardiac Rehab Service - Gold
- Community Health Services - Newham** - Newham Health team for Adults with Learning Disabilities - Gold
- Community Health Services - Tower Hamlets** - Extended Primary Care Team South - No Decision - Outstanding Evidence
- Community Health Services - Tower Hamlets** - Foot Heath - Gold
- Community Health Services - Tower Hamlets** - Continence team - Silver

Our findings

Community Health Services - Tower Hamlets - Extended Primary Care Team: SW Locality Team - Silver

Community Health Services - Tower Hamlets - Care Navigation - Not Accredited

Forensics - Clerkenwell Ward - Gold

Forensics - Shoreditch Ward - Gold

Forensics - Bow Ward - Gold

Forensics - Butterfield Ward - Gold

IAPT - Bedford Wellbeing IAPT - Silver

IAPT - Richmond IAPT - Gold

Bedfordshire & Luton - Dallowdown CMHT - Not accredited

Newham Mental Health - Assessment and Brief Team - Silver

Newham Mental Health - Community Recovery Team South - Bronze

Newham Mental Health - Newham Home Treatment Team - Bronze

Newham Mental Health - Newham Perinatal Service - Gold

Newham Mental Health - Psychological Therapies Service - Gold

Specialist Addictions - Path 2 Recovery - Silver

Tower Hamlets Mental Health - Psychological Therapies Service - Bronze

Tower Hamlets Mental Health - Tower Hamlets Recovery College - Bronze

Tower Hamlets Mental Health - Isle of Dogs and South Poplar CMHT - Gold

Tower Hamlets Mental Health - Tower Hamlets Early Intervention Service CMHT - Gold

Tower Hamlets Mental Health - Community Learning Disability Team - Gold

Tower Hamlets Mental Health - Stepney and Wapping CMHT - Gold

Tower Hamlets Mental Health - Brick Lane ward - Not Accredited

Tower Hamlets Mental Health - Bethnal Green and Globe Town CMHT - Silver

Our findings

Tower Hamlets Mental Health - Bow & Poplar CMHT - Silver

Tower Hamlets Mental Health - Deancross, Tower Hamlets Personality Disorder Service - Silver

- We found that all the requirement notices and most of the recommendations from the previous inspection had been addressed by the trust. Some good practise recommendations in relation to the management and administration of medicines in forensic services remained outstanding from our previous inspection. These were escalated at the time and we heard how the pandemic had impacted on these as medicines technicians and pharmacists were providing more remote support.
- The trust closely monitored the mortality of people who used their services with appropriate investigations where needed. A total of 2890 deaths were reported by the trust between 1 April 2020 and 31 March 2021, this was an increase of 49.66% (1931) from deaths reported between April 2019 and March 2020. This increase was attributed to the numbers of excess deaths due to the coronavirus pandemic. There were 2637 expected deaths and 253 unexpected deaths reported between April 2020 and March 2021. Of the 253 unexpected deaths 47 were subject to the serious incident (SI) process. Three inpatient deaths where the patient was under a section of the MHA were reviewed under the SI process. Notably, it was found that all the people who died from COVID 19 in the community or as inpatients had pre-existing co-morbidities.
- Forty-eight deaths were reported where the patient had a learning disability between April 2020 and March 2021 of which 24 were related to COVID 19. There were four deaths within specialist children's services, all of whom were under Newham complex care team. There were 20 deaths in total in Bedfordshire and Luton learning disability services.
- A total of 253 unexpected deaths were reported trust wide between April 2020 and March 2021. Not all unexpected deaths met the threshold to be investigated as an SI. Of the 253 reported on the trusts incident reporting database, 47 met the threshold for review via the SI process. An SI review is a systematic analysis to identify what happened, how it happened and why. This draws on evidence, including physical evidence, witness accounts, policies, procedures, guidance, good practice and observation - in order to identify the problems in care or service delivery that preceded an incident to understand how and why it occurred. The process aims to identify what may need to change in service provision in order to, where possible, reduce the risk of future occurrence of similar events.
- The trust continued to have a process in place to manage the investigation of serious incidents. There was a team of dedicated staff to review serious incidents and support the investigation process with staff from the directorates. Incident reports were reviewed daily and a report sent to the chief medical and nursing officers. For serious incidents a 48-hour report was prepared. A regular serious incident review panel took place and the level of investigation was agreed. The outcomes of investigations were fed back to the quality assurance committee and to the board. Thematic reviews of incidents took place when needed. Five root cause analysis serious incident reports were reviewed as part of the inspection. They had been completed to a high standard. External stakeholders gave positive feedback about the quality of incident reports and action plans.
- During November and December 2020, the trust notified the CQC of allegations of staff on patient assaults. These incidents raised serious concerns about patient safety, adult safeguarding, management of the health-based place of safety and rapid response team in Newham. In response to these incidents the trust sought to understand the underlying issues and responded appropriately, placing Newham Centre for Mental Health under an internal special measures process and rolled out a patient safety improvement plan which was overseen by the chief nurse. We undertook some engagement and monitoring activities to understand how these concerns had been addressed.
- The trust looked at their incident data and worked with staff and patients to collect data on their experiences. This established an understanding of the issues that impacted the wards and in-turn, patient safety. The subsequent

Our findings

actions included increasing staffing levels, refreshing the staff skill mix and supporting ward-based processes such as safely huddles, active patient engagement and reflective practice. The trust also strengthened the leadership structure, particularly out of hours, which further supported staff development, confidence and team cohesion. In turn, this promoted the improved management of the health-based place of safety and the rapid response team. These processes stabilised the service and patients and staff reported that the wards, particularly at night, felt much safer. The trust continued to monitor and keep the situation under review. Whilst staffing had increased, the health-based place of safety did not have a dedicated team, as recommended by national guidance. The trust was considering long term plans for the place of safety, including its possible relocation to another site with improved facilities.

- The trust had robust arrangements for safeguarding adults and children. There was a clear governance structure for reporting to the trust board, with identified leads for child and adult safeguarding. Safeguarding matters were reported to a safeguarding committee, which in turn reported to the quality assurance committee and to board in an annual report. The chief nurse was the executive director for safeguarding. Named safeguarding leads were in place in each of the trust's geographies. A central trust safeguarding team was able to advise staff in office hours.
- During the pandemic safeguarding supervision for both children and adults had been delivered virtually. Bespoke virtual training programmes had been developed so that this mandatory training could be delivered effectively during the pandemic. Safeguarding training had been reviewed to include domestic violence. Some bespoke domestic violence training had also been delivered to teams.
- Across the operational directorates, compliance with safeguarding adults level 2 training varied between 82% and 95%. With the exception of specialist community health services, all operational directorates had achieved a 75% or more compliance rate with safeguarding adults level 3 training. The safeguarding children level 1 training compliance rate varied between 83% and 100% across operational directorates. Safeguarding children level 2 varied between 73% and 100%. Only one operational directorate had achieved 75% or more in its compliance rate with safeguarding children level 3 training.
- Prevent training was at 88% and workshops to raise awareness of Prevent (WRAP) training was at 89% compliance as at September 2021. During 2020/21, the trust participated in 17 safeguarding adult reviews over its geography with the aim of learning lessons to ensure agencies work together better to safeguard adults suspected of being abused. Over the same period 19 serious case reviews for children suspected of being abused, were contributed to by the trust.
- There were robust arrangements to ensure that the trust discharged its specific powers and duties according to the provisions of the Mental Health Act 1983 (MHA). The use of the MHA was overseen by the mental health law monitoring group (MHLMG), which provided a quarterly exception report to the quality committee, which in turn reported to the board. The exception report included action points from MHA monitoring visits by the Care Quality Commission and action taken by the trust in response, such as staff training or changes to policies. The MHLMG met monthly and included medical, nursing and social work representation. The MHA administration team reported monthly to the MHLMG and the executive MHA lead was the trust medical director. The associate director of mental health law produced an annual report to the board detailing MHA activity.
- A range of MHA training for trust staff, provided both face to face and by e-learning, had been offered on a monthly basis prior to the COVID 19 pandemic and quarterly since then. The frequency of training was increasing as the pandemic restrictions were lifted. Training was responsive to clinical need. Bespoke training and legal updates were provided in a variety of formats as required, including via email and the trust intranet.
- The lead nurse and associate director managed two Band 7 mental health law managers with responsibility for the MHA and one mental health law manager with responsibility for the Mental Capacity Act and took responsibility for updating policies and procedures as required.

Our findings

- There were 40 hospital managers in post and panel hearings adequately reflected the diversity in terms of age, gender and ethnicity of the trust population. During the COVID 19 pandemic, hearings had taken place remotely. Training was offered to managers and chair training was in the process of being arranged for the current year. The hospital manager policy had recently been reviewed and the trust was in the process of organising a new quarterly hospital managers' forum in order to discuss issues such as learning from previous hearings, conduct, governance and recruitment.
- All MHA administration team members were still working from home at the time of our meeting. We were informed that the MHA administration team was generally well resourced, although there were two vacancies. The team was in the process of adopting a new electronic system which it was hoped would increase the speed and accuracy of processing statutory paperwork. MHA administrators were entitled to attend all internal training and there were biannual awaydays incorporating training. The MHA administration team members said that they felt supported by their managers and by the trust. They said that there were a sufficient number of staff to carry out the obligations of the department, despite there being two vacancies.
- Since December 2020, following an amendment to Mental Health Act (Hospital, Guardianship and Treatment) (England) regulations 2008, many of the statutory forms under the MHA can be communicated electronically. There were some concerns expressed by the MHA administration team members about Approved Mental Health Professionals and doctors being able to submit statutory forms on paper, electronically and via the new electronic system in the absence of one format being compulsory.
- The trust was moving towards becoming fully paperless, with associated issues around ensuring statutory paperwork was properly uploaded onto the electronic patient record before it was shredded. In addition, the new electronic system for processing statutory paperwork was being piloted and was due to be rolled out across the whole trust at the start of 2022. Patients subject to section 117 MHA were documented on the electronic patient record.
- There had been a plan to move the team from being locality-based to being consolidated into one office in Tower Hamlets, but this had not yet taken place due to the COVID 19 pandemic. This period had presented challenges due to the changes introduced in response to the pandemic. The team kept themselves up-to-date with legal developments either by their own initiative or via bespoke training offered by the trust, although this had been less frequent lately due to the COVID 19 pandemic. In addition, we were informed that the service level agreements could generate a considerable amount of work as the statutory paperwork either was not received or was not completed correctly.

Management of risk, issues and performance

- The trust was well-informed on areas of risk and these were clearly articulated by members of the board. Team risk registers fed into directorate risk registers and then into a trust risk register where corporate risks were identified. The risks were all rated and actions to address them were in place. Concerns raised during the inspection correlated with what was on the risk register.
- The board assurance framework (BAF) had been extended since the previous well led review. Corporate risks about digital provision, waiting lists for services and infection control had been added and linked to board sub-committees so progress could be monitored.
- The November 2021 BAF showed five red rated risks including: management of commissioning responsibilities, recruitment and retention of staff, ensuring a positive staff experience, embedding and maintaining financial sustainability and infrastructure projects including digital and estates. These risks were kept under regular review by the senior leaders, executives and board. The BAF clearly indicated how the risk was being managed, and the assurance measures in place. 'Deep dives' had been undertaken in relation to risks detailed on the BAF. The findings of these deep dives were reported at committee and board level.

Our findings

- The trust was working to improve the quality and safety of its care and treatment. Since the last well led review there had been a focus on delivering trauma informed care, with a wide programme of training for staff. Quality improvement methodologies were being used to improve the sexual safety of people accessing inpatient services and the trust was an active participant in the national sexual safety collaborative. The development of the experiential training suite was improving the ability of staff to manage complex scenarios.
- The trust recognised that there was more to do to improve patient safety and address recurring themes. They had approval to employ a director of patient safety and to work with Nottingham University to develop a patient safety system embedding a culture where staff feel actively engaged in making improvements. The trust had established a patient safety forum reporting to the quality committee to look at trust wide themes and how these can be addressed – developing patient safety improvement plans in directorates.
- Since the last well led review e-prescribing had been implemented across all inpatient services, which was improving the safety of medicines management.
- The trust had an clinical audit programme, focussing mainly on safety critical areas. The findings from audits were discussed at directorate management teams and team meetings. Oversight of the audit programme sat with the quality committee and quality assurance committee, which updated the board on the audit programmes progress and findings. Examples of audits included infection control, safe and secure handling of medication and record keeping. The trust also took part in a number of national audits, for example the national diabetes audit.
- The trust continued to have systems in place to ensure they were compliant or working towards compliance with NICE guidance. This work was monitored through the quality assurance committee.
- Appropriate systems were in place to ensure new staff had the correct recruitment checks prior to working in the trust. Records were checked for staff who had recently joined the trust and all the necessary checks were in place. Systems were also in place to ensure medical, nursing and other professional registration revalidation had taken place for staff working in the trust.
- The trust has a dedicated centralised infection prevention control (IPC) team who are able to offer support to locality teams. The chief nurse was identified as the director of infection prevention control. Before the pandemic, the infection prevention and control committee reported regularly to the quality assurance committee and quarterly to the trust board.
- As a result of the pandemic, the majority of the work undertaken by the team had been in relation to the prevention and management of COVID 19. During the course of the pandemic the infection prevention control (IPC) team had reported monthly to the board. From April 2020, the IPC team was represented at gold, silver and bronze command COVID 19 preparedness meetings. From April 2020, the IPC team operated extended hours from 8am to 10pm seven days a week to offer support to wards and teams delivering patient care. IPC nurses attended regular safety huddles within each locality to support front line teams delivering care and treatment. The team also developed and delivered COVID 19 training and development resources. The team was also involved in the setting up of fit testing service for specialist face masks, the staff lateral flow testing programme and the trust wide track and trace service. The trust had also set up and was managing its own warehouse stocked with personal protective equipment (PPE).
- The trust is required to monitor and report the outbreaks of other health care associated infections, in addition to COVID 19. There were no MRSA, clostridioides difficile or carbapenem-resistant organism outbreaks within the trust for the reporting period 2020/21. There was one reported case of Meticillin sensitive staphylococcus aureus (MSSA) bacteraemia case on an older peoples ward in April 2020.

Our findings

- The emergency planning and business continuity plan was reviewed on an annual basis by the board. This covered all areas of the trust's resilience arrangements. The trusts most recent continuity plans were reviewed by NHSE/I as part of their annual assurance process. They were described as 'comprehensive in content, of a very good standard and considered as good practice'.
- Our core service inspections identified that there were a number of environments across the trust needing improvement. Some wards at the John Howard Centre were tired and in need of redecoration. In Luton and Bedfordshire, we found that same sex guidance was being breached at the time of the inspection. We were subsequently told that capital had been identified for building works to address this issue. We also saw that the infection control measures put in place on other older peoples' mental health wards in London, meant that same sex accommodation guidance was being breached as a separate female lounge was not available. During an engagement visit to Newham Centre for Mental Health we saw that the facilities in the health-based place of safety were basic and did not represent a therapeutic environment.
- The current three-year estates strategy runs until March 2022. This included a £14million capital investment programme including the upgrade of seclusion facilities trust wide, installing air condition to treatment rooms trust wide, anti-ligature works on mental health wards in Newham and trust wide works on upgrading bathroom facilities. The estates plan also considered sustainability issues with upgrades to lighting and heating systems to improve performance and reduce costs and emissions. The trust was aiming for one of its premises in Luton and Bedfordshire to achieve carbon neutrality next year.
- The trust recognised that there were significant financial challenges and that efficiency savings would need to be delivered from April 2022 onwards. They were very aware of their use of temporary staff, particularly medical staff in Bedfordshire and district nursing in Tower Hamlets. The recognised the importance of looking more holistically across the trust. They had systems in place to support the identification of potential savings and support operational teams to deliver the change. All proposals to make efficiency savings had impact assessments which included feedback from clinicians and service users. The senior finance staff worked with colleagues in neighbouring trusts and also with other finance leads across the systems.
- The chief finance officer submitted a report to every board meeting and was able to update the board on financial matters as needed in between board meetings. There was also a finance, business and investment sub-committee. To the end of July 2021, the trust reported an operating surplus of £5,412k compared to budget operating surplus of £5,900k. The trust had a net deficit of £458k, compared to planned net surplus of £30k, giving an adverse surplus of £488k. The cash balance at the 31 July 2021 was £114.4m. The trust was forecasting to breakeven in the first six months of the next financial year, dependent upon an improvement in expenses associated with COVID 19 and receipt of funds associated with the implementation of discharge hubs in Luton and Bedfordshire.
- The trust had identified that NHS Improvement were not currently financially risk rating them. The level of trust expenditure on agency workers was identified as potentially negatively impacting the trusts overall financial risk rating at a later date, if it was not reduced. The trusts financial viability programme was £1.5 million behind plan.

Information management

- Since the last well led review the trust had recognised that significant work was needed to develop its digital services. A chief digital officer had been appointed and was a member of the executive leadership team. A digital strategy had been developed and there is a three-year plan to introduce the changes. The pandemic had presented huge challenges for the trust. The numbers of staff working remotely had grown from 435 to 4500.
- Throughout the inspection we regularly heard staff talk about the challenges they faced in terms of the use of IT, including the equipment and the systems they were using. The senior leadership team were aware of the need for improvements and this formed part of the digital strategy.

Our findings

- Whilst our core service inspections found that teams had the data they needed to deliver services, the trust recognised the need to improve its use of live data and to make this available to staff throughout the trust in a meaningful format to use in their daily roles. This was developing at the time of the inspection to be available on a mobile phone and on screens in wards and team bases to inform daily huddles. Training for staff on-site was part of this development work.
- There was ongoing work to improve how information was presented to the board. For example, since the last well led review the finance report had been separated from the quality report. The non-executive directors had also asked for the commentary to include some more insight into what executive staff thought about the information presented.

