

CQC Said, ELFT Did

Update from April 2018 Well Led Inspection

It is important for staff to understand what actions have taken place within their service and across the Trust. The table below summarises the actions and what has been implemented since the last inspection in April 2018.

The full action plan can be found on the CQC intranet page [here](#)

Trust-wide	
Complete work on the Trust Strategy	<p>The ELFT Trust strategy is a five-year strategy, with an annual plan created each year to monitor its delivery.</p> <p>The most up to date strategy and accompanying annual plans can be found on the Intranet, with plans for 20/21 currently under development.</p>
Support the staff networks to promote Equality and Diversity and improve the results of the workforce race equality survey .	<p>Equality and Diversity Strategy plans have been published (available on the intranet) which include promotion through five networks; ELFT Ability, Women’s, LGBTQ+, BAME and an intergenerational group.</p> <p>Results of the most recent Workforce Race Equality Survey show an increase in participation after promotion through the strategy and networks.</p>
Ensure all mandatory training courses reach the targets for completion	<p>The Learning and Development Team now has additional staff capacity. A working party has looked at how mandatory training compliance can be increased. Compliance figures have shown improvement since 2018; Overall the latest mandatory training compliance was 90% (the Trust target is 90%).</p>
Ensure staff receive regular supervision	<p>A working party is reviewing the supervision processes. The supervision policy has been updated to ensure it is clearer on how often supervision should take place and how it is recorded within the directorate.</p>
Making the necessary financial savings with the executive team	<p>The Trust continues to make financial savings through CRES (cash releasing efficiency scheme) which is discussed at the weekly executive meetings. QI projects have been set up around waste management and staff can vote on how to make savings in their local area through the staff intranet.</p>
Resolve any staff contractual issues in a timely manner	<p>The Trust Procurement and Sub-contracting policy has been updated with staff consultation which clarifies timescales for staff transfers.</p>

Trust-wide	
Continue to grow the numbers of Peer Support Workers	More funding has been awarded to the development and recruitment of Peer Support Workers (PSWs). Each directorate has a set target of 10% increase of PSWs each year. The number of PSWs has increased considerably from 2018 and continues to grow.
Review of potentially avoidable deaths takes place in a timely manner	Mortality reviewers were recruited to ensure that reviews took place in a timely manner. There have been no further delays in reviews taking place and lessons being learned.

Forensic Services (John Howard Centre and Wolfson House)	
Ensure that staff always sign to confirm that procedural security checks have been carried out in line with the trust's procedures	The guidance on procedural security checks was reviewed and updated (available on the Intranet) and audits of these checks take place on a monthly basis to ensure they are being done.
Ensure that a record is kept of clinic room and fridge temperatures including a note of the actions taken if temperatures are outside the safe range	Temperature records are audited to ensure that they are being completed on a daily basis and they are being escalated when outside of the recommended temperature range. Air conditioning units have been, or are being installed to reduce temperatures.
Ensure that blood glucose monitoring equipment is regularly calibrated and that calibration fluid is replaced every three months	Equipment records are audited to ensure that they are being completed on a daily basis and that fluid is being replaced when needed.
Ensure that problems with the lifts in Wolfson House are addressed, to so that they are both kept in good working order	Lift maintenance is monitored through the directorate and estates risk registers. Faults are reported on Datix. Spare parts are kept on site for the maintenance staff to use when required. There are two lifts which ensures that people can access them if necessary.
Continue to monitor and reduce the cancellation of planned patient leave	An ongoing Quality Improvement (QI) project was introduced around cancelled leave which has reduced the amount of cancelled patient leave overall.

Learning Disabilities Services (All directorates)	
Work with commissioners to ensure that patients within adult autism services commence assessment within the agreed timescale.	The current wait in Bedfordshire and Luton for Adult Autism diagnosis is 9 months, mainly due to staff capacity and recruitment issues. Referrals to the service have also significantly increased. The service is currently under review to increase capacity and reduce waits. The referral and screening process has been reviewed this has identified approx. 20% of referrals as inappropriate, which is reducing the wait.
Ensure that fridge temperatures are recorded (The Coppice*)	Temperature records are audited to ensure that they are being completed on a daily basis and they are being escalated when outside of the recommended temperature range.
Care plans are in accessible formats for patients (The Coppice*)	Accessible care plans formats have been provided into mainstream services and guidance has been given by the Community Learning Disabilities Teams on how to complete and update these. These will be audited on an ongoing basis.

*There are currently no admissions to the Coppice. In reach support is being provided by the Intensive Support Team into mainstream mental health wards where admissions for people who have a learning disability take place, in line with the Trust mainstreaming agenda.