

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 9 SEPTEMBER 2015

REPORT OF LEICESTERSHIRE PARTNERSHIP NHS TRUST

**RESULT OF CARE QUALITY COMMISSION INSPECTION AT
LEICESTERSHIRE PARTNERSHIP NHS TRUST**

Executive Summary

Leicestershire Partnership NHS Trust (LPT) had a statutory inspection of its services carried out by the Care Quality Commission (CQC) in March 2015. LPT provides integrated Mental Health, Learning Disabilities and Community Health Services for a population of approximately 1 million in Leicester, Leicestershire and Rutland. It provides a wide range of physical and mental health services covering the whole life span, such as school nursing, health visiting, community hospitals, community nursing services, end of life care, mental health services for older persons, IAPT, acute mental health wards, community pediatricians and DIANA nursing services.

The final report of the CQC inspection was received by the Trust on 2 July 2015 followed by a Quality Summit on 7 July 2015. The report was published on 10 July 2015.

Overall the Trust has been rated as 'requires improvement' with three of the five inspection domains (effective, responsive and well led domains) rated as requiring improvement, one (Patient Safety) as inadequate and one (Caring) as good. This paper describes the process of review, the themes from the report and the actions that will be taken as a result of the report. It also describes the governance processes for the Trust Board to receive assurance on the delivery of the required actions.

Introduction/Background

1. The CQC is the Regulatory Body of NHS and Social Care Services. They undertook a statutory inspection of services at Leicestershire Partnership NHS Trust in the week commencing 9 March 2015. Their inspection team consisted of 106 inspectors including lead inspectors, subject experts and experts by experience. The timeline for the visit and the publication of the report was:
 - (a) Visit commenced week commencing 9 March 2015 followed by initial verbal feedback;
 - (b) Initial concerns letter received on 20 March 2015;
 - (c) Reports (x17) received 8 June 2015;
 - (d) Factual accuracy challenges returned on time – 23 June 2015 – c220 comments over 70 pages;
 - (e) Final report received by LPT on Thursday 2 July 2015;
 - (f) Quality Summit – 7 July 2015;
 - (g) Final report published Friday 10 July 2015;
 - (h) Date for completion and submission of action plan - 4 August 2015.

Immediate Feedback and Actions

2. The immediate concerns letter raised the following issues:
 - (a) Mental Health Act practice and scrutiny inconsistent
 - (b) Mental Capacity Act: inconsistent application and awareness
 - (c) Ligature issues on acute and low secure settings
 - (d) Seclusion: seclusion facilities at the Bradgate Unit and the Herschel Prins Unit did not meet best practice guidelines
 - (e) Mixed sex accommodation breeches and management of a young person on an adult ward
 - (f) Medication management: arrangements did not ensure the safe management of medicines and prescribing within the drug and alcohol community services.
3. These concerns were responded to immediately, and an action plan was developed. The range of actions included:-
 - (a) immediate strengthening of Mental Health Act scrutiny process
 - (b) positive and pro-active care initiative,
 - (c) improvement in seclusion monitoring,
 - (d) urgent focus on improving the safety of environment (ligature points and seclusion).
4. The current status of the action plan is:-

Red	Action not completed by the date given to the CQC and a REMEDIAL PLAN has not been received by the Regulation and Assurance Team from the action LEAD	0
Amber	Action reported by LEAD as unlikely OR has not met the deadline given to the CQC. Remedial action has been provided and revised deadline provided	1
Green	Action progressed and delivered by due date given to CQC and evidence awaited	39
Blue	Action complete and evidence received by Regulation and Assurance Team - ACTION CLOSED	31

Final Report and Thematic Analysis

The screenshot shows a web browser displaying a CQC report. The main heading is 'Summary of findings'. Below this, there is a section for 'Ratings' with an explanatory paragraph. The overall rating for services at this provider is 'Requires improvement', indicated by an orange circle. A table lists five service aspects with their respective ratings: 'Are Services safe?' (Inadequate, red circle), 'Are Services effective?' (Requires improvement, orange circle), 'Are Services caring?' (Good, green circle), 'Are Services responsive?' (Requires improvement, orange circle), and 'Are Services well-led?' (Requires improvement, orange circle). At the bottom, there is a note about 'Mental Health Act responsibilities and Mental Capacity Act/Deprivation of Liberty Safeguards'.

Summary of findings

Ratings

We are introducing ratings as an important element of our new approach to inspection and regulation. Our ratings will always be based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and local information from the provider and other organisations. We will award them on a four-point scale: outstanding; good; requires improvement; or inadequate.

Overall rating for services at this Provider Requires improvement

Are Services safe?	Inadequate
Are Services effective?	Requires improvement
Are Services caring?	Good
Are Services responsive?	Requires improvement
Are Services well-led?	Requires improvement

Mental Health Act responsibilities and Mental Capacity Act/Deprivation of Liberty Safeguards
We include our assessment of the provider's compliance

We do not give a rating for Mental Health Act or Mental Capacity Act; however, we do use our findings to determine the overall rating for the service.