Engagement

- People participation continued to be central to the work of the trust. The number of people participation leads had extended, for example a new role working in substance misuse services had just been approved, and there were new roles such as supporting the development of the digital work. There were many exciting examples of co-production, for example in the CAMHS inpatient services there had been co-produced quality standards which were improving the quality of care. This was embedded in the work of the trust, for example if service leaders were making a case for a ward environment to be upgraded then they had to demonstrate how people who used the service had been involved in the process.
- The people participation team had adapted their work during the pandemic. For example, they developed a befriending service, using volunteers to call over 7000 people who would otherwise be isolated. In Newham they had also set up online art and creative writing groups sending out the materials to participants. The work of the team had become increasing outward looking, for example in Tower Hamlets people who use services were helping to train medical students on mental health. There was also ongoing work with the docklands light rail and Network Rail to train staff on suicide prevention, resulting in reduced serious incidents. The forensic team set up a group to support people who had been recently discharged and offering them employment skills training. The team were also supporting other trusts to develop their people participation work.
- At the last well led review there had been 30 peer support workers at the trust. This had grown to nearly 80 people at this inspection.
- The trust had an initiative where it provided all staff with free vitamin D tablets during the pandemic. This was very well received, and most staff took the vitamins offered. Staff also recognised that the trust was providing a successful programme of vaccinations and this had supported staff and patients to have their vaccines in a timely manner.
- The trust had continued to support governors to carry out their role and be actively involved in the operation of the trust and this had developed further since the last inspection. In response to the pandemic the council of governor meetings had moved to being on-line but were skilfully arranged to ensure people could discuss developments and give their feed-back which was followed through. Governors where needed had been provided with the necessary equipment and data to work remotely. The involvement of governors representing Luton and Bedfordshire had been strengthened. Governors had regular contact from the trust to keep them updated and also to check on their individual well-being and this was highly appreciated. Governors had been fully involved in the recruitment of the chair and non-executive directors, even providing opportunities for a discussion at the pre-application stage where the applicants were interested. They also participated in the induction programme for non-executive directors. They had participated in virtual visits to services and were pleased to see visits starting again in person.
- The trust recognised that it had been more challenging to work with members during the pandemic, although there were plans developing for some future events.
- The trust had continued its arrangements to work with trade unions including the joint staff committee. Trade union representatives said they recognised that staff engagement had increased linked to the pandemic and that the trust

Our findings

had worked to be supportive for example with staff who needed to shield. They said they had been offered training in how to carry out job evaluations and this was taking place in the new year. They continued to be engaged in a programme to modernise the HR policies although recognised that some of this work had slowed down. They also talked about some small groups of staff impacted by consultations for service transformations where the process had been very slow.

- The trust collected survey information from friends and family on their experience of services. Friends and family test (FFT) collection was paused in March 2020 due to the onset of the COVID 19 pandemic. It resumed from December 2020. The table below shows the percentage of responses to the FFT question ‘Overall how was your experience of our service?’ which were answered either “very good” or “good” between December 2020 and October 2021.

Dec-20 99.8%

Jan-21 99.5%

Feb-21 99.1%

Mar-21 98.0%

Apr-21 97.1%

May-21 96.6%

Jun-21 98.4%

Jul-21 98.3%

Aug-21 98.8%

Sep-21 98.8%

Oct-21 97.2%

- The trust also collected information via a FFT (staff) survey. This was put on hold by NHSE/I during the pandemic. The latest FFT (staff) data comes from the 2020 NHS Staff Survey which ran for the quarter September – November 2020. This showed that 74% of staff would recommend the organisation as place to work. Seventy-one percent of staff said that if their friend or relative needed treatment, they would be happy with the standard of care provided.
- The trust managed complaints effectively. The complaints process was overseen and managed by a central complaints team. The investigation of complaints was led by appropriate locality managers with support from the central team. Information on how to complain was on the trust website. Information in relation to PALS was also available on the trust website. During our core service inspections, we saw that information on how to make a complaint was available locally. During the pandemic the trust saw a doubling in the number of complaints. Advice from NHS England during the early days of the pandemic led to complaint investigations being suspended. These factors had led to a backlog in the number of complaints being dealt with. At the time of our review this backlog had mostly been cleared.

Our findings

- Themes from complaints were analysed and provided to directorates and teams to provide opportunities for learning and improvements. Commissioners fed back that the quality of complaint investigations and responses were generally good. The trust had also carried out some quality improvement work to improve the quality of complaint responses.
- Between April 2021 to September 2021, the trust dealt with 251 formal complaints with an average response time of 61 working days. During the same period, the trust received 378 compliments.
- External stakeholders we spoke with, for example clinical commissioning groups, told us they received open feedback about the performance and challenges faced by the trust.

Learning, continuous improvement and innovation

- The use of a quality improvement approach remains central to the work of the trust. Whilst this work started in mental health services with a focus on violence reduction, it had extended across the trust. For example, it was being used in community health services to support improvements in district nursing. It was also being used in work across the trust, for example the focus on anti-racism. The trust was supporting other providers to develop their quality improvement approach, such as Barts Health who were also working to reduce violence across their services.
- People working for and associated with the trust talked about how the quality improvement approach was widely used. For example, this approach was being developed further to look at waiting lists for services especially as referrals were increasing. The trust was making data available to teams to help them use a structured approach to look at demand and capacity of services and develop individual plans to improve patient flow.
- The trust continued to have a dedicated research team providing support to a range of research studies. The trust was part of the National Institute for Health Research (NIHR) and partners with NOCLOR Joint NHS Research Office for 7 NHS trusts across North London and Queen Marys Hospital. There were over 40 active research studies that the trust was currently involved in covering themes relating to; learning disability; adult psychiatry; dementia and neurodegenerative disease; forensics; primary care; child and adolescent mental health and specialist addiction services. Staff from all disciplines, as well as service users, are encouraged and supported to engage in research projects and publish their findings. In the first half of 2021, clinicians, researchers and service users published over 60 papers on the trust website.
- Learning from research continued to be promoted through regular research events, a research bulletin and updates on the trust website. The trust reviewed research through regular updates to the quality assurance committee and an annual report to the board.
- The trust participated in or were accredited by Royal College of Psychiatrists CCQI Networks. As of November 2021, the following teams and wards were accredited by or participating in these schemes.

Bedfordshire and Luton - Ash Ward - In review stage - AIMS WA (Inpatient Adult Acute)

Bedfordshire and Luton - Willow Ward - In review stage - AIMS WA (Inpatient Adult Acute)

Bedfordshire and Luton - Coral Ward - Accredited - AIMS WA (Inpatient Adult Acute)

Bedfordshire and Luton - Crystal Ward - In review stage - AIMS WA (Inpatient Adult Acute)

Bedfordshire and Luton - Onyx Ward - In review stage - AIMS WA (Inpatient Adult Acute)

Bedfordshire and Luton - Jade Ward (PICU) - Accredited - QNPICU (PICU)

Our findings

- Bedfordshire and Luton** - Bedfordshire and Luton Perinatal Mental Health Service - Members - PQN (Perinatal)
- Bedfordshire and Luton** - Luton ECT Suite - Accredited - ECTAS (ECT Suite)
- Bedfordshire and Luton** - Luton Memory Assessment Clinic - Member - MSNAP (Memory Services)
- CAMHS** - Coborn Centre - Accredited until September 2021 - QNIC (Inpatient CAMHS)
- CAMHS** - Tower Hamlets CAMHS - Participating but not yet undergoing accreditation - QNCC (Community CAMHS)
- CAMHS** - Newham CAMHS - Participating but not yet undergoing accreditation - QNCC (Community CAMHS)
- CAMHS** - City and Hackney CAMHS - Participating but not yet undergoing accreditation - QNCC (Community CAMHS)
- CAMHS** - East London Eating Disorder Service for CYP - Participating but not yet undergoing accreditation - QNCC (Community CAMHS)
- CAMHS** - Bedfordshire CAMHS - Participating but not yet undergoing accreditation - QNCC (Community CAMHS)
- CAMHS** - Luton CAMHS - Participating but not yet undergoing accreditation - QNCC (Community CAMHS)
- City and Hackney** - City and Hackney Home Treatment Team - Accredited - HTAS (Home Treatment Teams and Crisis Services)
- City and Hackney** - City and Hackney Memory Service - Member - MSNAP (Memory Services)
- City and Hackney** - Margaret Oates Mother and Baby Unit - Accredited - PQN (Perinatal)
- City and Hackney** - City and Hackney Perinatal Outpatient Service - Accredited - PQN (Perinatal)
- City and Hackney** - Homerton Psychological Medicine (Psychiatric Liaison) - Members - PLAN (Psychiatric Liaison)
- Forensics** - Millfields Medium Secure Unit - Accredited - CofC (Therapeutic Communities)
- Forensics** - John Howard Centre/ Wolfson House - Accreditation not offered. Peer review network only - QNFMS (Forensics)
- Newham** - Community Recovery Team South - Accredited - ACOMHS (CMHTs)
- Newham** - Emerald Ward - In review Stage - AIMS WA (Adult Acute)
- Newham** - Newham Diagnostic Memory Clinic - Accredited - MSNAP (Memory Services)
- Newham** - Crystal Ward (PICU) - Members - QNPICU (PICU)
- Newham** - Ruby Ward - In review stage - AIMS WA (Adult Acute)

Our findings

Newham - Sapphire ward - In review stage - AIMS WA (Adult Acute)

Newham - Ivory Ward - In review stage - AIMS WA (Adult Acute)

Newham - Opal Ward - In review stage - AIMS WA (Adult Acute)

Newham - Topaz Ward - In review stage - AIMS WA (Adult Acute)

Tower Hamlets - Bethnal Green CMHT - Members - ACOMHS (CMHTs)

Tower Hamlets - Bricklane Ward - In review stage - AIMS WA (Adult Acute)

Tower Hamlets - Globe Ward - In review stage - AIMS WA (Adult Acute)

Tower Hamlets - Roman Ward - In review stage - AIMS WA (Adult Acute)

Tower Hamlets - Tower Hamlets ECT - Accredited - ECTAS (ECT Suite)

Tower Hamlets - Tower Hamlets Home Treatment - Team - Accredited - HTAS (HTT and Crisis)

Tower Hamlets - Tower Hamlets Diagnostic Memory Clinic - Member - MSNAP (Memory Services)

Tower Hamlets - Tower Hamlets Perinatal Service - Member - PQN (Perinatal)

Tower Hamlets - Tower Hamlets Mental Health and Psychological Medicine Team - Accredited - PLAN (Psychiatric Liaison)

- Since we last inspected the trust in 2019, it has been nominated for or won the following awards:

Positive Practice in Mental Health (PPiMH) Awards 2021 - Quality Improvement and Service Transformation Award - Community Mental Health Transformation Project Team - Won

Positive Practice in Mental Health (PPiMH) Awards 2021 - Autism and ADHD Services Award - Clerkenwell Ward, Forensics - Won

Positive Practice in Mental Health (PPiMH) Awards 2021 - Peer Support Services Award - Telephone Befriending Service - Won

Nursing Times Awards 2021 - Enhancing Patient Dignity - Forensic Services and their project Sexual Safety - Won

BMJ Awards 2021 - Diversity & Inclusion Team Award - East India Ward, Forensic Services - Won

BMJ Awards 2021 - Quality Improvement Team Award - The Forensic Services team for their work on Sexual Safety - Finalists

HSJ Value Awards 2021 - Digital Clinical Transformation Award - City & Hackney Specialist Psychotherapy Service - Won

Our findings

HSJ Value Awards 2021 - The IT & Digital Innovation Award - City & Hackney Specialist Psychotherapy Service - Highly Commended

HSJ Value Awards 2021 - Mental Health Service Redesign Initiative - City & Hackney Specialist Psychotherapy Service - Highly Commended

HSJ Value Awards 2021 - Pilot Project of the Year Award - The Darzi Seeds of Change Project for the People by the People (this collaboration involved ELFT clinicians and the trust's Tower Hamlets recovery college) - Won

HSJ Value Awards 2021 - Mental Health Service Redesign - Newham Perinatal Service - Finalists

HSJ Awards 2020 - NHS Workplace Race Equality Award - People and Culture Team - Won

HSJ Awards 2020 - Digitising Patient Services Initiative Award - City & Hackney Specialist Psychotherapy Service - Highly Commended

The Engage Awards 2020 - Best Employee Wellbeing Strategy - People and Culture - Won

Patient Experience Network Awards 2020 - Using Insight for Improvement Award - Measuring, Reporting and Acting Award - Service User Led Accreditation Programme, Quality Assurance team - Finalists

NHS Parliamentary Awards 2020 - Care and Compassion Regional Award - Bedfordshire Community Services - Won

RCNi Awards 2020 - Learning Disability Nursing Award - Tower Hamlets Community Learning Disability Service - Finalists

RCPsych Awards 2020 - Psychiatric Team of the Year - Morrison Ward (Forensics) and Sustainability Team - Shortlisted

Nursing Times Award 2020 - Managing Long Term Conditions - Newham Extended Primary Care Team - Shortlisted

NHS Parliamentary Awards 2020 - Excellence in Mental Health Care - Forensics Service - Finalists

NHS Parliamentary Awards 2020 - Excellence in Mental Health Care - Newham Talking Therapies - Finalists

British Medical Journal (BMJ) Awards 2019 - Care of the Older Person Award - Mental Health of Older People Services team - Finalists

Positive Practice National Children & Young People's MH Awards 2019 - Liaison & Intensive Support Award - Bedfordshire and Luton CAMHS Crisis Service team - Won

HSJ Value Awards for 2019 - Most Effective Litigation Award - Legal Affairs - Won

HSJ Value Awards for 2019 - Mental Health Service Award - City & Hackney CAMHS ADHD Pathway - Finalists

NHS Parliamentary Awards 2019 - Regional Award - Pathway Homeless Team - Won

Our findings

RCNi Awards 2019 - RCNi Mental Health Nursing Award - Rachel Luby, Clinical Practice Lead - Won

Housing Heroes Awards 2019 - Support and Care Team of the Year - Tower Hamlets Crisis House – provided in partnership by ELFT and Look Ahead - Won

NHS Parliamentary Awards 2019 - Excellence in Urgent and Emergency Care Award - Pathway Homeless Team in Tower Hamlets - Won

National Positive Practice in Mental Health Awards 2019 - Integration of Physical & Mental Healthcare Award - Tower Hamlets Mental Health Liaison and Psychological Medicine Team - Won

National Positive Practice in Mental Health Awards 2019 - Quality Improvement and/or Service Transformation Award - Shoreditch Ward at The John Howard Centre - Won

Nursing Times 2019 Awards - HRH The Prince of Wales Integrated Approaches to Care - Royal London Hospital A&E Frequent Attenders Project – joint award with Barts Health - Finalist

Nursing Times 2019 Awards - Nursing in Mental Health - Rosebank ward, Tower Hamlets - Finalist

National BAME Health and Care Awards 2019 - Diversity & Inclusion Lead category - Black and Asian Minority Ethnic Staff Network Lead, Diana Okoukoni - Shortlisted

HSJ Awards 2019 - Mental Health Innovation of the Year - Primary care SMI physical health project – City and Hackney colleagues and partners - Won

HSJ Awards 2019 - Staff Engagement category - Enjoying Work project - Shortlisted

RCPsych Awards 2019 - Psychiatric Team of the Year, Working-age Adults category - Deancross Personality Disorder Service in Tower Hamlets - Won

NHS Providers Membership Showcase Award 2019 - Governor/Member Engagement category - Governors and Members Team - Won

- The trust had effective mortality review processes in place. They were required to report on inpatient deaths and those who had died within 30 days of leaving hospital. The trust was able to determine its own approach to undertaking mortality reviews. Since our last inspection, the trust mortality review group had developed into the learning from deaths panel. The panel had an established membership, including the chief medical officer, chief nurse and a specialist mortality reviewer. The panel reported quarterly to the quality assurance committee and presented an annual report to the board.
- Prior to the pandemic, all expected deaths in community and hospital settings were reviewed. These reviews looked at the care provided over the last three months to see if there were lessons to be learnt. The outcome of the review was shared with the learning from deaths panel. As a result of increased deaths due to COVID 19, the number of reviews for expected deaths was decreased to 50% and included a sample of patients who had died from COVID 19.
- Unexpected patient deaths were investigated using the trusts serious incident review process. All learning disability deaths (LeDeR) were assigned to a mortality reviewer who was trained in root cause analysis. These findings were reported to NHSE and the University of Bristol.

Our findings

- In September 2021, the learning from deaths panel completed a piece of work reviewing all inpatient deaths within the trust since 2016. The deep dive considered themes, learning and population health outcomes. No increase in the frequency of inpatient deaths was noted. Physical health conditions were noted as the most common cause of death. Suicide was noted as occurring in one inpatient incident, but in 16% of all deaths of patients shortly after discharge. This finding was consistent with other UK research that found that suicide risk amongst mental health patients was at its highest shortly after discharge.
- The report identified four lessons to implement across the trust, including; feedback of findings to all staff and considering how QI projects may be able to strengthen the trusts existing physical health strategy; development of an e-observations platform to replace paper observation records. The report also identified the need for improvements to assurance systems to ensure more sophisticated, consistent analysis of serious incidents and deaths to ensure that themes and learning from incidents could be identified and applied quickly and more consistently across the trust.

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓

Month Year = Date last rating published

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good →← Jan 2022	Good →← Jan 2022	Outstanding →← Jan 2022	Good ↓ Jan 2022	Outstanding →← Jan 2022	Outstanding →← Jan 2022

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Mental health	Good	Good	Outstanding	Good	Outstanding	Outstanding
Community	Requires Improvement	Good	Good	Good	Good	Good
Overall trust	Good ↔ Jan 2022	Good ↔ Jan 2022	Outstanding ↔ Jan 2022	Good ↓ Jan 2022	Outstanding ↔ Jan 2022	Outstanding ↔ Jan 2022

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Spitalfields Medical Centre - Health E1	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016
Newham Transitional Practice	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017
The Greenhouse Practice	Outstanding Aug 2017	Good Aug 2017	Good Aug 2017	Outstanding Aug 2017	Outstanding Aug 2017	Outstanding Aug 2017
Cauldwell Medical Centre	Good Apr 2019	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Overall trust	Good ↔ Jan 2022	Good ↔ Jan 2022	Outstanding ↔ Jan 2022	Good ↓ Jan 2022	Outstanding ↔ Jan 2022	Outstanding ↔ Jan 2022

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Rating for Spitalfields Medical Centre - Health E1

	Safe	Effective	Caring	Responsive	Well-led	Overall
People with long term conditions	Not rated	Not rated	Not rated	Not rated	Not rated	Good Nov 2016
Families, children and young people	Not rated	Not rated	Not rated	Not rated	Not rated	Good Nov 2016
Older people	Not rated	Not rated	Not rated	Not rated	Not rated	Good Nov 2016
Working age people (including those recently retired and students)	Not rated	Not rated	Not rated	Not rated	Not rated	Good Nov 2016
People experiencing poor mental health (including people with dementia)	Not rated	Not rated	Not rated	Not rated	Not rated	Good Nov 2016
People whose circumstances may make them vulnerable	Not rated	Not rated	Not rated	Not rated	Not rated	Good Nov 2016
Overall	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016	Good Nov 2016

Rating for Newham Transitional Practice

	Safe	Effective	Caring	Responsive	Well-led	Overall
People with long term conditions	Not rated	Not rated	Not rated	Not rated	Not rated	Good Nov 2017
Families, children and young people	Not rated	Not rated	Not rated	Not rated	Not rated	Good Nov 2017
Older people	Not rated	Not rated	Not rated	Not rated	Not rated	Good Nov 2017
Working age people (including those recently retired and students)	Not rated	Not rated	Not rated	Not rated	Not rated	Good Nov 2017
People experiencing poor mental health (including people with dementia)	Not rated	Not rated	Not rated	Not rated	Not rated	Good Nov 2017
People whose circumstances may make them vulnerable	Not rated	Not rated	Not rated	Not rated	Not rated	Outstanding Nov 2017
Overall	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017	Good Nov 2017

