

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 20 JANUARY 2016

REPORT OF LEICESTERSHIRE PARTNERSHIP NHS TRUST

UPDATE OF PROGRESS OF ACTIONS RELATED TO THE CARE QUALITY COMMISSION INSPECTION AT LEICESTERSHIRE PARTNERSHIP NHS TRUST

Executive Summary

1. 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 paediatricians and DIANA nursing services.
2. 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 (safe) as inadequate and one (caring) as good. The Health Overview and Scrutiny Committee received a paper on 9 September 2015 describing the process of review, the themes from the report and the immediate actions that were taken as a result of the report. It also received details on the governance processes for the Trust Board to receive assurance on the delivery of the required actions. This report provides an update on actions along with more details of the progress of actions related to Bradegate Mental Health Unit as requested by the last committee.

Background

3. Leicestershire Partnership NHS Trust received an overall requires improvement rating. The main themes arising from the final report were
 - (a) Safer staffing and the use of temporary staff;
 - (b) Physical environment – seclusion, ward layout, line of sight, single sex accommodation, general maintenance;
 - (c) Mental Health Act (MHA)/Mental Capacity Act (MCA) compliance;

- (d) Patient safety – ligature points, restrictive practice, seclusion, learning lessons in Child and Adolescent Mental Health Service (CAMHS);
 - (e) Demand and Capacity – Adult Mental Health (AMH), CAMHS, Community therapies;
 - (f) Workforce – engagement, morale, appraisal, mandatory training.
4. The Trust received a total of 80 Requirement Notices. A Requirement Notice is issued by the CQC as part of the range of statutory enforcement powers available to the CQC. Requirement Notices are the lowest form of enforcement action the CQC may issue to a health and social care provider it regulates. Requirement Notices are also referred to in the CQC reports and in this paper as ‘Must-Do’s’.
 5. In response to this a comprehensive action plan was developed and submitted to the CQC during August 2015. This plan encompassed the initial concerns raised by the CQC immediately following the inspection in March 2015. There are 38 specific actions that are required covering the 80 Must-Do’s. These were the important actions for the Trust to take forward in a reasonably urgent timeframe, to ensure that its services are safe, responsive, caring, well led and effective.
 6. Although it was anticipated that most actions will be complete within a six month timeframe, there were a number of actions related to the environment, provision of the mixed sex accommodation on three wards and seclusion at the Bradgate Unit which may exceed the six month timescale.
 7. LPT’s 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 patients, their families and carers;
 - (b) Working in an integrated manner improving the coordination of care and delivery of service;
 - (c) Staff working together in high performing multidisciplinary teams to deliver the right care for service users at the right time and place;
 - (d) Enhancing the power of front line clinicians to innovate and improve the care continually.

Progress Since the Last Update

8. Significant achievements

- Mental Health Act: LPT has significantly improved policy, process and training in relation to the Mental Health Act (MHA). It has introduced a medical scrutiny, trained the qualified nurses on scrutiny of all documents at the point of admission, introduced an electronic monitoring tool on the use of MHA within all our inpatient areas, made it

easy to access all mental health related papers in the Electronic Patient Record system (RiO) and developed service level and ward level champions to lead the continuous quality improvement in this area.

- Medication Management arrangement on the wards have been strengthened. New systems for recording and escalating drug fridge temperatures are in place and LPT has ensured greater security of drug storage and prescription stationary.
- The wards at the Bradgate Unit have been transformed to provide single-sex wards and eliminate the potential for mixed-sex sleeping accommodation breaches.
- An Access to Treatment Policy and a Performance Management and Accountability Framework has been developed to continually monitor and improve patient experience and waiting times across all directorates.

9. Significant Challenges

- Environmental works to remove ligature points and modify seclusion facilities in mental health inpatient settings are ongoing however a number of operational challenges to maintaining patient safety during building works have lengthened the initial predicted timescales. Further details are provided in Appendix 1.
- Although LPT has been successful in recruiting more staff, like many other NHS employers the Trust faces continued challenge in the recruitment and retention of clinical staff. Many of the staff recruited are newly qualified nurses requiring a period of preceptorship before taking on full duties. The Service reviews staffing vacancies, turnover, recruitment and sickness and there is a weekly meeting to review ward rotas to ensure safe staffing levels are maintained through the use of internal bank staff and where appropriate agency staff. There is an escalation process in place to ensure the Executive Team is aware of staffing concerns promptly.
- LPT has made progress in its ability to evidence effective supervision, appraisal and training of its workforce. However a number of actions still need to be taken to ensure appropriate recording of supervision and appraisal.
- Development of an appropriate end-of-life policy and care pathway has not been completed as hoped, as LPT is working with the multi-agency work stream to develop an integrated approach. This work however is progressing.