5. There are 17 reports in total, 16 core service reports and one overall report. The breakdown of the ratings is as follows:-

	Safe:	Effective:	Caring:	Responsive:	Well-Led:	Overall:
Specialist Community Health Services for Children and Young people	Red	Yellow	Green	Yellow	Yellow	Yellow
Community based Mental Health Services for Adults of Working Age	Green	Yellow	Green	Green	Green	Green
Child and Adolescent Mental Health Wards	Yellow	Yellow	Green	Yellow	Yellow	Yellow
Community Mental Health Service for People with Learning Disabilities or Autism	Green	Green	Green	Green	Green	Green
Community based Mental Health Services for Older People	Green	Yellow	Green	Green	Green	Green
Mental Health Crisis Services and Health based places of safety	Yellow	Yellow	Green	Yellow	White	Yellow
Long stay/Rehabilitation Mental Health wards for working age adults	Yellow	Yellow	Green	Green	Green	Yellow
Specialist Services – Community based Substance Misuse Services for Adults of Working Age	White	White	White	White	White	White
Acute Wards for Adults of Working Age and Psychiatric Intensive Care Units	Red	Yellow	Green	Yellow	Yellow	Yellow
Wards for Older People	Green	Yellow	Green	Green	Green	Green
Community End of Life Care	Green	Yellow	Green	Yellow	Yellow	Yellow
Community Health Inpatient Services	Yellow	Green	Yellow	Green	Yellow	Yellow
Community Health Services for Adults	Green	Green	Green	Green	Green	Green
Forensic Inpatient/Secure Wards	Red	Yellow	Green	Yellow	Yellow	Yellow
Wards for People with Learning Disabilities or Autism	Yellow	Yellow	Green	Green	Green	Yellow
Community Health Services for Children, Young People and Families	Green	Green	Green	Green	Yellow	Green
LPT – Overall Provider Report	Red	Yellow	Green	Yellow	Yellow	Yellow

6. The themes arising from the report include:-

- (a) Safer staffing and the use of temporary staff

- (b) Physical environment – seclusion, ward layout, line of sight, single sex accommodation, general maintenance
- (c) MHA/MCA compliance
- (d) Patient safety – ligature points, restrictive practice, seclusion, learning lessons in CAMHS
- (e) Demand and Capacity – AMH, CAMHS, Community therapies
- (f) Workforce – engagement, morale, appraisal, mandatory training

Quality Summit and Outcomes

- 7. The quality summit was held on 7 July 2015. Attendees included the LPT executive team and Chair, CCG representation from chief officers and quality leads, CQC lead inspector and team, Trust Development Authority, Health Education England, representatives from Healthwatch, Leicester, Leicestershire and Rutland and NHS England.
- 8. It was agreed that there would be an external process of scrutiny put in place in addition to the normal quality governance processes. Healthwatch expressed its wish to be further involved in oversight. Commissioners agreed to continue to work with us on capacity and demand issues. The Trust committed to ensuring that the board was well sighted on operational risks.

Publication and Communication Strategy

- 9. The final report was published on Friday, 10 July 2015. In advance of publication a communication plan was developed.
- 10. The Trust anticipated there may be concerns expressed from staff, patients and stakeholders about the 'requires improvement' rating, and in particular the inadequate indicator for the safety of aspects of our services. Therefore our plan aimed to:-
 - (a) Reassure service users/patients and their families of the immediate steps taken to improve safety on the Bradgate Unit, Herschel Prins and CAMHS services; including support for staff to offer reassurance and information.
 - (b) Reassure staff of the plans in place; maintaining morale and engagement of all staff but in particular, of those most affected by the inadequate or requires improvement ratings; with clear feedback mechanisms.
 - (c) Reassure and provide balanced information to stakeholders and commissioners, with clear feedback mechanisms.
 - (d) Provide a medium to longer term involvement and empowerment framework for staff, service users and stakeholders to support service improvements and development.

11. In brief, media interviews were carried out with local media, briefing material was sent to all stakeholders and visits were made to various clinical areas. Vodcasts were released to staff and the public and website information was updated.