Rating for The Greenhouse Practice

	Safe	Effective	Caring	Responsive	Well-led	Overall
People with long term conditions	Not rated	Not rated	Not rated	Not rated	Not rated	Outstanding Aug 2017
Families, children and young people	Not rated	Not rated	Not rated	Not rated	Not rated	Outstanding Aug 2017
Older people	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Working age people (including those recently retired and students)	Not rated	Not rated	Not rated	Not rated	Not rated	Outstanding Aug 2017
People experiencing poor mental health (including people with dementia)	Not rated	Not rated	Not rated	Not rated	Not rated	Outstanding Aug 2017
People whose circumstances may make them vulnerable	Not rated	Not rated	Not rated	Not rated	Not rated	Outstanding Aug 2017
Overall	Outstanding Aug 2017	Good Aug 2017	Good Aug 2017	Outstanding Aug 2017	Outstanding Aug 2017	Outstanding Aug 2017

Rating for Cauldwell Medical Centre

	Safe	Effective	Caring	Responsive	Well-led	Overall
People with long term conditions	Not rated	Not rated	Not rated	Not rated	Not rated	Requires improvement Apr 2019
Families, children and young people	Not rated	Not rated	Not rated	Not rated	Not rated	Requires improvement Apr 2019
Older people	Not rated	Not rated	Not rated	Not rated	Not rated	Good Apr 2019
Working age people (including those recently retired and students)	Not rated	Not rated	Not rated	Not rated	Not rated	Good Apr 2019
People experiencing poor mental health (including people with dementia)	Not rated	Not rated	Not rated	Not rated	Not rated	Requires improvement Apr 2019
People whose circumstances may make them vulnerable	Not rated	Not rated	Not rated	Not rated	Not rated	Good Apr 2019
Overall	Good Apr 2019	Requires improvement Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019

Rating for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Good Sep 2016	Good Sep 2016	Outstanding Sep 2016	Outstanding Sep 2016	Outstanding Sep 2016	Outstanding Sep 2016
Wards for older people with mental health problems	Requires Improvement ↓ Jan 2022	Good ↔ Jan 2022	Outstanding ↔ Jan 2022	Good ↓ Jan 2022	Outstanding ↔ Jan 2022	Good ↓ Jan 2022
Community-based mental health services for older people	Good Sep 2016	Good Sep 2016	Outstanding Sep 2016	Requires improvement Sep 2016	Outstanding Sep 2016	Good Sep 2016
Forensic inpatient or secure wards	Good ↔ Jan 2022	Outstanding ↑ Jan 2022	Outstanding ↔ Jan 2022	Outstanding ↔ Jan 2022	Outstanding ↔ Jan 2022	Outstanding ↔ Jan 2022
Mental health crisis services and health-based places of safety	Good Sep 2016	Good Sep 2016	Good Sep 2016	Outstanding Sep 2016	Good Sep 2016	Good Sep 2016
Child and adolescent mental health wards	Good Sep 2016	Good Sep 2016	Outstanding Sep 2016	Good Sep 2016	Outstanding Sep 2016	Outstanding Sep 2016
Community-based mental health services of adults of working age	Good Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016	Outstanding Sep 2016	Good Sep 2016
Specialist community mental health services for children and young people	Good Sep 2016	Good Sep 2016	Outstanding Sep 2016	Outstanding Sep 2016	Good Sep 2016	Outstanding Sep 2016
Community mental health services for people with a learning disability or autism	Good Jun 2018	Good Jun 2018	Good Sep 2016	Good Jun 2018	Good Sep 2016	Good Jun 2018
Long stay or rehabilitation mental health wards for working age adults	Good Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016
Wards for people with a learning disability or autism	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Overall	Good	Good	Outstanding	Good	Outstanding	Outstanding

Overall ratings for mental health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Rating for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health inpatient services	Good Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016
Community health services for adults	Requires improvement Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016
Community health services for children and young people	Good Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016	Good Sep 2016
Overall	Requires Improvement	Good	Good	Good	Good	Good

Overall ratings for community health services are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Forensic inpatient or secure wards

Outstanding   

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good.

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all wards areas and removed or reduced any risks they identified. Regular checks of the environment were carried out by the designated security nurses. Ward layouts allowed staff to observe patients in all parts of the wards. Staff in the nurses' office had a clear view of the communal areas and could see clearly along each bedroom corridor. Wards had CCTV and convex mirrors in place covering communal areas and corridors. The service was trialling zonal observation on Clerkenwell ward. Designated staff observed set areas of the ward, alongside general observation processes. This helped in supporting and managing patient interactions as staff were able to intervene and defuse potential situations quickly and safely.

The ward complied with guidance and there was no mixed sex accommodation. On all wards, patients had their own bedroom and bathroom.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. The service had completed a ligature audit for each ward. Ligature audits included a comprehensive list of ligature risks, a risk rating and details of action the staff should take to protect patients. Action included increased observations by staff and ensuring rooms such as laundry spaces and storage rooms were locked when not in use. Staff were able to identify ligature risks and said these were discussed as a team in team meetings and away days.

Staff had easy access to alarms and patients had easy access to nurse call systems. Staff were able to describe how the nurse call system was tested. Patients told us that staff quickly responded when they pressed the call button.

All wards displayed staff pictures and details of daily staffing levels. Notice boards contained all the information patients were likely to need, such as details of advocacy services, menus, how to complain and activities. On Butterfield and Clissold wards some of the notices contained a lot of information and were hard to read for anyone with deteriorating sight and would benefit from review, given the age profile of the wards

Patients could access outdoor space on wards either with access to garden spaces or balconies. If a ward's outdoor space was compromised patients were supported to access another space. For example, on East India wards patients could not access the garden a problem with fencing so staff escorted patients to another garden space.

Forensic inpatient or secure wards

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well furnished and fit for purpose. Staff made sure cleaning records were up-to-date and the premises were clean. Patients said, and we observed, that wards were kept clean. Staff and patients told us that any faults or repairs were swiftly identified and addressed. It was noticeable that some wards at the John Howard Centre looked very tired. Whilst some individual wards had taken action to improve their environment, a co-ordinated site wide redecoration programme was not in place.

Improvements were needed in the management of activity of daily living kitchens on some wards. For example, Butterfield and Clissold wards, staff did not always carry out regular checks on the fridges. On both wards some food purchased by the patients was out of date. Opened foods had no dates of opening recorded. Fridge temperatures were not always monitored. This meant that patients could be at risk of eating food that was not fit for consumption. This was raised with ward teams at the time of inspection and all out of date food was disposed of. The trust also took immediate action to share this finding with other wards within the directorate to ensure good food hygiene was being practiced.

Staff followed infection control policy, including handwashing. The service had standard operating procedures for hygiene, cleanliness and infection control. Policies and procedures had been updated or developed to address COVID 19 that aligned with national guidance. Staff followed infection control principles including the use of personal protective equipment. Each ward had completed an audit to assess compliance with the requirements for infection prevention and control, hand hygiene, the environment and clinical practices. Butterfield ward scored 73% and Ludgate ward scored 76% in their audits. All other wards achieved an overall score between 84% and 95%. Action plans to improve infection control and compliance were in place on each ward.

Seclusion room

Seclusion rooms allowed clear observation and two-way communication. They had toilets and washing facilities, suitable furnishings and clear sight of a clock. Seclusion rooms were well designed and fully complied with the Mental Health Act Code of Practice guidance. Staff were able to clearly observe the patient during seclusion to ensure they were safe. Specialist equipment enabled the staff to monitor patients' vital signs without entering the clinic room.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. However, improvements were needed to ensure that equipment was stored correctly and regularly checked to ensure it was working correctly. Two bottles oxygen was not stored securely on Clissold Ward. This was highlighted to staff during the inspection who addressed this immediately.

On Bow Ward, a blood pressure machine and a pulse oximeter had not been checked to see if they were suitable for use. Staff had identified issues with this equipment in July 2021, but this had not been followed up in a timely way. When this was raised during the inspection, the equipment was immediately replaced. On Westferry Ward, whilst blood glucose meters were checked daily, staff did not always take action when the readings were out of range. This meant that there was a small risk that the blood glucose readings for patients may not have been accurate. The provider took immediate action to alert all wards within the directorate to these issues. They were discussed at handover meetings and added as agenda items for the next team meeting and away day.

As a result of these findings, the service's senior leaders took immediate action to increase the pharmacy support for each of the wards, some of whom had been moved to remote working or redeployed to support the trusts vaccination centres. A wider restructure of pharmacy services within the forensics directorate was underway, with a specialist forensic dedicated pharmacy team being trialed. This meant that in person pharmacy support was in place on each

Forensic inpatient or secure wards

ward, on specified days, from the week of our inspection. The service was also in the process of drafting a business case for additional funding to further increase pharmacy support. This involved recruiting additional pharmacists to support with clinical pharmacy standards, medicines information counselling, ward round and multi-disciplinary input and discharge planning.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff with the right qualifications, skills,

training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Staff described the wards as being calm and safe. Patients received consistent care that met their needs.

The service had reducing vacancy rates. Butterfield and Clissold ward had no vacancies. East India ward had four registered mental health nurse (RMN) and two unregistered mental health nurse vacancies. Clerkenwell and Ludgate wards both had two RMN vacancies. All these posts had recently been recruited to and offers had been made to successful candidates. Ludgate ward also had a manager vacancy. This post had been filled and a start date set for the incoming manager. The matron of Ludgate ward had been based on the ward covering the manager vacancy in the interim.

The service did not use agency nurses or nursing assistants. The service used bank staff to cover all leave, absences and sickness. Bank staff were familiar with the service and knew the patients they were supporting. Patients across the service said they knew most staff on the wards. Staffing numbers were displayed on each ward in their communal areas. Managers made sure all bank staff had a full induction and understood the service before starting their shift. Bank staff received the same access to supervision and training as permanent staff.

Staff stated they were supported by senior staff when shifts were short staffed due to unforeseen circumstances. Staff described the challenges of staffing the ward during the second peak of the COVID 19 pandemic when both staff and patients were ill with the disease. Managers, senior leaders and therapy staff stepped in to support patient care when needed.

Managers supported staff who needed time off for ill health. Staff who had shielded during the COVID 19 pandemic told us they had been able to remain engaged with the wards and the trust had supported them to return to work in ways they were comfortable with.

Ward managers could adjust staffing levels according to the needs of the patients. Managers could increase the number of staff on the ward if there was a high level of acuity or there were patients assigned to enhanced observations.

Patients had regular one to one sessions with their named nurse. Patients rarely had their escorted leave or activities cancelled. Ward teams discussed activities at the start of each shift and allocated staff to facilitate leave and escort patients to appointments. Where escorted leave could not be fulfilled, it was rescheduled to ensure patients were still able to access their leave. Family members and carers said that over the COVID 19 pandemic leave and activities were reduced and to address this the teams supported increased visits within the service utilising outdoor spaces within the grounds and use of technology to ensure patients and families stayed connected. As the pandemic eased leave and activities increased.

Forensic inpatient or secure wards

The service had enough staff on each shift to carry out any physical interventions safely. Staff on all the wards could call for assistance from colleagues on adjacent wards if extra staff were needed to carry out physical interventions.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. The wards all had a permanent consultant and a duty doctor in place. Butterfield and Clissold ward consultants also had a community role which provided continuity for those discharged into their areas. Staff reported there was always sufficient medical cover.

Managers said they could arrange locums when they needed additional medical cover and all locum staff would have a full induction before starting their shift.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. The trust set a target of 90% compliance with mandatory training. Forensic services achieved a 91% compliance rate. Some individual training was below this level, for example, there was a compliance rate of 75% for Adult Basic Life Support and 83% for Adult Immediate Life Support training. Staff who had not completed this training were booked on courses taking place in October and November 2021.

Managers monitored mandatory training and alerted staff when they needed to update their training. Training sessions were provided either in person or virtually. During the COVID 19 pandemic virtual sessions replaced face-to-face sessions. The service had now re-introduced face-to-face sessions with the easing of pandemic restrictions. Staff said they felt confident carrying out their roles and applied training to their practice. They were supported to carry out any additional required training.

The mandatory training programme was comprehensive and met the needs of patients and staff. All new and returning staff completed a mandatory forensic services induction which included training on security of the wards, personal safety and responding to verbal and physical aggression.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible to support patients' recovery. Staff had the skills to develop and implement good support plans and followed best practice in anticipating, de-escalating and managing challenging behaviour. As a result, they used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction strategy.

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. Patients had an initial multi-disciplinary team risk assessment prior to admission. This was reviewed and updated on admission and regularly thereafter. Risk assessments were of a high standard, comprehensive and covered physical and mental health. For example, staff had assessed the risk of a patient receiving Clozapine medicine and the risk factors involved.

Staff used a recognised risk assessment tool. Risk assessments were recorded on a standard form in the electronic patient record. This form included the patient's risk history, potential risks and support approaches to reduce the likelihood of incidents occurring.

Forensic inpatient or secure wards

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. Staff shared key information to keep patients safe when handing over their care to others. Shift changes, handovers and multi-disciplinary meetings included all the necessary key information to keep patients safe. Staff in multi-disciplinary team meetings comprehensively discussed individual patient's needs and demonstrated an in-depth understanding of each patient. Staff were fully aware of risks to patients, themselves or to others. Staff also completed pre and post leave risk assessments for each patient. Crisis plans contained information about what was 'normal' for each patient, as well as how they might indicate any distress. This was particularly useful for staff who supported those who were less able to verbalise their thoughts.

Staff identified and responded to any changes in risks to, or posed by, patients. On Bow ward staff used the Broset violence checklist as a tool to inform risk management and incident prevention. This tool assesses patient confusion, irritability, boisterousness, physical and verbal threat and attacking objects. With this information staff were better able to understand and predict patient risk behaviour and triggers and intervened with suitable support. Patients confirmed they were involved in their risk management plans and where appropriate family members were also involved.

The multi-disciplinary team on each ward attended daily safety huddles. Staff focused on assessing and reviewing patient safety and effectively communicating any changes in how individual risks were being managed. The service also held a service level daily safety huddle with all the ward and department leads and senior managers attending.

Work was underway to establish a protocol with the local acute trust to manage risks when a patient required medical or surgical care with them. This built on lessons learned during the COVID 19 pandemic.

Ward staff could call on extra support from the other wards in an emergency. Each ward contributed one staff member to an emergency team 24/7. This team responded to alarm calls to help manage any violence or aggression or physical health emergency.

Pregnant staff members said they were well supported by their colleagues; risks had been fully assessed and reasonable adjustments had been made. They felt safe at work.

Staff monitored the physical health of patients regularly using the observation chart for the National Early Warning Scores (NEWS2). This is a tool that aids the detection and response to clinical deterioration in adult patients. Staff were aware of specific risk areas and acted to mitigate these risks. Staff were trained in the use of the NEWS2 chart to identify deteriorating patients. Staff said they were confident about using it and escalating issues as appropriate.

Staff knew where the emergency grab bag was kept and it was checked by a nurse on each shift, so everything was always in order.

Ward teams were holding COVID 19 daily huddles to check that the environment was clean and infection prevention and control measures were being correctly followed.

Staff could observe patients in all areas and observed patients in line with the trusts policies and procedures. Staff checked all patients at least once during every hour. When patients presented a heightened level of risk, this was increased to four times within one hour or continuous observations. The service was trialling zonal observation on Clerkenwell ward. This had proved successful in reducing patient on patient altercations and inappropriate behaviour. The service was considering adopting this on other wards once it was evaluated.

Forensic inpatient or secure wards

Staff followed trust policies and procedures when they needed to search patients or their bedrooms to keep them safe from harm. The trust had recently reviewed and updated their patient search policy and procedures as a result of learning from a recent coroner's report to help prevent future deaths. Staff from across the service were aware of the learning that came from this report and the changes in trust policy and procedure. This had been discussed at wards' business and community meetings.

Use of restrictive interventions

Levels of restrictive interventions were low. Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. The trust monitored the use of restraint in the service and had policies and procedures which reduced the need for restraint. Staff kept records that showed that staff used de-escalation techniques to avoid the use of restraint. Incident reports included information on how patients were supported when restrained with details that including length and type of restraint and debriefing for patients and staff. When a patient was placed in seclusion, staff kept clear records and followed best practice guidelines.

The provider had strategies in place to ensure that staff only used minimal restraint as a last option when attempts at de-escalation had failed. Staff were trained in managing actual or potential aggression. This training provided staff with skills on how to de-escalate situations, such as listening to patients who were becoming agitated and responding to their concerns. We observed staff successfully de-escalating several patients who were in distress. Staff were aware of the potential triggers for each patient as well as the dynamics between patients. Staff dealt with situations skilfully and they said they were confident in team support during these situations. Staff participated in the provider's restrictive interventions reduction strategy, which met best practice standards.

Minimisation of the use of restrictive interventions was embedded within the service as business as usual. When staff described their work, it was apparent this was the norm and every deviation from this was closely analysed. Staff were aware of NICE guidance on the use of rapid tranquilisation and staff were aware of how to carry this out safely and conduct physical observations after its use. Staff struggled to remember any incidents of rapid tranquilisation and records showed that the service had not required the use of rapid tranquilisation for over a year.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. Staff were kept up-to-date with their safeguarding training. Compliance with mandatory training on safeguarding at level two varied between 89% and 100% across six wards except for Westferry ward which had a compliance rate of 75%. The senior leaders in the service were aware of this and an action plan was in place to increase this ward's compliance. Compliance with safeguarding at level three training across the seven wards ranged from 85% to 100%.

Staff could give clear examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to recognise adults and children at risk of or suffering harm and worked with other agencies to protect them. Staff were confident in identifying and making safeguarding referrals and knew who to inform if they had concerns. We observed a multi-disciplinary team safeguarding discussion which took a holistic approach and included reflection on matters such as the patient's cultural norms and past family trauma.

Forensic inpatient or secure wards

The forensic service was in the process of ensuring that all its communications were trauma informed as part of the service's trauma informed quality improvement project. They were exploring how they could give staff space to speak up about any concerns and how to celebrate any positive outcomes when they did.

Patients said they felt safe on the wards. Staff understood their responsibilities to ensure that patients were protected from bullying and harassment. Patients reported they could raise any concerns at community meetings or confidentially in one to one meetings.

There was a Freedom to Speak Up ambassador on site so staff could escalate concerns to if they felt they could not raise it with their line manager or if they had received a response from their manager that did not satisfy them.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive, and all staff could access them easily. Records relating to patients' care and treatment were stored on an electronic patient record. Staff recorded hourly observations on paper. These were stored in the nurses' office and uploaded to the electronic records. Staff were able to access paper and electronic records quickly.

When patients transferred to a new team, there were no delays in staff accessing their records. The electronic records could be accessed by anyone working within the trust.

Records were stored securely. Staff needed to enter a personal identification name, a password and an identity card in order to access the electronic patient record.

Butterfield and Clissold wards had systems were in place to share relevant patient information with their patients' GP surgeries.