Conclusion

10. Despite a number of challenges including staffing and limited resources, LPT has made significant progress in most areas identified as requiring improvement by CQC. The Trust is meeting with the CQC inspectors to discuss the progress so far and future plans on 8 January 2016. The strengthened leadership on continuous quality

improvement, continuing to listen to patients and strengthened governance will keep this improvement a continuous process and sustainable.

Officer to contact

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How is LPT doing with the CQC Action Plan at the Bradgate Unit?

Areas of improvement:

- Action: We will implement robust and consistent daily checks regarding temperature recording, expiration date checking and signing in and out process and a clear escalation process

Progress: New fridge thermometers have been purchased and local monitoring has demonstrated that temperatures are being monitored and where temperatures have exceeded the recommended levels the appropriate escalation process has occurred.

- Action: We will review the 3 wards at The Bradgate Unit that deliver mixed sex accommodation in shared environments (Aston/ Ashby and Bosworth) and designate wards as single sex as part of Inpatient Pathway Review (patient/ care consultation included).

Progress: On the 19th November 2015 the 3 wards were designated as single sex and the unit wards were then designated as: Watermead and Beaumont – mixed sex (fully meeting the Department of Health guidance), Heather, Ashby and Aston as female wards and Thornton and Bosworth as male wards. Initially Aston was designated as a female ward based on bed demands over the months preceding this change. In the days after this change bed demands for the unit remained high, with the increase being from males therefore despite considering patient moves Aston became a mixed ward again. Patients are provided with same sex sleeping areas but the toilet and washing/bathing facilities are off a central corridor, which is considered a breach of guidance. Due to continuing bed demands this ward has been unable to return to same sex. During the admission process consideration to the placement of patients on mixed sex wards takes place, for example known issues with domestic abuse etc. The appropriateness of placements is reviewed during ward rounds regularly.

- Action: Review of all Trust Seclusion facilities against MHA/ AIMS standards and report regarding required changes to meet compliance and develop a work plan to address requirements

Progress: All seclusion facilities at the Unit have been reviewed and there is a Trust wide programme to address areas of improvement required. In the interim all seclusion rooms at the Unit are being fitted with two way communication and increased observation via CCTV.

- Action: The Trust must review the provision of staffing in the multidisciplinary teams, specifically in relation to psychological input

Progress: There is currently a full time senior clinical psychologist working across the unit. She has spent 2 weeks on each ward scoping the ward culture and needs of the service users and staff training / support. This has been undertaken to look at the requirements for psychological interventions across the Bradgate Mental Health Unit. Training on psychological interventions for the ward staff including nurses and doctors are ongoing and the feedback is good. Further work ongoing to improve Psychological therapies available to patients and are forming part of commissioning intentions for 16/17.

- Action: The MHA process and paperwork will be reviewed and integrated into the Inpatient care processes; including systems for compliance monitoring.

Progress: There has been a comprehensive monitoring system put in place since April 2015; recently this has become electronic to aide analysis but has showed an overall improvement in the recording and compliance with Mental Health Act paperwork and the involvement of patients in their care related to detention.

- Environmental improvements have been a focus as we work to reducing ligature and safety risks for our acute inpatients.

Progress: We have carried out the immediate remedial ligatures works as identified by the visit. We now conduct quarterly safety walk-rounds with highlighted issues actioned with support from the estates team on a regular basis. The remaining Belvoir ward bathrooms works are scheduled for March 2016. The Herschel Prins Unit ligature programme will begin in January 2016 and planned to take approximately 33 weeks. All the garden perimeter fences are being replaced alongside the installation of anti-climb (works commenced October 2015) to reduce absconsion risk and improve safety.

- Patient feedback on their experiences.

Progress: There are monthly community meetings (patient forums) on all wards facilitated by a user/ carer representative. This gives the patients the opportunity to talk about the ward environment, food or any other issues they have. In January 2016 this will also be used as an opportunity to ask patients nearing discharge to complete the Friends and Family Test (FFT). To ensure we gain as much feedback as possible the FFT is also going to offered during the ward reviews prior to discharge in an electronic form on iPads.

January 2016