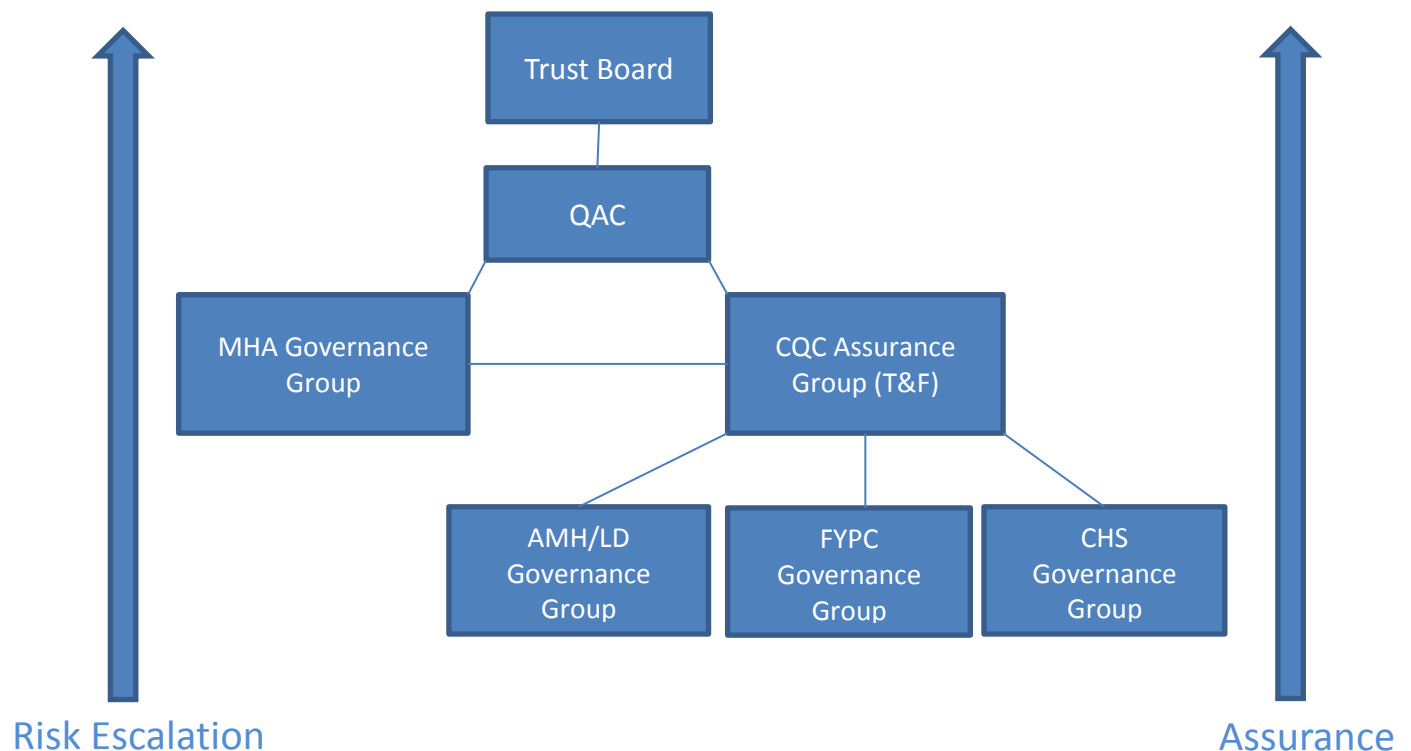
Service Improvement

12. The CQC required the Trust to respond with an action plan addressing the 'Must Do's' identified within the 16 reports by the 4 August 2015. These actions relate to the requirement actions as described in the report. There are 38 specific actions that are required.
13. Appendix 1 to this report sets out a progress update on the items in the Action Plan which relate to the Bradgate Unit and are rated Amber.
14. These are important actions for the Trust to take forward in a reasonably urgent timeframe, to ensure that our services are safe, responsive, caring, well led and effective.
15. It is anticipated that all actions will be complete within a six month timeframe.
16. These actions will be reported through existing governance systems with enhanced capacity for scrutiny and risk escalation.
17. However there is much more to do than the 'must do's' if the Trust is to achieve sustainable improvements. It should not just aim for compliance with minimum standards but aim to achieve excellence, moving the 'requires improvement' to 'good' and the 'good' to 'outstanding'. Our approach to continuous quality improvement, has already been described in both our clinical strategy and quality strategy but the Trust needs to see this move forward at pace creating the right culture, involving:-
 - (a) Listening continuously to our users which include our patients, their families and carers.
 - (b) Work in an integrated manner improving the coordination of care and delivery of services.
 - (c) Our staff working together in high performing multidisciplinary teams to deliver the right cares for our users at the right time and place.
 - (d) Enhancing the power of front line clinicians to innovate and improve the care continually.

Governance, Assurance and Escalation of Risks

18. The Trust Board has already approved a risk management strategy, escalation and assurance framework and there is no intention to substantially change this.

19. There will however be a time limited assurance group overseeing the implementation of the action plan.
20. Membership of this group has included invitations for the CCGs and TDA to participate to ensure a higher level of understanding of progress and assurance is received by stakeholders.
21. The Chief Nurse/Deputy Chief Executive from the Trust is also meeting with the Director of Nursing, CCG, and the Head of Quality, TDA, to ensure greater oversight of delivery.
22. This group will report to the Quality Assurance Committee (QAC), a Trust Board Committee, and then to the Trust Board.
23. QAC has the role of providing oversight to the scrutiny and assurance of the plan and its delivery.



Conclusion and Next Steps

24. The Trust is now displaying all the ratings from the inspection at individual sites where services are provided.
25. Focus will now be given to the delivery of the urgent action to ensure compliance with the safety aspects of the report and the delivery of the requirement actions.

26. In the medium term the Trust needs to continue to strengthen its approach to continuous quality improvement and staff and service user engagement to provide sustainable improvements in the future.
27. The Trust is talking with the CQC to understand their next steps and the timings of any re-inspection to provide public assurance that we have addressed their most serious concerns.

Officer to contact

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List of Appendices

Appendix 1 - Progress Update regarding Bradgate Unit Amber rated actions August 2015