Medicines management

The service used systems and processes to safely prescribe and administer medicines, but some staff did not always follow these. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff used an electronic system to prescribe and record the administration of medicines. They also used another electronic system to maintain patient care and treatment records. Clinical pharmacists were able to amend prescriptions after liaison with doctors. Electronic administration records were updated with relevant information about consent to treatment and physical health checks by the pharmacy department. Medicines were dispensed centrally and delivered to each ward. If medicines were required out of hours, staff could access some medicines via an on-call pharmacist and an emergency drug cupboard. Pharmacists and pharmacy technicians were limited in the time they could spend on the ward meaning their input in the MDT and clinical issues was minimal. Access to medicines storage areas was appropriately restricted. On most wards medicines were stored appropriately so that they would remain safe and effective for use. However, on Butterfield, Clissold, and Bow ward, on some occasions, when fridge temperatures were out of range, it was not recorded what actions had been taken to safeguard the efficacy of medicines.

Forensic inpatient or secure wards

On Westferry and Bow wards, we found out of range ambient room temperature readings where staff had not recorded the appropriate action taken. This was raised with staff and to address this the service redesigned its fridge and clinic room temperature recording templates to improve their ease of use and updated the relevant policies and communicated this to all staff within the service. On Westferry ward and Bow ward, there was one occurrence of expired medicines being stored with current medicines. This was highlighted to the staff and the service immediately removed these items. On Bow Ward, a topical preparation had been prescribed for a patient since 10th June 2021. As the preparation was an antifungal and steroid combination cream, it should not have been in use for more than seven days. This was highlighted to staff and the ward doctor immediately reviewed this medication.

The service was aware some of the systems and processes when recording and storing medicines had been impacted by the COVID 19 pandemic where many of the service's pharmacy staff were relocated to the local vaccination centres to support the national vaccination programme. The service had taken action to increase the pharmacy support for each of the wards.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Ward staff could access advice from a clinical pharmacist on weekdays. Staff working out of hours could access the trust on-call pharmacy service for medicines advice. Pharmacists were able to access blood results in order to assist with the monitoring of certain medicines, for example, clozapine and lithium. Ward rounds took place weekly or fortnightly dependent on patient need and medicines were discussed and reviewed. There were also daily ward huddles where urgent medicines concerns could be raised. The pharmacist tried to screen the prescriptions on the drug charts at least twice a week, however recent pharmacy staff shortages had made this more of a challenge. Patients could book an appointment to speak to a pharmacist about their medicines. Pharmacists were able to access blood results in order to assist with the monitoring of certain medicines for example, clozapine and lithium. We saw examples of this monitoring taking place during the inspection. Staff took appropriate action to safeguard patient's safety and monitor the effects of their medicines on them. People on high dose antipsychotic therapies were monitored and reviewed regularly. Where possible these treatments were stopped and replaced with one where it was within recommended ranges.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. All information relating to medicines was stored electronically and only accessible via password protected laptops. All paperwork relating to medicines and equipment were stored in locked clinic rooms or in offices accessible only to staff or accessible when staff were present.

Staff followed current national practice to check patients had the correct medicines. Pharmacists were included in emails regarding patients being admitted and discharged. They aimed to complete medicines reconciliation, the process of accurately listing a patient's current medicines within 24 hours, or within 72 hours if a patient was admitted over the weekend. Summary care records (SCR) were used to complete medicines reconciliation, and patients were also included in this process where possible. Doctors were also able to access SCR if necessary. We found medicines being stored for patients where staff were unsure if they were for current use. This was highlighted to the service and these medicines were reviewed and updated by the ward doctors.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Medicines incidents were reported using an electronic system. The trust had a system to manage medicines safety alerts. Alerts were forwarded to relevant staff. Depending on the nature of the alert, a more hands on approach could be taken by pharmacy staff to ensure that relevant actions were completed. Staff told us that medicines audits were carried out quarterly. Staff had systems to review medicines incidents and ensure that learning was shared with the wider team.

Forensic inpatient or secure wards

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff told us that rapid tranquilisation was reviewed weekly. If it had not been used for a patient, the pharmacist would ask the team to review the need for the prescription to be continued. Staff explained that the trust had worked on reducing the use of restrictive practices, including reducing the use of rapid tranquilisation. Patients were part of the project in order to hear their views and have a better understanding of the impact of restrictive practices on them.

Use of medicines to manage agitation and aggression was low on all wards. Staff told us that giving medicines for managing aggression and agitation was a last resort. If medicines were given, oral medicines were offered first. If a medicine was used, it was at the lowest available dose. Records were usually completed showing why it was needed and if it was successful in achieving the desired outcome. However, sometimes records only stated that an oral medicine had been given. This was highlighted to the service and the service reviewed these instances and updated all staff with details and links to the correct procedures and protocols. The service also highlighted this issue to staff with immediate discussion in handovers and ward business meetings. One to one discussions took place with individuals with direct responsibility and additional learning was set via supervision. A learning and competency item regarding this issue was added to the wards' next away days and clinical review groups.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance. Staff ensured each person's physical health was monitored regularly. They made use of the National Early Warning Scores to improve detection of and response to clinical deterioration. When patients were admitted, an attempt was made to take baseline blood and electrocardiogram (ECG) readings. Monitoring was attempted periodically in line with NICE guidance, however, patients often refused to engage with this. Staff tried to encourage patients to participate in physical health checks and this was documented. We saw an example of a medicine that was stopped and reviewed as a result of the blood results. We also saw an example of medicines that were stopped to reduce the anticholinergic burden, the cumulative effect of using multiple medications with anticholinergic properties at the same time, on the patient.

Track record on safety

The service had a good track record on safety.

There had been seven serious incidents in the service in the 12 months before the inspection. Five incidents involved the unexpected death of a patient. In all instances, staff completed a report of the circumstances surrounding the incident within 48 hours, referred each for a more comprehensive investigation and notified the coroner.

There had also been two patient related sexual safety serious incidents on Clerkenwell ward. The service had recognised sexual safety as a concern and started a quality improvement (QI) project exploring this in January 2020 and employed a dedicated sexual safety lead. The QI project was a staff and patient collaboration to increase the percentage of patients and staff who feel safe from sexual harm within the mental health and learning disabilities service. The co-produced project applied a number of interventions to support sexual safety. The project introduced independent sexual violence advisors offering specialist guidance in serious sexual offending and trained buddies to offer post incident practical and emotional support to people affected. Care plans were co-produced with patients so they could access ethical porn safely and a questionnaire was developed to understand needs around accessing porn and how to talk openly about sexual needs.

The project also rolled out sexual safety care plans for patients who posed sexual violence risks or patients who were at risk of experiencing sexual violence. These plans highlighted risk, provided an understanding of protective factors and signposted people to specific aspects of support. Other interventions included staff training designed to enable staff to talk

Forensic inpatient or secure wards

to patients around sexual needs and negative sexualised behaviours, staff and patient side by side safeguarding training, dedicated spaces on wards to discuss sexual safety and remove stigma and the 'taboo' around discussing sexual needs, building stronger relationships with local police and local authority safeguarding teams, and the introduction of zonal observations.

As a result of the project the ward experienced a 92% reduction in sexual violations over 15 months. Staff reported that sexual safety was now a standing item on the ward's safety huddle, and both staff and patients were now much more open in discussing sexual safety and addressing sexual needs of patients in a dignified manner. Staff also said there was a greater understanding of sexual safety incidents and protocols in place to report these types of incidents and support those involved. Staff felt that sexual safety was now an equal aspect of support, care and treatment. This work was highlighted as a finalist for the 2021 Health Services Journal Patient Safety Awards in the Quality Improvement Initiative of the Year Award.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Staff knew what incidents to report and how to report them. Staff recorded incidents on an electronic incident record.

Staff raised concerns and reported near misses, incidents and serious incidents clearly and in line with trust policy. Staff said there was an open culture in which all safety concerns raised by staff and patients were highly valued as being integral to learning and improvement. All staff were encouraged to participate in learning to improve safety, for example on Clissold ward following an incident, personal protective equipment was now attached to the emergency grab bag.

Staff understood the duty of candour. They were open and transparent, and patients said staff discussed and explained incidents when things went wrong.

Managers debriefed and supported staff after any serious incident. Managers investigated incidents thoroughly. Patients and their families were involved in these investigations.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff and patients met to discuss the feedback and look at improvements to patient care in business and community meetings, and the clinical improvement groups.

Staff were well informed about incidents. Staff received feedback following simulations of emergency scenarios and this informed staff training needs. Emergency scenarios included a range of medical, psychiatric and environmental situations. Across the service there had been an average of four simulations per month since March 2021.

There was evidence that changes had been made as a result of feedback. For example, one ward had implemented changes following an incident where a patient had an inappropriate relationship with a member of staff. Following this incident, a more formalised induction for new staff was put in place, new staff were assigned a buddy and were supervised by senior nurses. The team was also holding regular away days in order to give staff a space to raise any concerns. Enhanced training was also provided across the service on professional boundaries and relational security. This interactive training reviewed several case studies and explored boundary issues and violations and support processes for staff and patients.

Forensic inpatient or secure wards

Is the service effective?

Outstanding  

Our rating of effective improved. We rated it as outstanding.

Assessment of needs and planning of care

There was truly holistic approach to assessing and planning care and treatment to all people who use services. Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented. They included specific safety and security arrangements.

Staff completed a comprehensive mental health assessment of each patient on admission. This included a mental state examination and an assessment of any risk the patient presented. All patients had their physical health assessed soon after admission and regularly reviewed during their time on the wards. Staff supported patients with their physical health needs and worked collaboratively with specialists when needed. Comprehensive physical assessments were completed and plans for on-going monitoring of health conditions and healthcare investigations were developed. This included regular monitoring of blood samples, heart rate, pulse, urine tests, temperature, weight monitoring and electrocardiogram (ECG). Some wards, such as Bow and Westferry wards, had introduced in-house ECG clinics, with others due to launch in the future.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Care plans were truly personalised, holistic and recovery-orientated. Care plans for people's mental and physical health needs were clear, simple to understand and explained exactly what staff needed to do to help maintain patients' health. For example, one care plan for stoma care contained stock photos to show staff what was normal and what was not. Staff also had access to a video of the advice given by a stoma care nurse on the patient's discharge from an acute hospital.

Staff worked with patients to regularly review and update care plans when patients' needs changed. The multidisciplinary team reviewed every patient each week and regularly updated each patient's care plan with the patient's involvement actively encouraged and supported. The service was developing crisis care plans which addressed patients' mental and physical health needs. These crisis plans told staff what was normal for each individual in regard to each of their health conditions and how to identify any deterioration. If a patient tended to always say they were 'fine' this was fully considered. The crisis care plans were also designed to be shared at any healthcare appointment or admission. Patients had been fully involved in discussions about what to put in them and they had contributed as much as they wanted.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and staff were consistent in supporting patients to live healthier lives, including identifying those who might need extra support. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit and benchmarking. The service had an impressive culture of quality improvement initiatives. All staff were actively engaged in activities to monitor and improve quality and outcomes.

Forensic inpatient or secure wards

Staff provided a range of care and treatment suitable for the patients in the service. Staff teams provided a wide range of personalised individual and group interventions which included medicines, psychological therapy and education, sexual safety, substance misuse and a wide range of therapeutic and rehabilitation activities. For example, clinical psychologists facilitated Kaizen groups, cognitive behavioural therapy type groups that focused on reducing violent offending.

Patients were supported with their care and treatment at a pace that was comfortable to them. This meant the pace of support and in cases of rehabilitation, was set in partnership with the patient. East India Ward operated as a specialist ward for patients with personality disorders and provided a mix of psychodynamic group interventions and accredited treatment programmes. Support was designed to enable and empower patients to step down to low support services. For example, on Butterfield ward patients did their own laundry and worked towards independently attending appointments, such as podiatry, to develop their ability to manage activities of daily living independently.

Staff delivered care in line with best practice and national guidance from relevant bodies the National Institute for Health and Care Excellence. For example, East India ward operated a therapeutic community model. Patients were referred from prison services and to access the programme, patients had to agree to engage and participate fully. The model was psycho-socially focussed, and aimed to build personal responsibility. There were agreed community rules and patients chaired meetings on the ward. Regular reflective practice sessions were held on each ward using trained facilitators from a different ward.

Staff worked with patients to identified physical health needs and recorded them in their care plans. Patients had physical health passports which clearly detailed their physical health needs in a simple format that helped to understand and share information. Staff made sure patients had access to physical health care, including specialists as required. The service had a dedicated drugs and alcohol team and specialist diabetes nurse. These specialists met with patients to support their care and treatment and worked with staff to upskill their knowledge and support for patients.

Patients were encouraged to physically visit their GP when it was safe for them to do so. The GP only visited those who could not leave the building. Patients had access to gyms within the service and were encouraged and supported to attend. All patients received an annual health check from their GP. The service had found a way to complete these checks for patients who were reluctant to participate. A nurse of their choice would carry out vital signs monitoring and speak with the GP. The GP would then carry out a desk top review. If patients had a specific condition that staff were less familiar with, training could be arranged, for example, in acquired brain injuries. The physical health lead had set up a database of patient conditions and was adapting the training provided so it matched. In addition, clinicians could call on colleagues from other parts of the service if they thought a patient might benefit from a particular therapy, for example, sensory integration therapy.

The physical health leads in the service supported staff to improve their skills and knowledge of all the conditions experienced by patients on the wards. There was excellent access to training, including advanced masters-level training for the physical health lead themselves. Good physical health care was integral to the everyday work on the wards. Staff were encouraged to use their initiative to make small improvements, so smoke breaks had become smoke and stroll breaks, Sunday cooked breakfasts now incorporated some fresh herbs and vegetables.

Staff within the service went the extra mile to make sure that scared or unmotivated patients were able to receive good physical healthcare. For example, they provided a range of 'catch up' sessions to try to ensure people could get their blood tested if they missed their GP appointment. Staff worked creatively with patients to encourage vaccinations for flu and COVID 19.

Forensic inpatient or secure wards

Staff met patients' dietary needs, and assessed those needing specialist care for nutrition and hydration. Wards' multi-disciplinary teams included speech and language therapists and ward teams were able to access dieticians. These specialists worked with staff and patients to fully understand patients' nutrition and hydration needs. Staff received recent training in completing food and fluid charts and were also trained in the area of intuitive eating which had helped them understand why some patients might gorge themselves and others were disinterested in food. Staff had changed their approach to several patients as a result. Care plans showed staff clarified with patients whether they had any dietary requirements related to their health or religion, which included discussion about how to do this when patients helped themselves to food and drinks

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. The service had an overarching quality improvement project on physical health which all aspects of each wards' physical health support and activities fed into. This was part of the Commissioning for Quality and Innovation national initiative to help manage a healthy weight in adult medium and low secure services. The project was specifically focused on weight, obesity, morbid obesity and diabetes but did not exclude any individual health concern. There were four active work streams; food and nutrition, physical activity, treatment inventions and workforce skill, knowledge and confident. A range of interventions were being applied such as co-produced care plans to address identified physical health issues, weekly monitoring of weight and other physical health observations, health promotion groups and activities on each ward and educating patients and providing patients with information on food and nutrition emphasising healthy eating. For example, on Clerkenwell ward staff had supported an individual to upskill their knowledge around their own physical health. This led to an improvement in exercise activity and health eating with a significant deduction of sugar resulting in a 20-kilo weight reduction during their time on the ward. The ward also had a dedicated physical health group, and was developing a walking group, in the process of purchasing Fitbit health trackers for patients and staff and considering capacity around decisions around health eating and physical health in general.

The service had adopted a very person-centred approach towards most aspects of patients' physical healthcare. For example, they had explored patients' vaccination fears on a one-to-one basis when necessary. Staff had 'buddied up' with patients to receive their own vaccinations at the same time; advanced distraction techniques had been employed for those worried about the sensation of an injection; trial visits to the clinic room and chair used had been provided and 'walk arounds' post-clinic had been instigated to reassure patients about any side effects. As a result 76% of patients at Wolfson House had been vaccinated against COVID 19 and the same techniques were set to be employed for flu and booster vaccinations.

The service had a dedicated drugs and alcohol team to support patients and assist staff. This was a small team of six staff from psychology and nursing that supported patients both in the service and in the community through a range of therapies, groups and consultancy through teaching and training. This team established themselves as a resource for the service with wards accessing their support, feeding into the multi-disciplinary teams, supporting risk planning and management and care planning. Staff said the ability to access this type of support was vital in supporting patients with drug and alcohol needs. The team was in the process of recruiting a peer worker to increase their current capacity.

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. Clinicians used the range of tools expected in forensic rehabilitation settings, for example, the occupational therapists used the recovery star and the model of human occupation screening tool.

Forensic inpatient or secure wards

Staff used technology to support patients. During the COVID 19 pandemic the service purchased rapid COVID 19 testing machines. This meant that patients showing symptoms of COVID 19 or those possible exposed to COVID 19, could be tested within 90 minutes reducing restrictive measures such as the time patients would need to isolate. On Clerkenwell ward they were in the process of purchasing Fitbit health trackers for patients and staff so individuals could track their daily physical activity levels and use this data to improve their physical health.

Staff took part in clinical audits and benchmarking. Managers ensured staff carried out a range of audits to check that staff followed best practice guidance. For example, there were audits of care plans, consent to treatment documents and medicines and missed doses and room searches. Managers and staff met monthly to compare local audit results and learn from each other. Managers used results from audits to make improvements with development areas being addressed through reminders, away days, training and/or supervision.

All staff were actively engaged in activities to monitor and improve quality and outcomes. The service had a strong and well-established range of quality improvement initiatives that included projects on sexual safety, racism, physical health improvements and trauma informed care. All of the quality improvement initiatives were co-produced with patients. In some cases patients were leading the projects. For example, on East India and Bow ward patients and staff explored the incidents of racism towards staff and patients with the aim to improve awareness and understanding about the impact racism has on the service. Patients and staff created spaces to discuss the drivers of racism on the wards and generate ideas to change and affect those drivers. Interventions were piloted such as having patient race relation representatives and patient-led crisis meetings once an incident of racism had occurred, in which the patients met as a group and discussed the incident. As part of the project, the team had developed a new protocol to follow when an incident occurred. This guided staff on what to do and included making police referrals. Data was being collected on the effectiveness of these interventions while initial findings indicated incidents of racism were reducing. Staff and patients felt these initiatives were having a positive effect.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. The continuing development of the staff's skills, competence and knowledge was recognised as a core competent for providing high quality care and treatment. Managers provided an induction programme for new staff.

The service had a full range of specialists to meet the needs of the patients on the ward. This included doctors, nurses, social therapists, occupational therapists, speech and language therapists, social workers, pharmacists, life skills recovery workers and sports therapists. Art and music therapists, drug and alcohol and diabetes specialists worked across the service to support patients. The forensic psychology team had had to manage high levels of vacancies due to national shortages. However, they had recently appointed to all permanent posts and were waiting for people to start. There was a plan to recruit a locum to cover a short-term secondment.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care. Staff were suitably skilled and experienced to work in a forensic service. There were opportunities for career progression and development within the service. Many staff had worked in the service for several years. They said they had developed their skills through formal training courses and learnt new skills from their colleagues and through learning events and meetings.

Managers gave each new member of staff a full induction to the service before they started work. The wards each had a thorough induction, which focussed on the specific patient group they supported. This included training on personal

Forensic inpatient or secure wards

safety, relational security, managing violence and aggression, security procedures, and safe restraint techniques. There was an induction checklist that staff completed which included areas such as incident reporting and environmental safety. Recently appointed staff said they had received good inductions, despite the constraints on face-to-face meetings due to the COVID 19 pandemic. There was enough support for newly appointed team members, especially those who were newly qualified. New starters were also assigned a buddy for further support.

Managers supported staff through regular, constructive appraisals of their work. Staff had a performance appraisal each year and planned their professional development for the following year. For 2019 to 2020 the service had achieved 73% of staff appraisals. This was due to the COVID 19 pandemic with the service managing staff sickness, redeployment of staff to other wards, staff shielding and workload capacity. To ensure the service met its target of 90% appraisal completion for 2021 to 2022 the trust had an action plan in place with ongoing monitoring and discussion at team away days and forensic quality improvement meetings. The service was on track to reach 90% completion by November 2021.

Managers supported staff through regular, constructive clinical supervision of their work. Staff said they were able to discuss their wellbeing, case management, personal and professional development and to reflect on and learn from practice. Staff also reported they had received regular supervision even at the height of the pandemic. They were happy with the overall quality of the support provided by their managers. Each of the ward teams also had regular reflective practice sessions.

Managers made sure staff attended regular team meetings or gave information from those they could not attend. Staff attended regular business and governance meetings. The ward teams also held away days at least every six weeks. Staff told us they found these helpful. They discussed areas such as complex cases, service improvements and developments, team development, and could raise any concerns they had.

The continuing development of the staff's skills, competence and knowledge was recognised as a core competent for providing high quality care and treatment. Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge. Managers also made sure staff received any specialist training for their role. Staff said there was an extensive range of mandatory and specialist training on offer to develop their professional competence and career prospects with many staff securing a more senior role within the service after being supporting with training. Training sessions for staff were significantly impacted by the COVID 19 pandemic with training becoming online rather than face to face. As the pandemic eased training started to return to face to face sessions with social distancing in place.

Multi-disciplinary and interagency team work

The multi-disciplinary staff teams were committed to working collaboratively. They supported each other to make sure patients had no gaps in their care. The ward teams had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation and engaged with them to plan patients discharge.

Staff held regular multi-disciplinary meetings to discuss patients and improve their care. There was well developed multi-disciplinary working that enabled patients to access help and support from across the disciplines within the service. The multi-disciplinary teams completed a joint formulation meeting with all patients when they arrived on the wards. Multi-disciplinary meetings occurred on a regular basis on each ward, where each patients' progress and care were reviewed. All members of the multi-disciplinary team and staff worked together to understand and meet the range and complexity of patient's needs.

Forensic inpatient or secure wards

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings.

Ward teams had effective working relationships with other teams in the organisation. We saw evidence that patients had been referred to, for example, dieticians, diabetes nurses and speech and language therapists. Specialist advice that had been received had been incorporated into patient care.

Ward teams had effective working relationships with external teams and organisations. For example, the physical health lead was in the process of developing a draft protocol jointly with the local acute hospital which clearly laid out the responsibility of each party for areas such as medicines, mobility, behaviour support and personal care when a patient was admitted to a ward there. It built on learning acquired during the COVID 19 pandemic.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received training on the Mental Health Act and the Mental Health Act Code of Practice. They knew how to access support and advice on implementing the Mental Health Act and its Code of Practice. Staff knew who their Mental Health Act administrators were and when to ask them for support.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. The trust had updated its policy on Mental Health Law in September 2020. This policy covered information for patients, emergency detention, holding powers, renewals of detention, leave and discharge

Patients had access to information about independent mental health advocacy. Advocacy details were clearly displayed on the wards. Patients said staff helped them access independent mental health advocates and they felt they were able to voice their views and were listened to.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. For example, on Clerkenwell ward staff provided information in easy read and picture format to support individuals with learning difficulties. Records showed staff explained patients' rights and documented in line with Mental Health Act (MHA) Code of Practice.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Staff reviewed the arrangements for leave at the multi-disciplinary handover meeting each day.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. Patient records included certificates of second opinion and records of discussions with the patient by the responsible clinician.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed.

Forensic inpatient or secure wards

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. Wards carried out an audit of patients' rights and the relevant recording and documentation. The audits recorded the last date on which staff had informed patients of their rights, whether staff had offered the patients advocacy services and whether staff had discussed the patients' right to appeal to the tribunal.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received training in the Mental Capacity Act and had a good understanding of the five principles. The Mental Capacity Act was included in mandatory training. The mental health law department reviewed this training regularly and updated it as further learning was identified. For example, following the death of a patient on Butterfield ward, the mental health law department were planning bespoke mental capacity training for multi-disciplinary teams relating to patients with complex needs.

There was a policy on Mental Capacity Act and deprivation of liberty safeguards, which staff knew how to access via the trust intranet.

Staff knew where to get accurate advice on the Mental Capacity Act and deprivation of liberty safeguards. Staff could get advice on the Mental Capacity Act from colleagues in the mental health law office.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. When a patient lacked capacity for a specific decision, the multi-disciplinary team - with the patient's input and where appropriate with family members and external stakeholders - discussed the issue and made a decision in the patient's best interests that took into account the patient's wishes.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. Staff recorded that they considered the capacity of patients to consent to their care. Consultant psychiatrists assessed and recorded the capacity of patients in relation to their admission to hospital and their consent to care and treatment.

Is the service caring?

Outstanding   

Our rating of caring stayed the same. We rated it as outstanding.

Kindness, privacy, dignity, respect, compassion and support

Staff treated patients with compassion and kindness and valued them as partners. Feedback from people who use the service and those who are close to them is continually positive. Patients think that staff go the extra mile. There is a strong person centred culture. Staff were highly motivated and inspired to provide care that promoted and respected patients' privacy and dignity. They understood and valued the individual needs of patients and supported patients to understand, lead and manage their care, treatment or condition.

Forensic inpatient or secure wards

Patients received high quality care and support from a staff team that worked within a strong person-centred culture. There was an extraordinary caring ethos throughout the service. Staff talked about valuing people, respecting their rights to make decisions, being inclusive and respecting people's diverse needs. Patients were very positive about the way staff interacted and supported them. Staff were discreet, respectful, and responsive when caring for patients. Patients said staff were respectful, attentive, non-judgemental and caring, and tailored care to individual needs. Patient also reported staff provided help, emotional support and advice when they needed it. Patients said staff treated them well, behaved kindly and were responsive to their needs.

Patients were treated with caring, compassion, kindness, dignity, calmness and respect by staff. Staff interactions with patients were professional, sensitive and always appropriate. Staff spoke respectfully about patients and had in-depth knowledge of their personal needs and preferences and took the time to establish productive relationships. Staff were discreet, respectful, and responsive when caring for patients. They did not ignore or reject patients with repetitive requests, they responded respectfully each time. Patients said staff listened to how they were feeling and supported them to understand their care. They found staff were always honest and open with them.

Staff gave patients help, emotional support and advice when they needed it. Staff took immense pleasure in small steps forward in care and treatment. For example, they noted with pleasure how one patient had started to consider their fellow patients' mental health status rather than take immediate offence if someone was, in their view, 'out of order'.

Staff went the extra mile to behave in a way that met the unique and individual needs of each patient. One patient sought us out to tell us how staff had supported them when they were critically ill in an acute hospital for over five weeks. They said they felt very supported and safe.

Staff supported patients to understand and manage their own care, treatment or condition. Staff understood and respected the individual needs of each patient. They adapted their approach to each individual and worked with patients' individual preferences. Discussions about patient leave were very person-centred and involved reasonable adjustments to accommodate patients' particular needs.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients, although none remembered a time when they had had to do it. Several of them said they would be very confident about raising it directly with the staff member themselves, but they would tell managers as well.

Staff followed policy to keep patient information confidential. Patients felt staff were suitably discrete when communicating.

Involvement in care

Staff empowered patients to be active partners in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Staff introduced patients to the ward and the services as part of their admission. A comprehensive welcome pack was available, and this provided information about the service. Patient orientation to the ward had had to be conducted within the COVID 19 pandemic rules in place at the time of admission. One patient told us how during the pandemic their orientation had taken place very gradually as they had had to quarantine on arrival, but staff had all come to their bedroom to introduce themselves and explain about the ward.

Staff involved patients as full partners in care planning, risk assessments and risk management. Care plans and risk assessments demonstrated a strong patient voice in a simple and clear manner. Staff made sure patients understood

Forensic inpatient or secure wards

their care and treatment and found ways to communicate with patients who had communication difficulties through easy read and picture format documents. One patient who was very engaged in their care plan told us they felt very comfortable discussing it in care programme approach meetings and they agreed wholeheartedly with the content because 'staff get me'.

Staff supported patients to make decisions on their care. The capacity of patients to make decisions was always considered in multi-disciplinary discussions. Most patients stayed on the wards for a long time. Some were initially not very motivated to get involved in care and treatment decisions. Despite this that staff took steps to involve them as much as they wanted to be. For example, when there was a form to be filled in, such as a crisis care plan, staff took time to gather the patients' views from a series of small conversations rather than a one-off form filling session.

Involvement of patients

People were truly respected and valued as individuals and were empowered as partners in their care, practically and emotionally. Staff supported patients to take an active role in decisions about the service. Each ward had patients acting as representatives on service user involvement groups such as people participation and clinical improvement groups. Patients were also actively involved in quality improvement projects on their wards. People participation groups provided a space for patients to have a say in how the service was run. Patients could give feedback on the service and their treatment and staff supported them to do this. For example, patients raised feedback with limited access to mobile phones. This resulted in restrictions on the use of mobile phones being reduced and patient mobile phone policy being updated.

Clinical improvement groups were well established forums where staff team members and patient representatives met to discuss and deliver recommendations and decisions to improve the quality and effectiveness of the service. Areas for discussion had included community meeting feedback; ward dynamics; audits; health and wellbeing; ward activities; ward environment; restrictive practice and quality improvement.

There were also weekly community meetings on each ward. Patients were able to use these meetings express any concerns and suggest improvements. These meetings were recorded, and actions were noted for follow-up. On all wards, patients said changes had been made as a result of their feedback. Patient representatives shared any issues and concerns with the wider service user involvement, people participation and clinical improvement groups and then fed back discussions from these groups to the wards' community meetings.

The trust had a well-established programme of peer support workers who worked with patients on the wards. For example, a peer tutor supported patients with recovery college courses and learning. The service was recruiting more peer support workers at the time of the inspection.

Patients were full partners in the services wide range of quality improvement projects such as the work on sexual safety and improving awareness and understanding about the impact racism has on the service.

Staff followed policy to keep patient information confidential. Staff needed a username, password and identity card to access patients records. Patients felt staff were suitably discreet when communicating.

Staff made sure patients could access advocacy services. Advocacy services were available for patients.

Involvement of families and carers

Staff informed and involved families and carers appropriately.

Forensic inpatient or secure wards

Staff supported, informed and involved families or carers. For example, staff planned how to support one family who did not seem to understand their family member's condition - appropriate family therapy was offered. The COVID 19 pandemic had led the service to increase video calls to families and carers who could not visit. This had worked well for some families and continued for those that it had benefitted alongside face to face visiting for others.

Staff helped families to give feedback on the service. For example, the service encouraged families and carers to complete a friends and family questionnaire. The service also held a carers forum where family members and carers could raise issues and concerns and provide feedback to the service. Family members and carers felt this was very valuable as it provided additional communication and understanding of how the service helped their loved ones. They said that problems were addressed quickly. Where concerns and issues were raised these were fed back to the service and individual ward team with updates and follow up action fed back to forum members. For example, they had raised the issue that not all patients found the food appetizing. This was fed back to the head of service and as a result the service was exploring how to have patients input into the selection of the service caterers.

Is the service responsive?

Outstanding   

Our rating of responsive stayed the same. We rated it as outstanding.

Access and discharge

There was a proactive approach to understanding the needs and preferences of different groups. Staff planned and managed discharge well. They liaised well with services that would provide aftercare and were assertive in managing care pathways for patients who were making the transition to another inpatient service or to prison.

Bed management

The pathway into the service is managed by the Ministry of Justice. Managers regularly reviewed length of stay for patients and worked with staff to make sure they did not discharge patients before they were ready. Patients were not moved between wards during an admission episode unless it was justified on clear clinical reasons or it was in the best interest of the patient. Discharges were well planned. Westferry ward operated as a high dependency unit and was available for patients who required more intensive care and treatment.

Discharge and transfers of care

Staff carefully planned patients' discharge and worked with the Ministry of Justice, care managers, care co-ordinators and commissioners to make sure this went well. Service leads and managers monitored and reviewed upcoming and delayed discharges at regular meetings. Actions and recommendations were discussed and implemented to support discharges. Staff said when there were delays this was generally due to partner organisations finding it difficult to find suitable resources to meet a patient's complex needs.

Staff supported patients when they were referred or transferred between services, for example during admissions to local acute hospitals or transfer to the community forensic team. The service had developed a protocol with referring prisons that the patient could return to them if the placement on the ward did not work.

Forensic inpatient or secure wards

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom with an en-suite bathroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good nutritional value and patients could make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise if they wanted to. For example, some patients on Clerkenwell ward had personalised their rooms with pictures and other belonging.

Patients had a secure place to store personal possessions as they were able to lock their rooms.

The service had a full range of rooms and equipment to support treatment and care. Staff and patients could access the rooms. All the wards had access to an outside space that patients could access easily, a lounge area, a dining room, occupational therapy room and kitchen, an activities room and a therapy room. All wards had some gym equipment, such as an exercise bike. On Clerkenwell ward and Westferry ward patients were able to use sensory rooms in which patients could relax. It included music and light projections as well as soft furnishings.

The service had quiet areas and a room where patients could meet with visitors in private.

Patients could make phone calls in private and used their own mobile phones to do so. The service had a policy in place to ensure safe and appropriate mobile phone use. Patients were able to purchase basic mobile phones to use while on the wards and had access to their own internet enabled mobile phones while on leave. Patients could also use the ward phone if needed.

Patients could make their own hot drinks and snacks and were not dependent on staff.

The service offered a variety of nutritious food. Plenty of fruits and vegetables were available and patients could store their own food in fridges in the communal areas. Not all patients were keen on the food served but said there were suitable options. On Butterfield and Clissold wards patients appreciated staff attempts to vary the food through events like Sunday breakfast. Staff also took steps to cook special meals for patients on their birthdays if this was what they wished. Staff took account of patients' preferences and cultural needs when they did so. One patient was supported to cook for themselves. The wards actively promoted health eating as part of their quality improvement project on managing healthy weight.

Patients' engagement with the wider community

There was a strong patient development infrastructure in place. Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff made sure patients had access to wide and varied opportunities for education and work, and supported patients. There was a strong focus on patient development across the service. Training opportunities and paid jobs within the service were widely available. During the COVID 19 pandemic externally supported opportunities like colleges or local social support groups were reduced as safety restrictions were put in place. However, as restrictions were lifted, external opportunities had started to return.

Patient could access training through the recovery college with peer tutor support and open university qualifications. Patients and staff co-produced and co-delivered the recovery college programmes. There was a range of training available that included vocational, academic and personal development and interest courses such as improving

Forensic inpatient or secure wards

literature skills, acting and poetry. Workshops were also available in areas such as hearing voices, co-production, free movement, medication, and tribunals and legal rights. The service had also recently started side by side training bringing patients and staff together for training sessions in safeguarding and sexual safety. Patients said staff were fully supportive of any training opportunities.

On most wards patients were getting paid to work in a range of roles. This included working at the on-site cafes in front of shop roles and on behind the scenes office work. There were also roles such as leading patient exercise sessions, plant care, and chairing or note-taking at community meetings. There were also work opportunities to feed into service development and service provision. For example, all recruitment into the service included patient representatives on selection and assessment panels and the service was in the process of recruiting a peer worker to the service's drugs and alcohol team.

Across the service, patients could access an indoor gym at specified times. Patients could participate in a range of sports including badminton, basketball and football. Subject to risk assessment, some patients went out of the service to sports and leisure activities in the community.

The service supported outings to the local area during the COVID 19 pandemic when government guidelines permitted it. There were plans in place to re-engage with outings and outside activities as the pandemic progressed. A minibus was available for outings if it was needed to mitigate any risks. Some staff on the wards were trained to drive it.

Patients had access to a wide range of activities throughout the week. Most were ward based due to COVID 19 restrictions, but cross-ward activities were in the process of being re-established. Everyone had a personal timetable based mainly on their preferences. Patient participation could be limited by low motivation, but there was plenty to do within the constraints set by the pandemic.

Staff helped patients to stay in contact with families and carers. Patients said staff supported them in maintaining contact with families and carers and encouraged patients to develop and maintain relationships both in the service and the wider community. Many patients had their own mobile phone. The service provided facilities for video calling during the pandemic. Patients had supervised access to the internet via iPads, laptops and computers. Patients could also have supervised access to the internet outside of the wards in the onsite education rooms.

An 'explore more' group had been set up to help patients who were unfamiliar with the immediate area get to know it. In this way they could potentially make better use of any leave granted.

Meeting the needs of all people who use the service

People's individual needs and preferences were central to the delivery of tailored services. The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met patients' individual needs, which was accessible and promoted equality.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Wards supported disabled patients. For example, a hospital bed had recently been installed for one patient to support them to get in and out of bed. On Clissold ward there was a concern about how a larger person could be evacuated from the service in an emergency if they were unable to walk, given the size of the lifts. The hospital's

Forensic inpatient or secure wards

general purpose wheelchair, which was used mainly for outings, was too wide to access the lifts. However, there was an evacuchair available. The service was aware of this concern and had previously worked with the London Ambulance Service when a bariatric patient required hospital admission. The physical healthcare lead had also arranged to carry out a simulation of this sort of evacuation.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. On wards supporting patients with learning disabilities, care and treatment documents and other information was available in easy read and picture format.

The service was able to meet the diverse cultural, religious and linguistic needs of patients in the service. The service had information leaflets available in languages spoken by the patients and local community. This included information about mental health conditions and medicines. Leaflets could be translated into any language for patients who did not have English as their first language. Managers made sure staff and patients could get help from interpreters or signers to ensure patients and their families were fully included in care planning. Staff were also able to access a telephone interpreting service at short notice.

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Staff supported patient to obtain specific food items where possible. For example, a patient who had no access to leave wanted some Caribbean snacks, so staff took photos of that section of the local supermarket so the patient could see what was available and make their choice.

Patients had access to spiritual, religious and cultural support. Cultural and religious needs were addressed in care plans. Patients had access to religious leaders who visited the wards. Multi-faith rooms were available for use by patients. Whenever possible, patients were granted leave to attend religious services and events.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service. The service could demonstrate where improvements had been made as a result of learning.

Patients, relatives and carers knew how to complain or raise concerns. There were multiple formats and forums to raise both formal and informal complaints. Patients across the service told us that they were aware of how to make complaints and understood the process. As well as the formal complaints process and raising issues directly with staff and managers, patients had the opportunity to raise issues in community meetings and with the patient representatives if they wished. Patients reported that in most cases staff responded promptly to any concerns raised.

The service clearly displayed information about how to raise a concern in patient areas. Staff also provided information to new patients as part of their orientation to their ward. This included details of how to make a complaint and provided contact details of the patient advice and liaison service.

Staff understood the policy on complaints and knew how to handle them. The trust had a comprehensive complaints policy that all staff could access through the intranet.

Forensic inpatient or secure wards

Managers investigated complaints and identified themes. Between September 2020 and August 2021 there were 23 formal complaints in areas such as attitude of staff, care planning, clinical management of mental health, communication, confidentiality, medication, deprivation of liberty, and aggression. All complaints were fully investigated. Themes were reviewed and learning points explored regardless of whether complaints were upheld. Thirteen complaints were not upheld, three were partially upheld and seven were still in the investigation process.

Managers shared feedback from complaints with staff and learning was used to improve the service. Actions points stemming from complaints were completed and followed up at the appropriate level. For example, in relation to one complaint staff were reminded to ask senior staff on duty for support to help difficult professional relationships. Learning from complaints was discussed within each team. For example, East India ward team had a recent presentation and discussion highlighting how they had investigated and learnt from recent complaints. Themes had been identified and actions put in place to make improvement.

Staff knew how to acknowledge complaints and patients said they received feedback from managers after the investigation into their complaint.

The service used compliments to learn, celebrate success and improve the quality of care. Staff routinely reviewed both complaints and compliments at clinical improvement meetings and away days.

Is the service well-led?

Outstanding   

Our rating of well-led stayed the same. We rated it as outstanding.

Leadership

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care. Ward managers, modern matrons and the service director had extensive experience of working in forensic services. They had appropriate professional qualifications and the trust had ensured they received management training. Modern matrons worked closely with the ward managers and knew the patients and staff well. Managers were able to clearly explain how they led the wards and worked with their staff teams to ensure the quality of the service. Long standing staff members said when the leadership did change, the nurturing ethos was continued by the new leaders. Patients were familiar and comfortable with the leadership team. They could easily talk with leaders and managers at meetings and informally.

Leaders continued to drive improvements and supported staff and patients in developing the service. For example, matrons supported ward managers, staff and patients, and gave them the autonomy, to explore local quality improvement ideas such as the physical health work on Clerkenwell ward.

Forensic inpatient or secure wards

Staff told us that senior leaders had been extremely visible during the COVID 19 pandemic. Shielding leaders had been contactable at home. They said they could rely on leaders to help deliver direct care when there was a staff shortage. Staff said they received supervision regularly and were happy with the quality of it. Although Wolfson House was not on the main hospital site, staff did not feel cut off from the rest of the forensic service as key members of the senior leadership team worked at and visited Wolfson House regularly.

Vision and strategy

Staff knew and understood the provider's vision and values and how they were applied to the work of their team.

Staff at all levels in the service had a very clear understanding of the trust vision which was 'to improve the quality of life for all we serve'. Staff were aware of the trust's work to refresh their values and strategy and their personal values aligned with the trust values of 'we care, we respect and we are inclusive'. Staff lived these values through their respectful and inclusive interactions and behaviours with patients. They felt they were improving the wellbeing and life skills of patients in the service. The trust's vision and values were heavily promoted, appearing on trust literature and computer screens. Staff said the vision and values were reflected in the care and treatment delivered and work done staff and patients on the service's various quality improvement projects.

Culture

Staff felt truly respected, supported and valued. There was a deeply embedded system of staff and leadership development. There was a strong organisational commitment and effective action towards ensuring that there is equality and inclusion across the workforce. Staff could raise any concerns without fear.

Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff felt positive about their work and reported good staff morale. All staff showed passion and commitment to providing high quality patient care. Staff described stable staff teams that worked well together and supported each other. Staff described an open culture where everyone was encouraged to share their views. They felt respected by managers and peers. New staff members told us they had been struck by the respect shown by staff towards patients. In particular, staff on Butterfield Ward were unanimous in their view that staff and patients together formed 'the Butterfield family' and there was lots of mutual support. Several staff on all wards said how much they enjoyed coming to work.

Staff did not give up trying to motivate and engage with their patients and they took particular care to make sure quieter patients were not overlooked. For example, if patients normally refused an outing to the shops, they still routinely asked them as occasionally they changed their minds.

Many staff had worked for the trust for significant periods of time and they praised the opportunities for development that were available. Staff said there were extensive development opportunities available, particularly for nurses and health care assistants. Many staff felt this was one of the best things about the trust. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice. Staff were provided with sponsorship and time away from the wards to support their career paths through foundation courses, undergraduate and postgraduate degrees and professional qualifications. There were examples of this on each ward. Staff were being supported with nurse prescribing courses, managers in the service had started as health care assistants and were supported by the trust with their foundation training and specialist degrees. Managers were supported with senior leadership development through postgraduate degrees in management and leadership. Staff were confident in having positive conversations about career development and receiving full support from their managers. Staff took pride in the fact they could see senior leaders and managers in the organisation who began their careers from similar starting points.

Forensic inpatient or secure wards

The trust celebrated success through annual staff awards and annual people participation awards schemes. The service's sexual violence lead won the trust's Chair's Award for 2021 for their work on the service's quality improvement approach to sexual safety for patients. The trust also submitted this work to the 2021 Health Services Journal Patient Safety Awards where it was a finalist in the Quality Improvement Initiative of the Year Award. All staff received a regular 'Forensic Voice' email from leaders within the service with key messages and updates. It included a section where staff achievements were celebrated.

Staff reported the trust strongly promoted equality and diversity in its work with patients and in terms of the workforce. The trust embraced cultural differences and truly valued the knowledge and understanding a diverse workforce brought to the service. Staff felt that senior leaders from Black, Asian and Minority Ethnic heritage provided positive role models as they progressed through the organisation. Staff said they could see people 'just like them' in executive and senior leadership roles in the trust. Staff felt they could bring their true selves to work and be valued for it.

No incidents of staff on staff bullying, harassment or discrimination were reported on the wards during the inspection. Staff were able to safely acknowledge and discuss discrimination they experienced in the workplace and in general and appreciated that the trust was aware of discrimination issues such as biases and microaggressions and that the trust was working to reduce discrimination and inequalities. Staff were aware the trust had won the NHS Workplace Race Equality Award as part of the Health Service Journals 2020 awards for their project to improve experiences of Black, Asian and Minority Ethnic staff by improving access of non-mandatory continuing professional development, and reducing the likelihood of Black, Asian and Minority Ethnic staff entering a formal disciplinary process. Staff were proud of this achievement.

Staff reported very strong support from the trust after the death of George Floyd and during the Black Lives Matter movement. The trust's executive team reached out across the trust leading conversations and creating local forums for staff to discuss their experiences and views and understand and explore white privilege and biases. Staff with the service felt especially proud of this as it demonstrated the trust's willingness to learn and explore the inequality issues staff and patients face.

During the COVID 19 pandemic the trust recognised the increased impact this had on Black, Asian and Minority Ethnic staff and patients and put strong support structures in place. Staff felt truly supported through the pandemic. Executive and senior leaders supported teams within the service and maintained strong contact and communication through the pandemic. Vulnerable staff, including bank staff, were supported to work from home with suitable adjustments and equipment provided. Managers ensured that supervision remained in place over the pandemic and kept in contact with staff who were working from home or shielding. Staff said accommodation was provided for those who did not want to travel from home during the height of the pandemic and taxis were provided for those who did not want to use public transport. In addition, staff felt there was consideration for supporting people back to work in a manner that was safe and recognised the anxiety and trauma of the last 18 months.

Although the service had been hard hit by COVID 19 pandemic the resilience and engagement of the staff was impressive. They clearly demonstrate and how much they enjoyed their work and felt supported by the trust and their managers.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Forensic inpatient or secure wards

The leadership, culture and robust governance were used to drive and improve the delivery of high quality, person centred care. The service systematically monitored standards of care to continually improve outcomes for patients. All wards carried out a programme of audits to monitor areas such as care and treatment records, staffing levels, take up of planned leave by patients, medicines management and staff supervision and appraisals.

The service held a range of meetings at which it shared issues and concerns, identified actions and monitored progress. All wards had a framework of community meetings with patients, handover meetings, ward rounds and multi-disciplinary meetings and clinical improvement group meetings. Agendas for meetings were standardised across the service and covered learning from incidents, complaints and safeguarding cases. Patient representatives played an active part in these meetings voicing patient views and concerns. Senior managers ensured that information was fed in both directions between the board and the wards and that information was shared across the service.

Staff were clear about their roles and responsibilities and they understood the management structure within the service. The management team worked closely with staff to enhance learning and drive continual improvement. Staff received appropriate mandatory and specialist training, supervision and their work performance was appraised.

There were enough staff to ensure that staff delivered patient care in a way that was safe and effective, and that risks were managed well.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. Each ward had a risk register and ward managers and clinical leads were aware of the key risk areas on their wards. The risks were discussed at clinical improvement group meetings. Common risks recorded included physical health issues, patient disengagement, patient acuity and relapse, alongside actions taken to mitigate each risk. The service had contingency plans for emergencies which wards reviewed as part of their risk registers. Wards carried out regular health and safety monitoring, including regular emergency simulations and fire drills.

Each day ward teams reviewed the risks for their wards and patients. The ward teams knew the patients very well and were able to defuse situations effectively before they escalated. They were well informed about incidents and used the multi-disciplinary team meetings to discuss any changes to patients' care or new insights into their presentation. There were systems in place to monitor risks associated with patients' physical health and any issues were quickly picked up and addressed. The staff team were effective in preventing contraband from arriving on the wards.

Information management

Staff collected analysed data about outcomes and performance and engaged actively in local and national quality improvement activities.

The trust had effective systems to collect data from the service. The trust provided dashboards for ward managers which had accurate information on staffing, complaints, safeguarding, care planning and incidents. Information was presented in tables and graphs and it was easy to understand.

Quality improvement initiatives were strongly embedded within the service. All staff were familiar with the process and methodology of quality improvement. While the work on some quality improvement projects had reduced during the pandemic, wards were in the process of re-energising them as resources returned to pre-pandemic level.

Forensic inpatient or secure wards

Local broadband and mobile connectivity could, at times, present staff with problems. Staff said on occasion poor connections had interfered with external meetings and staff take to go to another ward to connect to the trust system. Managers were aware of this issue and discussions were taking place to improve this across the service.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

The service was part of the North London Forensics Consortium and strongly engaged with local health and social care partners. Staff valued the positive relationships with other providers and said openness and sharing within the consortium was a two-way process. Learning and understanding was shared in areas such as sexual safety, positive behavioural support, mental health equality, and physical health management. For example, the service's drugs and alcohol team supported patients through their community groups and signposted and liaised with other local health and social care providers.

Learning, continuous improvement and innovation

There was a fully embedded and systematic approach to improvement, which built on the trusts well-established quality improvement programme. Staff were encouraged develop their skills in this area contribute to the quality improvement initiatives in the trust. Staff said they never stopped learning and praised the opportunities they had for formal and informal training and mentoring all supported by the trust's central quality improvement team. Staff were proud of the quality improvement projects within the service.

There was continuous learning, improvement and innovation outside of the quality improvement programmes. For example, having reviewed lessons learned from admissions to the local acute hospital during the pandemic, the physical health lead was engaged in working with the acute trust to develop a protocol which laid out what was expected of each party during an admission. The draft protocol had the potential to be of immense practical help to staff escorting patients as well as those receiving them. Safe innovation was celebrated.

The wards had engaged with an impressive range of simulations of emergency situations. These covered a large range of physical and mental health incidents and emergencies such as a diabetic hypoglycaemic attack, a choking incident, a patient collapse and staff collapse.

East India Ward had been accredited as a therapeutic community and wards were members of the Royal College of Psychiatrists' Quality Network for Forensic Mental Health Services. The service shared learning by contributing to the network's newsletter.

Wards for older people with mental health problems

Good  

Is the service safe?

Requires Improvement  

Our rating of safe went down. We rated it as requires improvement.

Safe and clean care environments

All wards were safe, clean well equipped, well furnished, well maintained and fit for purpose although a ward at Fountains Court did not comply with the requirements for mixed sex accommodation.

Safety of the ward layout

Staff completed and regularly updated thorough risk assessments of all ward areas and removed or reduced any risks they identified. Staff monitored the wards each day to identify any risks or repairs that were needed. Wards carried out a comprehensive annual health, safety and security inspection.

Staff could observe patients in all parts of the wards. The wards had installed convex mirrors to improve visibility at blind spots. Staff increased the frequency of observations for patients assessed as being at risk.

The wards did not all comply with guidance on mixed sex accommodation. South Wing at Fountains Court accommodated four male and four female patients. Male and female bedrooms, with ensuite toilets and sinks, were situated on separate corridors. However, female patients had to walk through areas used by male patients in order to have a shower. We raised this matter with the trust. They said that they would review the use of flexible beds on South Wing and submit a capital bid to install showers on both corridors if that was feasible. On Leadenhall Ward and Cazaubon Ward, there were separate corridors for male and female bedrooms, but there were no female only lounges as they had been redeployed as activities rooms as part of the wards response to COVID 19.

Staff knew about any potential ligature anchor points and mitigated the risks to keep patients safe. Each ward had completed an annual ligature audit. Each ligature audit included a comprehensive list of ligature risks, a score to indicate the severity of risk and details of action the ward manager should take to protect patients. Action included increased observations by staff and ensuring offices, staff rooms, meeting rooms and laundry rooms were locked when they were not in use.

Staff had easy access to alarms and patients had easy access to nurse call systems. On all the wards, staff carried personal alarms. Call buttons were installed in all bedrooms. Emergency call buttons were installed in bathrooms.

Maintenance, cleanliness and infection control

Ward areas were clean, well maintained, well furnished and fit for purpose. All the wards were reasonably spacious, had a good standard of decoration and were fitted with good quality furniture.

Staff made sure cleaning records were up-to-date and the premises were clean. Domestic staff were cleaning the ward throughout our inspection. Domestic staff signed cleaning rotas to confirm they had cleaned all areas of the ward. Curtains were changed and cleaned each month. All wards completed a comprehensive cleaning audit each month.

Wards for older people with mental health problems

Staff followed infection control policy, including handwashing. Each ward had completed an audit to assess compliance with the requirements for infection prevention and control, hand hygiene, the environment and clinical practices. Cazaubon ward scored 74% in this audit, indicating only partial compliance with policies and procedures. In response to this, the ward had developed an action plan to address the areas of poor compliance. All other wards achieved an overall score between 85% and 99%.

Clinic room and equipment

Clinic rooms were fully equipped, with accessible resuscitation equipment and emergency drugs that staff checked regularly. Staff had access to emergency equipment. If medicines were required out of hours, staff could access these medicines via an on-call pharmacist. All the wards had an examination couch and scales.

Staff checked, maintained, and cleaned equipment. Emergency equipment was checked daily. Staff attached stickers to equipment showing when it had last been cleaned and when it was due to be calibrated.

Safe staffing

The service had enough nursing and medical staff, who knew the patients and received basic training to keep people safe from avoidable harm.

Nursing staff

The service had enough nursing and support staff to keep patients safe. Leadenhall, Cazaubon, Sally Sherman and Poplars Wards all provided care and treatment for between 18 and 21 patients. These wards assigned two registered nurses to the wards at all times. They were assisted by three unregistered nurses at night. Fountains Court was larger, with up to 26 patients across three wings. They assigned three nurses and up to ten unregistered nurses across the whole unit.

Most wards had low vacancy rates. For example, on Fountains Court there were two vacancies for registered nurses out of a total staff team of over 50. There were no vacancies on Leadenhall or Poplars Wards. However, Sally Sherman Ward had vacancies for three nurses out of an establishment of nine. Sally Sherman Ward also had vacancies for ten unregistered nurses out of an establishment of 27. The ward was recruiting to these posts.

The service had low rates of bank and agency nursing assistants. The wards rarely used agency staff. Fountains Court occasionally used agency staff when there were high levels of acuity and aggression on the ward. Bank staff were used to cover staff sickness and provide additional support when patients were assigned to enhanced observations.

Managers limited their use of bank and agency staff and requested staff familiar with the service. Managers on all the wards said they used the same bank staff who worked regularly on the wards and were familiar with the patients.

Managers made sure all bank and agency staff had a full induction and understood the service before starting their shift. Following recommendations of an investigation into the death of a patient in another part of the trust, the service had introduced a competency checklist for all staff working on the wards, including bank and agency staff. This checklist included assessment of competency for patient observations, the procedure for rapid tranquilisation, ligature risk awareness, suicide prevention and fire competency.

The ward manager could adjust staffing levels according to the needs of the patients. Ward managers could increase the number of staff on the ward if there were patients assigned to enhanced observations or if there was a high level of acuity.

Wards for older people with mental health problems

Patients rarely had their escorted leave or activities cancelled. Ward staff met each morning to allocate staff to specific activities throughout the day. Support workers and nurses were assigned to facilitate leave and escort patients to appointments whenever necessary. All the wards employed occupational therapists and support workers to facilitate activities.

The service had enough staff on each shift to carry out any physical interventions safely. Staff on all the wards could call for assistance from colleagues on adjacent wards if extra staff were needed to carry out physical interventions.

Medical staff

The service had enough daytime and night time medical cover and a doctor available to go to the ward quickly in an emergency. At Leadenhall Ward, a duty doctor was available on site outside office hours. At the other wards, staff could contact a duty doctor based at nearby hospitals. Staff said that duty doctors could normally attend within half an hour if necessary. Staff said they would call an ambulance if the patient needed urgent medical attention.

Managers could call locums when they needed additional medical cover. For example, Cazaubon Ward had recently appointed two locum doctors to work until February 2022, whilst the ward was waiting for authorisation to employ trainee doctors.

Managers made sure all locum staff had a full induction and understood the service before starting their shift. All locum doctors worked under the supervision of a consultant psychiatrist.

Mandatory training

Staff had completed and kept up-to-date with their mandatory training. The trust set a target of 90% compliance with mandatory training. Poplars Ward achieved this with a compliance rate of 92%. Fountains Court, Sally Sherman Ward and Cazaubon Ward had compliance rates between 80% and 87%. Leadenhall Ward was considered an outlier within the trust with a compliance rate of 70%. The ward had a plan in place to address this. In September 2021, Cazaubon Ward had a compliance rate of 73% for Adult Basic Life Support and Adult Immediate Life Support training. Staff who had not completed this training were booked on courses taking place in October 2021.

The mandatory training programme was comprehensive and met the needs of patients and staff. Mandatory training courses included basic life support, immediate life support, moving and handling, safeguarding, medicines management and the management of actual or potential aggression.

Managers monitored mandatory training and alerted staff when they needed to update their training. Staff completion of mandatory training was recorded. Managers received up to date information about the level of compliance for their staff.

Assessing and managing risk to patients and staff

Staff assessed and managed risks to patients and themselves well and followed best practice in anticipating, de-escalating and managing challenging behaviour. Staff used restraint and seclusion only after attempts at de-escalation had failed. The ward staff participated in the provider's restrictive interventions reduction programme.

Wards for older people with mental health problems

Assessment of patient risk

Staff completed risk assessments for each patient on admission, using a recognised tool, and reviewed this regularly, including after any incident. When patients first arrived at the ward, a doctor and nurse completed an initial risk assessment. A more comprehensive risk assessment was completed within 24 hours of admission. These risk assessments were regularly updated.

Staff used a recognised risk assessment tool. Risk assessments were recorded on a standardised form in the electronic patient record. This form included the patient's risk history, potential risks and mitigation to reduce the likelihood of incidents occurring.

Management of patient risk

Staff knew about any risks to each patient and acted to prevent or reduce risks. All patients presented complex risks in relation to both their physical and mental health. In relation to mental health, patients presented with risks of self-harm and aggression. Staff managed these risks through prescribing anti-depressant or anti-psychotic medicines and by assigning staff to observe the patient every 15 minutes or continuously. On Leadenhall Ward, over half the patients admitted to the ward showed signs of severe self-neglect. Staff provided personal care to these patients along with support and encouragement to eat and drink. Staff monitored physical health risks through frequent observation, blood tests, electro-cardiograms and referrals to specialist services such as physiotherapists and dieticians. Staff on the ward met each day to discuss any changes to patients risks and to assign risk management activities to each member of staff.

Staff could observe patients in all areas. Staff checked all patients every 30 minutes. When patients presented a heightened level of risk, this was increased to observations every 15 minutes or constant observations.

Use of restrictive interventions

Levels of restrictive interventions were low. All the ward managers explained that staff rarely used restraint due to the frailty of patients. Across the five wards, we discussed all 96 current inpatients with the ward managers. Only two of these patients had been restrained whilst on the wards. If restraint was used, it would involve standing or seated restraint. None of the patients had received rapid tranquilisation. The service did not place patients in seclusion. If the wards were unable to manage a patient's level of aggression they would arrange for the patient to be transferred to an appropriate psychiatric intensive care unit.

Staff made every attempt to avoid using restraint by using de-escalation techniques and restrained patients only when these failed and when necessary to keep the patient or others safe. Staff were trained in managing actual or potential aggression. This training provided staff with skills on how to de-escalate situation, such as listening to patients who were becoming agitated, responding to their concerns and distracting patients from things that were causing distress. On Fountains Court, the psychologist had prepared a care plan for a patient who had frequently been aggressive on the ward. This plan included potential triggers that caused the patient to become agitated and guidance on how to respond, such as providing reassurance, distractions, avoiding saying 'no', using visual aids to communicate and creating a predictable routine.

Staff were aware of NICE guidance on the use of rapid tranquilisation. Although the ward did not use rapid tranquilisation, staff were still required to be aware of how to carry this out safely and conduct physical observations after the injection. This formed part of the competency checklist for all staff working on the wards.

Wards for older people with mental health problems

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff received training on how to recognise and report abuse, appropriate for their role. Compliance with mandatory training on safeguarding at level two varied between 89% and 100% across the five wards. However, on Sally Sherman Ward, seven of the ten staff (70%) required to complete level three safeguarding training had done so. On Leadenhall Ward, eight of the 11 staff (73%) required to complete level three training had done so. Compliance with level three training on other wards ranged from 85% to 100%.

Staff could give clear examples of how to protect patients from harassment and discrimination. Examples included situations where staff thought patients may be at risk of financial abuse, instances of patients being assaulted by other patients, and when a member of staff suspected that a patient may have been targeting another patient. Staff sought to address the risks of abuse by increasing patients' observation levels and asking the local authority to investigate allegations.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. We reviewed two safeguarding records, both of which related to bruises identified on the patients' when they were admitted. In both instances, staff escalated their concerns to the nurse in charge, to the person responsible for safeguarding within the trust and to the local authority.

Staff access to essential information

Staff had easy access to clinical information and it was easy for them to maintain high quality clinical records – whether paper-based or electronic.

Patient notes were comprehensive and all staff could access them easily. Records relating to patients' care and treatment were stored on an electronic patient record. Staff recorded hourly observations and food and fluid charts on paper. These were stored in the nurses' office and uploaded to the electronic records. Staff were able to access paper and electronic records quickly.

When patients transferred to a new team, there were no delays in staff accessing their records. The electronic records could be accessed by anyone working within the trust.

Records were stored securely. Staff needed to enter a personal identification name, a password and an identity card in order to access the electronic patient record.

Medicines management

The service used systems and processes to safely prescribe, administer, record and store medicines. Staff regularly reviewed the effects of medications on each patient's mental and physical health.

Staff followed systems and processes when safely prescribing, administering, recording and storing medicines. Staff used an electronic system to prescribe and record the administration of medicines. Most medicines were dispensed from a central site and delivered to each ward. Pharmacists could access the electronic system remotely and provide clinical input and advice. Medicines were usually stored appropriately so that they would remain safe and effective for

Wards for older people with mental health problems

use. Staff had access to medicines disposal facilities. However, at Cazaubon Ward, medicine administration rounds sometimes went on for a long time. Time sensitive medicines were being given at different times without an appropriate gap between each dose. Also, when temperatures were out of range, we did not always see appropriate action being taken by staff to safeguard medicines.

Staff reviewed patients' medicines regularly and provided specific advice to patients and carers about their medicines. Pharmacy staff attended weekly ward rounds where all patients were discussed with a multidisciplinary team. Staff could access advice from a clinical pharmacist.

Staff stored and managed medicines and prescribing documents in line with the provider's policy. Information relating to medicines were accessible via password protected laptops. Any paperwork relating to medicines and equipment checks were stored in locked clinic rooms.

Staff followed current national practice to check patients had the correct medicines. We saw evidence that medicines reconciliation was documented on the electronic system. Cazaubon and Sally Sherman admitted patients from other trust services. This meant that medicines' reconciliation (the process of accurately listing a patient's current medicines) were completed elsewhere before a transfer took place.

The service had systems to ensure staff knew about safety alerts and incidents, so patients received their medicines safely. Medicines incidents were reported using an electronic system. Pharmacy leaders had oversight of the management of medicines incidents. The trust had a system to manage medicines safety alerts. Medicines audits were carried out quarterly. Staff had systems to review medicines incidents and ensure that learning was shared with the wider team. Staff were aware of recent incidents within the trust and shared learning from them.

Decision making processes were in place to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines. Use of 'when required' (PRN) medicines to manage agitation and aggression was low. Whenever possible, de-escalation would avoid using a PRN medicine. If a medicine was used, it was at the lowest available dose. Records were completed showing why it was needed and if it was successful in achieving the desired outcome.

Staff reviewed the effects of each patient's medication on their physical health according to NICE guidance. Staff ensured each person's physical health was monitored regularly. They made use of the National Early Warning Scores (NEWS2) to improve detection of and response to clinical deterioration. Any medicines or treatment regimes that required additional monitoring had these carried out within the required timeframe

Track record on safety

The service had a good track record on safety.

There had been two serious incidents on the wards for older people in the 12 months before the inspection. Both incidents involved the unexpected death of a patient. In both instances, staff completed a report of the circumstances surrounding the incident within 48 hours, referred the matters for a more comprehensive investigation and notified the coroner.

Reporting incidents and learning from when things go wrong

The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

Wards for older people with mental health problems

Staff knew what incidents to report and how to report them. Staff recorded incidents on an electronic incident record.

Staff raised concerns and reported incidents and near misses in line with trust policy. Staff recorded incidents relating to slips, falls and aggression. Staff had completed all incident forms appropriately. Managers had reviewed and signed off all entries on the incident record.

There was evidence that changes had been made as a result of investigations. For example, following the death of a patient in another part of the trust, the Coroner had raised concerns about observations of patients and specific observations following rapid tranquilisation. In response, the trust had introduced a competency checklist for nursing staff and support workers regarding observations of patients along with daily audits to ensure that observations were being recorded accurately. At Fountains Court, managers had investigated the death of a patient in December 2020. The ward had introduced improvements recommended by the investigation. This included improving telephone equipment, ensuring that personal protective equipment was attached to the emergency 'grab-bag' and arranging additional training for staff on resuscitation. Staff discussed the learning from incidents at away days and team meetings.

Managers debriefed and supported staff after any serious incident. Following incidents, staff met to talk about what worked well and how to improve their response if similar incidents happened again.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good.

Assessment of needs and planning of care

Staff assessed the physical and mental health of all patients on admission. They developed individual care plans which were reviewed regularly through multidisciplinary discussion and updated as needed. Care plans reflected patients' assessed needs, and were personalised, holistic and recovery-oriented.

Staff completed a comprehensive mental health assessment of each patient either on admission or soon after. A doctor assessed the physical and mental health of each patient when they were admitted. The initial assessment typically involved recording the circumstances surrounding admission, a mental state examination and an assessment of any risk the patient presented.

Patients had their physical health assessed soon after admission and regularly reviewed during their time on the ward. During the initial examination, the doctor checked the patients blood pressure, heart rate, oxygen saturation and respiration. They also checked the patients chest, abdomen and skin and assessed any other risks the patient presented. Following the initial assessment, an initial care plan was written stating the level of observation for the patient and listing further investigations that needed to be carried out. For example, the initial care plan may include prescribing medication, contacting the next of kin, and instructions to carry out a blood, urine analysis, electrocardiogram and other tests specific to the patients condition. Falls risk assessments were completed when required and updated after any subsequent falls.

Staff developed a comprehensive care plan for each patient that met their mental and physical health needs. Each patient had a number of care plans. Care plans for patients mental health usually involved administering of medicines, observations and engagement with nursing staff.

Wards for older people with mental health problems

Staff regularly reviewed and updated care plans when patients' needs changed. The multidisciplinary team reviewed every patient each week and regularly updated each patient's care plan.

Care plans were personalised, holistic and recovery-orientated. Some wards had begun to implement a framework that collated all the care plans into a comprehensive document known as "My Recovery Plan". In some cases, patients were admitted following periods of overwhelming deprivation, without access to food or support to meet their basic needs in the community. In these situations, staff focused on ensuring patients put on weight, were able to wash and to have appropriate accommodation and support after their discharge.

Best practice in treatment and care

Staff provided a range of treatment and care for patients based on national guidance and best practice. They ensured that patients had good access to physical healthcare and supported them to live healthier lives. Staff used recognised rating scales to assess and record severity and outcomes. They also participated in clinical audit, benchmarking and quality improvement initiatives.

Staff provided a range of care and treatment suitable for the patients in the service. This treatment was delivered in line with best practice and national guidance. Doctors used non-pharmacological approaches during the first weeks of admission to establish whether there were particular triggers to the patient's behaviour or whether behaviour was random. Doctors prescribed mood stabilizers to patients with poor impulse control. When patients' symptoms included physical aggression, and non-pharmacological interventions had not been successful, doctors prescribed promethazine. The reasons for prescribing this were recorded in the patient's records. As a last resort, doctors prescribed a low dose of antipsychotic medicine. Doctors prescribed acetylcholinesterase to patients with dementia. In addition to pharmacological interventions, the service offered interventions to promote cognition, independence and well being such as cognitive behavioural therapy, art therapy, occupational therapy and music therapy.

Staff identified patients' physical health needs and recorded them in their care plans. Staff completed physical observations including blood pressure, pulse, oxygen saturation and respiration, for each patient every day. Staff also provided a comprehensive range of physical health assessments and treatments according to patients' needs. For example, for patients at risk of pressure sores, staff completed a "Surface, Keep turning, Incontinence care and Nutrition management" (SKIN bundle) assessment. Staff recorded daily skin checks and completed a repositioning chart every two hours. Staff completed a falls assessment for patients who were at risk of falling.

Staff made sure patients had access to physical health care, including specialists as required. Each ward had access to a large multidisciplinary team who regularly attended the ward. This included diabetes nurses, podiatrists, dieticians, physiotherapists and tissue viability nurses. The wards referred patients to neurologists for specialist assessments. Leadenhall Ward employed a doctor specialising in medical care for older people, known as a geriatrician, for half a day each week. This has reduced the number of visits patients made to the general hospital.

Staff met patients' dietary needs, and assessed those needing specialist care for nutrition and hydration. Staff completed food and fluid charts for patients who were at risk of insufficient intake of nutrition.

Staff helped patients live healthier lives by supporting them to take part in programmes or giving advice. Staff completed a lifestyle assessment and care plan for all patients. This included discussions with patients about smoking, diet, exercise and drug use. Staff were able to give advice and refer patients to specialist services, such as dieticians.

Wards for older people with mental health problems

Staff used recognised rating scales to assess and record the severity of patients' conditions and care and treatment outcomes. For example, when patients were admitted with symptoms of alcohol withdrawal, staff used a recognised rating scale to assess the severity of the patient's symptoms.

Staff took part in clinical audits, benchmarking and quality improvement initiatives. For example, nursing staff on Leadenhall Ward completed five audits each week covering risk assessments, pressure ulcers, staff informing patients of their rights, care plans and patient's records. There were daily audits of observation records. During the COVID 19 pandemic, wards carried out audits of infection prevention and control each day. Some staff had received training in how to carry out quality improvement initiatives. Staff said they had been involved in quality improvement initiatives about reducing falls and liaison between wards and care homes. In 2019, Leadenhall Ward had been nominated for a national award for a quality improvement initiative to reduce patients' length of stay.

Skilled staff to deliver care

The ward teams included or had access to the full range of specialists required to meet the needs of patients on the wards. Managers made sure they had staff with the range of skills needed to provide high quality care. They supported staff with appraisals, supervision and opportunities to update and further develop their skills. Managers provided an induction programme for new staff.

The service had access to a full range of specialists to meet the needs of the patients on the ward. The wards employed nurses, support workers, doctors, consultant psychiatrists, psychologists, occupational therapists, art therapists, social therapists and life skills recovery workers. The wards also had access to diabetes nurses, podiatrists, dieticians, physiotherapists and tissue viability nurses.

Managers ensured staff had the right skills, qualifications and experience to meet the needs of the patients in their care. All staff, including bank and agency staff, were required to complete a competency checklist covering observations, awareness of ligatures, suicide prevention and fire safety.

Managers gave each new member of staff a full induction to the service before they started work. When staff joined the service, they were supernumerary for their first two weeks to allow time for them to complete their corporate induction, introduction to the ward and spend time shadowing more experienced colleagues.

Managers supported staff through regular, constructive appraisals of their work. Staff had an appraisal each year to review their performance and plan their professional development in the following year. On Sally Sherman, Poplars and Cazaubon Ward appraisal rates were all above 95%. However, Leadenhall Ward had not carried out the most recent appraisal cycle. This was due to matters relating to the COVID 19 pandemic such as staff sickness, redeployment to other wards, staff shielding and workload capacity. To address this, the trust had introduced new systems to make the completion of the appraisal procedure easier for staff and managers.

Managers supported staff through regular, constructive clinical supervision of their work. Staff had supervision with their managers at least once a month. During these sessions, staff talked about their clinical case load and challenges at work along with administrative matters such as leave and sickness. Staff said they could discuss new opportunities and personal development. All staff said they found supervision helpful and supportive.

Wards for older people with mental health problems

Managers made sure staff attended regular team meetings or gave information from those they could not attend. For example, at Fountains Court, staff attended away days every two months. At the meetings staff discussed activities on the wards, complaints and compliments, learning from incidents and audits. Part of these sessions was used for staff training. Similarly, on the other wards, staff held clinical improvement group meetings to discuss incidents, staffing, audits and changes to the wards.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge and complete specialist training for their role. All the staff we spoke with said they completed online mandatory training. One member of staff had been given time away from the ward to complete a diploma in supervision. Other staff said they had completed continuing professional development courses funded by the trust in sensory integration and family therapy. During the pandemic, all staff were trained to administer vaccines.

Multi-disciplinary and interagency team work

Staff from different disciplines worked together as a team to benefit patients. They supported each other to make sure patients had no gaps in their care. They had effective working relationships with other relevant teams within the organisation and with relevant services outside the organisation.

Staff held regular multidisciplinary meetings to discuss patients and improve their care. Staff held multidisciplinary team meetings to ensure that the care and treatment for every patient was reviewed at least once a week.

Staff made sure they shared clear information about patients and any changes in their care, including during handover meetings. Staff held daily nursing handovers and multidisciplinary team handovers to discuss any incidents, any changes to patients' levels of risk and assigned duties across the multidisciplinary team for that day.

Ward teams had effective working relationships with other teams in the organisation. For example, ward managers held a daily 'safety huddle' with other managers from across their directorate. This meant that managers had a good understanding of any incidents or challenges across the directorate and they could provide support for each other. Staff from other teams were able to attend weekly multidisciplinary team meetings using video conferencing facilities. This meant it was much easier for staff in community based teams to attend these meetings.

Ward teams had effective working relationships with external teams and organisations. For example, staff worked collaboratively with staff at care homes and local general hospitals.

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and discharged these well. Managers made sure that staff could explain patients' rights to them.

Staff received and kept up-to-date with training on the Mental Health Act and the Mental Health Act Code of Practice and could describe the Code of Practice guiding principles.

The service had clear, accessible, relevant and up-to-date policies and procedures that reflected all relevant legislation and the Mental Health Act Code of Practice. The trust had updated its policy on Mental Health Law in September 2020. This policy covered information for patients, emergency detention, holding powers, renewals of detention, leave and discharge.

Wards for older people with mental health problems

Patients had easy access to information about independent mental health advocacy. Advocates visited the wards regularly. Staff offered the advocacy service to all detained patients. Written information about the trust's services stated that patients could talk to an advocate if they had concerns about the service.

Staff explained to each patient their rights under the Mental Health Act in a way that they could understand, repeated as necessary and recorded it clearly in the patient's notes each time. Staff took steps to ensure that patients understood the provisions of the Act under which they were detained and advised patients of their rights to apply to a tribunal in respect of their detention. These conversations were recorded on the electronic patient record. Staff also ensured that patients who were subject to enhanced observations were aware of the reasons for this.

Staff made sure patients could take section 17 leave (permission to leave the hospital) when this was agreed with the Responsible Clinician and/or with the Ministry of Justice. Staff reviewed the arrangements for leave at the multidisciplinary handover meeting each day.

Staff requested an opinion from a Second Opinion Appointed Doctor (SOAD) when they needed to. On Leadenhall Ward, staff had requested a SOAD more than two weeks before the second opinion was required to continue treatment. Due to difficulties with the SOAD service, an appointed doctor had not attended the ward. As an interim measure, the consultant psychiatrist had authorised treatment using their powers to give treatment pending the second opinion on the basis that discontinuation of the treatment would cause serious suffering to the patient.

Staff stored copies of patients' detention papers and associated records correctly and staff could access them when needed. Original copies of detention papers were held securely in the Mental Health Act Office and uploaded to the electronic patient record.

Informal patients knew that they could leave the ward freely. When patients were admitted informally, staff completed an assessment of their mental capacity to confirm they were giving informed consent to their admission. The service produced a leaflet for informal patients explaining their rights to leave hospital. Staff also talked to informal patients about their rights. However, the service did not display notices to tell patients that they could leave the ward.

Managers and staff made sure the service applied the Mental Health Act correctly by completing audits and discussing the findings. For example, the wards carried out an audit of patients rights. The audits recorded the last date on which staff had informed patients of their rights, whether staff had offered the patients advocacy services and whether staff had discussed the patients' rights to appeal to the tribunal.

Good practice in applying the Mental Capacity Act

Staff supported patients to make decisions on their care for themselves. They understood the trust policy on the Mental Capacity Act 2005 and assessed and recorded capacity clearly for patients who might have impaired mental capacity.

Staff received and kept up-to-date with training in the Mental Capacity Act and had a good understanding of the five principles.

In September 2021, there were 17 patients subject to Deprivation of Liberty Safeguards (DOLS). Eight of the 12 patients on Sally Sherman Ward and six patients on Cazaubon were subject to DOLS. Thirteen of the patients subject to DOLS had organic mental illness in the form of dementia. Two patients had functional illness; one had a bipolar disorder and the other had recurrent depression. One patient had a brain injury and one patient had a moderate learning disability.

Wards for older people with mental health problems

There was a clear policy on Mental Capacity Act and Deprivation of Liberty Safeguards, which staff could describe and knew how to access. The policy covered the key principles of the Act, assessments of capacity and roles and responsibilities of staff. Staff could access the policy on the trust's intranet.

Staff knew where to get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could get advice on the Mental Capacity Act from colleagues in the Mental Health Law Office.

Staff gave patients all possible support to make specific decisions for themselves before deciding a patient did not have the capacity to do so. For example, an assessment of mental capacity included details of the information provided to the patient to help them to understand the reasons for proposing a particular medicine.

Staff assessed and recorded capacity to consent clearly each time a patient needed to make an important decision. Consultant psychiatrists assessed and recorded the capacity of patients in relation to their admission to hospital. Further capacity assessments were also recorded on many records in relation to other decisions such as treatment, having an electrocardiogram and staff giving information about the patient to family members. Doctors recorded assessments of mental capacity on a standard form on the electronic patient record. In most cases, the doctors recorded some evidence relating to each component of capacity to show why they had reached their conclusion.

When staff assessed patients as not having capacity, they made decisions in the best interest of patients and considered the patient's wishes, feelings, culture and history. Doctors sought support from families and people from patients' communities to help them understand patients likely wishes, culture and history.

Is the service caring?

Outstanding   

Our rating of caring stayed the same. We rated it as outstanding.

Kindness, privacy, dignity, respect, compassion and support

There was a strong, visible, person centred culture. Staff treated patients with compassion and kindness. They were motivated and inspired to offer care that promoted and respected patients' privacy and dignity. They understood the individual needs of patients and supported patients to understand and manage their care, treatment or condition.

Staff were discreet, respectful, and responsive when caring for patients. We observed staff supporting patients with gentle encouragement at mealtimes. During meetings, we saw that staff were warm and friendly. Staff had a very good understanding of patients lives, the things they liked and didn't like, and their social circumstances outside the hospital. Staff and patients were happy to laugh and chat together. On Leadenhall Ward, the service admitted patients with high levels of physical, mental and emotional needs caused by exceptionally levels of self-neglect and deprivation. Staff helped these patients to regain their strength through gently encouraging them to eat, attend to their personal care and engage with other people at a pace that the patients felt comfortable with.

Staff supported patients to understand and manage their own care, treatment or condition. For example, staff encouraged patients to take medication by explaining what it does and its importance to the patient's recovery.

Wards for older people with mental health problems

Staff directed patients to other services and supported them to access those services if they needed help. For example, staff arranged for a patient to meet with a pharmacist for them to discuss their medication. Staff also supported patients to attend appointments at general hospitals when necessary.

Most patients said staff treated them well and behaved kindly. Patients said that staff were polite, kind, helpful, friendly, and caring. However, two patients on Leadenhall Ward said they thought there was a shortage of staff and this led, at times, to staff being abrupt and raising their voices.

Staff understood and respected the individual needs of each patient. For example, patients said that staff offered to help them have a shower and assisted patients to move around the ward when they had difficulty walking. One patient said the staff were interested in him as a person. Another patient said that staff were always concerned about how patients were. A further patient said that staff were caring and interested in supporting and helping patients. Patients said that staff always knocked on the door before entering bedrooms. The relative of a patient on Sally Sherman Ward said that staff were keen to personalise the patient's room ahead of their arrival. Staff asked relatives to provide photographs of the patients life to display on the wall.

Staff felt that they could raise concerns about disrespectful, discriminatory or abusive behaviour or attitudes towards patients. Some staff said they had received racist abuse from patients. They said they were able to talk about this in safety huddles and reflective practice. They said they could also talk to senior managers and psychologists who were supportive.

Staff followed policy to keep patient information confidential. Staff needed a user name, password and identity card to access patients records.

Involvement in care

People felt cared of and that they really mattered. Staff involved patients in care planning and risk assessment and actively sought their feedback on the quality of care provided. They ensured that patients had easy access to independent advocates.

Involvement of patients

Staff introduced patients to the ward and the services as part of their admission. A member of staff met with every patient on the first day of their admission. They explained the aims and purpose of the ward.

Staff involved patients and gave them access to their care planning and risk assessments whenever possible. The multidisciplinary team met with each patient once a week to discuss their care and treatment. Nurses went through care plans with patients. This included plans for discharge.

Staff made sure patients understood their care and treatment and supported patients to make decisions on their care. The multidisciplinary team held meetings with patients each week. During these meetings they asked patients how they were feeling, talked about the results of any tests and observations and discussed the schedule for medication. Doctors said that when patients did not have the capacity to engage with meetings, they worked closely with patients' families to communicate with patients and gain a better understanding of patients lives.

Patients could give feedback on the service and their treatment and staff supported them to do this. Each ward held a weekly or monthly community meeting for patients. At these meetings, patients gave feedback on ward safety, the quality of food, the environment and activities.

Wards for older people with mental health problems

Staff made sure patients could access advocacy services. Advocacy services were available for patients, although not all patients were aware of this.

Involvement of families and carers

Feedback from people who use the service and those who are close to them is continually positive about the way staff treat people. Staff informed and involved families and carers appropriately.

Staff supported, informed and involved families or carers. Patients families were very positive about the service. Relatives said they found staff very supportive. They said staff always asked how they were and offered a cup of tea during visits. Relatives said they frequently met with doctors and that staff were always happy to answer any questions they had. Staff routinely communicated with patients' families who lived in other countries. Staff used video conferencing to involve these families in meetings. Families were also involved in the personal care of patients when they chose to do so.

Staff helped families to give feedback on the service. For example, the service encouraged families and carers to complete a "Friends and Family" questionnaire. When asked "Overall, how was your experience of our service", 98% of the 42 respondents on Poplars Ward between April and July 2021 rated the service very good or good.

Is the service responsive?

Good  

Our rating of responsive went down. We rated it as good.

Access and discharge

Staff managed beds well. A bed was available when needed and that patients were not moved between wards unless this was for their benefit. Discharge was rarely delayed for other than clinical reasons. As a result of the pandemic and the need to segregate patients whilst awaiting test results, some wards were accommodating patients with both organic and functional mental health issues.

Bed management

Bed occupancy was above 85% on all the wards. At the time of the inspection in September 2021, only one ward was not working at full capacity.

Managers regularly reviewed length of stay for patients to ensure they did not stay longer than they needed to. The length of stay across the wards varied. On Leadenhall Ward, the average length of stay for patients on the ward at the time of inspection was 49 days. This rose to 68 days at Fountains Court, 83 days at Cazaubon Ward and 105 at Poplars Ward. On Leadenhall Ward, four patients (22%) had been on the ward for more than two months compared to 13 patients (76%) on Poplars Ward. Sally Sherman provided longer term care, treatment and rehabilitation. The average length of stay for patients on the ward at the time of the inspection was one year and four months.

The service had no out-of-area placements. Any of out-of area placements were reviewed each day in the 'safety huddle' for each directorate.

Managers and staff worked to make sure they did not discharge patients before they were ready.

Wards for older people with mental health problems

When patients went on leave there was always a bed available when they returned. The service did not admit new patients to bedroom assigned to patients on leave.

As a result of having to isolate or segregate new patients whilst waiting for their COVID 19 test results, some wards were mixing functional and organic patients, where they had previously been specialised. Local leaders told us how they planned to purchase rapid onsite testing machines to address this issue.

Staff did not move or discharge patients at night or very early in the morning. All discharges were planned in advance to ensure the patients were discharged to an appropriate setting.

Discharge and transfers of care

The service had a low number of delayed discharges. Each ward kept a list of patients whose discharge was delayed due to non-clinical reasons. Most of these patients could not be discharged to the accommodation they had before they were admitted due to a deterioration in their physical and mental health. This meant that arrangements had to be made for alternative accommodation where patients would receive appropriate support. Making these arrangements could cause delays to discharge. On Leadenhall Ward, five patients were on the delayed discharges list. The number of patients whose discharge was delayed had increased during the COVID 19 pandemic. A discharge co-ordinator attended the ward every Monday and Thursday to help progress the arrangements for new accommodation. On Cazaubon Ward, the discharge of two patients was delayed due to non-clinical reasons. On Poplars Ward, the discharge of one patient was delayed.

Staff carefully planned patients' discharge and worked with care managers and co-ordinators to make sure this went well. For example, the wards liaised with care managers who arranged care packages for patients. These care packages could include supported accommodation, the provision of equipment such as door sensors, and adaptations to patients homes, such as bath lifts. Care managers attended multidisciplinary team meetings, either in person or using video conferencing facilities.

Facilities that promote comfort, dignity and privacy

The design, layout, and furnishings of the ward supported patients' treatment, privacy and dignity. Each patient had their own bedroom and could keep their personal belongings safe. There were quiet areas for privacy. The food was of good quality and patients could make hot drinks and snacks at any time.

Each patient had their own bedroom, which they could personalise if they wished to do so. On Poplars Ward, most rooms appeared personalised.

Patients had a secure place to store personal possessions. Patients could store valuable items in a safe or secure lockers in the nurses' office or the cashier's office.

Staff used a full range of rooms and equipment to support treatment and care. The wards all had a lounge area, dining room, occupational therapy kitchen, activities room and a therapy room.

The service had quiet areas and a room where patients could meet with visitors in private. All the wards had a designated quiet room. Patients could meet with visitors in the quiet rooms, the lounge areas or the ward gardens. At Fountains Court, there was a designated visitors area near the reception to the building.

Patients could make phone calls in private. Patients could use the ward telephone in private. Patients also had access to their own mobile phones.

Wards for older people with mental health problems

The service had an outside space that patients could access easily. Each ward had its own garden. All the gardens provided a pleasant, well maintained environment. Occupational therapists facilitated gardening activities for patients. Patients generally had unrestricted access to the gardens. Staff provided supervised access for patients when they had identified specific risks.

Patients could make their own hot drinks and snacks and were not dependent on staff. Each ward had a small kitchen area where patients could make tea and coffee.

The service offered a variety of good quality food. Wards displayed monthly menus for lunch and dinner. For each meal, patients had options for starters, main courses, side dishes, salads, sandwiches and desserts. Patients said the standard of the food was good.

Patients' engagement with the wider community

Staff supported patients with activities outside the service, such as work, education and family relationships.

Staff helped patients to stay in contact with families and carers. Staff encouraged patients to stay in contact with their families. This included arranging telephone calls and video calls to families who lived in other countries.

Staff encouraged patients to develop and maintain relationships both in the service and the wider community. For example, the wards displayed information about local charities that provided support for older people.

Meeting the needs of all people who use the service

The service met the needs of all patients – including those with a protected characteristic. Staff helped patients with communication, advocacy and cultural and spiritual support.

The service could support and make adjustments for disabled people and those with communication needs or other specific needs. Staff assessed completed a holistic assessment of patients when they were admitted. Staff provided the service in a way that met the specific needs of each patient.

Wards were dementia friendly and supported disabled patients. Wards had clear, large print signage and photographs of staff. All the wards had facilities for disabled patients including bathrooms equipped with rails and hoists.

Staff made sure patients could access information on treatment, local services, their rights and how to complain. Wards displayed information about how to request your care plan, the Mental Health Act, advocacy, how to complain, encouraging feedback, medication, charities providing support for older people, how to cope with loneliness and information for carers.

The service had information leaflets available in languages spoken by the patients and local community. The ward displayed information about how patients could request information in different formats such as 'easy-read', large print, braille and languages spoken in the community.

Managers made sure staff and patients could get help from interpreters or signers when needed. Interpreters were easy to access and routinely used on all the wards, especially the wards in London. Interpreters assisted with some of our interviews with patients. Each service also employed staff from diverse communities who could help with interpreting and understanding patients' cultural needs.

Wards for older people with mental health problems

The service provided a variety of food to meet the dietary and cultural needs of individual patients. Each ward provided food that was halal, kosher and vegan. For patients with specific dietary needs, wards could provide food that was gluten free, easy to chew and high energy.

Patients had access to spiritual, religious and cultural support. Each ward could provide patients with prayer mats and copies of the bible and quoran. During the admission process, staff asked patients if they would like to meet with one of the spiritual leaders who regularly visited the wards. Staff arranged for patients to attend local churches or mosques, usually with the assistance of patients' families.

Listening to and learning from concerns and complaints

The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with the whole team and wider service.

The service clearly displayed information about how to raise a concern in patient areas. Staff also provided information in a 'Welcome pack' for patients. This included details of how to make a complaint and provided contact details of the patient advice and liaison service.

Staff understood the policy on complaints and knew how to handle them. The trust had a comprehensive complaints policy that all staff could access through the intranet.

Managers investigated complaints and identified themes. Between September 2020 and August 2021, there had been only one formal complaint across all five wards. This complaint was about staff attitude. Managers had investigated this complaint and identified action the wards should take to prevent a similar situation occurring again. Staff discussed informal complaints at monthly clinical improvement meetings and took action to address concerns. For example, two patients complained that staff woke them up using the door panels to check on them at night. Staff agreed to check the door panels were working properly and change them if necessary.

Managers shared feedback from complaints with staff and learning was used to improve the service. For example, a member of a patient's family had complained that it took too long to take a COVID 19 test when they arrived at the ward. This had meant they had less time to spend with their relative. Staff discussed this at an awayday and agreed to encourage all visitors to arrive half an hour early to allow time for testing.

The service used compliments to learn, celebrate success and improve the quality of care. Staff routinely reviewed both complaints and compliments at clinical improvement meetings and away days.

Is the service well-led?

Outstanding   

Our rating of well-led stayed the same. We rated it as outstanding.

Wards for older people with mental health problems

Leadership

There was compassionate, inclusive and effective leadership at all levels. Leaders had a deep understanding of the challenges and priorities within their services. Leaders had the skills, knowledge and experience to perform their roles. They had a good understanding of the services they managed and were visible in the service and approachable for patients and staff.

Leaders, including ward managers and matrons, were experienced registered nurses. Some ward managers had been in post for more than 15 years. All the ward managers had a very good understanding of their patients. This included knowing about the circumstances surrounding the admission for each patient, their social circumstances, their risks, their current treatment plan and the plans for their discharge. Senior managers in the boroughs spoke positively about their ward managers and the leadership they provided at a clinical level. Staff said that managers were both approachable and supportive.

Vision and strategy

Staff knew and understood the provider's vision and values and how they (were) applied to the work of their team.

The values of the trust were "We care, we respect, we are inclusive." Staff applied this in their work through the care they demonstrated to patients, their respect for patients and colleagues and the overall inclusivity shown to everyone from very diverse communities.

Culture

Strategies were in place to ensure to develop and deliver the right culture. Staff felt respected, supported and valued. They said the trust promoted equality and diversity in daily work and provided opportunities for development and career progression. They could raise any concerns without fear. There were high levels of satisfaction across staff groups. Staff were proud to work for the organisation.

All staff we spoke with said they felt valued, supported and respected. Whilst visiting wards at Newham, a wide range of staff were keen to tell us why they felt proud of the patient care they were providing and in working for the trust. Staff said there was open communication, they felt involved in decision making and they said that managers listened to them. Staff said that during the COVID 19 pandemic, there had been a lot of consultation between staff and the leadership on how best to address any challenges. The service valued the ethnic and cultural diversity with the teams and used this positively to help understand and communicate with patients. Overall, staff said they felt appreciated by the trust. There were opportunities for career development. For example, support workers were training to become registered nurses. One nurse was training to be a doctor. There were also opportunities for staff to study for masters degrees. Staff said they would have no hesitation in raising concerns with their manager or other supervisors. Staff were aware of the whistleblowing policy.

Governance

Our findings from the other key questions demonstrated that governance processes operated effectively at team level and that performance and risk were managed well.

Governance and decision making was led in each borough by the lead nurse. The lead nurses met with the matrons, who then met with the ward managers each week to discuss action plans and compliance with operational standards. A

Wards for older people with mental health problems

clinical improvement meeting was held on the wards. At Fountains Court, this formed part of the away day for staff. All staff received supervision each month. Each ward had low vacancy rates and very low use of agency staff. Risks were managed well. Care and treatment was consistent with national guidance. Feedback from patients and carers was positive.

Management of risk, issues and performance

Teams had access to the information they needed to provide safe and effective care and used that information to good effect.

On each ward, staff met every day to review risks. All patients received an assessment of their physical and mental health on admission. Staff carried out appropriate tests to measure the level of risk and took appropriate action to address this. This included the assessment and management relating to nutritional intake, falls, tissue integrity and diabetes. Risks relating to mental health were managed through medication, therapeutic engagement and enhanced observations. Staff held a daily nursing handover and multidisciplinary team handover to review these risks. All information was recorded on the electronic patients record. All wards completed a comprehensive programme of audits. They used the results of audits to monitor and improve services.

Information management

Staff engaged actively in local and national quality improvement activities.

Staff were familiar with the process and methodology of quality improvement initiatives. Wards had carried out quality improvement initiatives to reduce patients' length of stay and improve liaison with care homes. The wards were introducing a new system for care planning. This system was part of a national initiative.

The information used in performance management and delivering quality care was consistently accurate, reliable, timely and relevant.

Engagement

Managers engaged actively other local health and social care providers to ensure that an integrated health and care system was commissioned and provided to meet the needs of the local population. Managers from the service participated actively in the work of the local transforming care partnership.

The services in London were involved in local mental health transformation programmes, facilitated by the Health London Partnership.

Learning, continuous improvement and innovation

The trust had a culture of continuous improvement. Staff gave examples of innovations and improvements introduced during the COVID 19 pandemic. These included videoconferencing with community teams and patients' families. Leadenhall Ward was involved in pioneering a system for COVID 19 testing that reduced the waiting time for results from 48 hours to 2-3 hours. There was a fully embedded and systematic approach to quality improvement. Quality improvement methods and skills were available and used across the organisation to empower staff to lead and deliver change. Safe innovation was celebrated.