



Leicestershire Partnership
NHS Trust

**LEICESTERSHIRE, LEICESTER AND RUTLAND HEALTH OVERVIEW
AND SCRUTINY COMMITTEE: 10 SEPTEMBER 2019**

REPORT OF LEICESTERSHIRE PARTNERSHIP NHS TRUST

CARE QUALITY COMMISSION INSPECTION UPDATE

Purpose of report

1. The purpose of this report is to provide the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee with a summary update on the Leicestershire Partnership NHS Trust (LPT) Care Quality Commission (CQC) related activity, including delivery against the actions identified following the 2018/19 inspection findings and warning notice.

Background

2. The CQC report published in February 2019 relates to the inspection dated 19th November 2018 to 13th December 2018. The report describes the CQC's judgement of the quality of care provided with respect to the Trust's well led framework and an inspection of five of our core services and was rated overall as 'Requires Improvement', including an 'Inadequate' rating for the Well-Led domain.
3. The CQC also issued a Warning Notice to the Trust on the 30th January 2019 in relation to the inspection findings which was served under section 29A of the Health and Social Care Act 2008. The CQC can serve a warning notice under section 29A of the Health and Social Care Act 2008 when they identify concerns across either the whole or part of an NHS trust or NHS foundation trust and decide that there is a need for significant improvements in the quality of healthcare. The 'quality of healthcare' means anything covered by the five key questions and their key lines of enquiry across the whole or part of a trust or foundation trust. CQC must apply a legal test to decide whether or not to issue a warning notice.

Actions taken in response to CQC report and Warning Notice

4. An immediate improvement plan was developed by LPT in response to nine key improvement areas identified by CQC including;
 - Access to treatment;
 - Privacy and dignity;
 - Environmental issues;
 - Care Planning / risk assessments;
 - Fire safety;
 - Medicines management / medical devices;

- Seclusion environments and paperwork;
- Physical healthcare;
- Governance.

5. The Trust has a number of longer term projects in place to drive improvement:

- A buddy relationship for executive mentoring with a neighbouring 'outstanding' mental health and community Trust, Northamptonshire Healthcare NHS Foundation Trust and the joint appointment of our new Chief Executive Angela Hillery.
- The Trust has support from an NHS Improvement transformation director
- We have been working with Northumberland Tyne and Wear to transform our 'all age' mental health services.
- Support from NHS Improvement to deliver our leadership, culture and inclusion programme. Over 90 members of staff are volunteering in the role of 'change champions' to deliver focus groups and gather feedback in order to target improvement.
- On-going work with the national WRES team to develop equality and diversity.
- We are developing a revised framework for greater patient involvement and engagement; one element of this involves the participation of experts by experience.
- We have appointed two external consultants who have delivered reviews into our governance arrangements to implement the recommended changes in our governance framework, including the way we manage risk and the way that we identify and share learning from incidents.
- We have implemented a PDSA model of change (Plan, Do, Study, Act) to secure sustainable changes in key work streams such as care planning across the Trust.

6. The Trust has adopted a three phased approach in responding to the actions identified by the CQC in the 2018/19 warning notice and inspection report and progress continues to be made:

- Phase one is the process of completing transactional actions such as repairing fixtures and fittings.
- Phase two applies to some areas of CQC feedback where additional quality improvement work is required to secure changes to the Trust's systems and processes.
- Phase 3 will test the embeddedness of changes made, to ensure that the Trust has addressed the original objective in a sustainable way. This will also form part of the Trusts 3 year Quality Improvement Plan.

7. A Quality Review meeting took place on the 5th June 2019 to discuss our latest position with stakeholders (NHSI/NHSE, CCG's, HEE, Patient representatives) where a number of key risks and priorities were identified and agreed; these were primarily;

- Neuro developmental waits.
- Environmental - in particular the four older wards at the Bradgate Unit with dormitory accommodation.
- Demand and capacity.
- Balancing the prioritisation of work within the Trust with the wider STP network.
- Developing the right culture.

This has led to further discussions with stakeholders to access advice and assistance to support on-going improvements.

CQC unannounced inspection June 2019

8. The CQC undertook an unannounced warning notice follow up inspection during the week beginning 10th June 2019 and the report relating to this inspection was published on 9 August 2019. LPT welcomed the report which has recognised the significant progress and improvements made since the inspection in November 2018. The CQC have noted many improvements since their last inspection including:
 - Significant improvements to the environments at most wards. “It was clear to see the difference the investment and improvements had made”, as the majority of maintenance issues have been fixed or resolved as part of our ongoing maintenance programme and new system of reporting.
 - Improvements in ligature risks, including thorough risk assessments by our staff.
 - Improvements in assessing and monitoring the physical healthcare of mental health patients, including the recruitment of dedicated physical healthcare nurses at Stewart House and the Willows, and improved privacy and dignity when undertaking physical assessments at Bradgate Unit.
 - Improved medicines management in all areas.
 - Improvements in fire safety and the no smoking policy at the Bradgate Unit, including smoking cessation support and alternatives being offered.
 - Improvements in seclusion documentation and seclusion environments.
 - Improved patient privacy and dignity at the learning disability short breaks homes, ceasing mixed-sex accommodation.
 - Significant reduction in waiting times and the total numbers of children and young people waiting for mental health assessments, and
 - An improved vision and priorities have been defined through our Step up to Great approach, and improved approach to sharing learning. We have also conducted two external governance reviews to improve governance processes and structures within the Trust.

9. However, there were some areas that had not progressed sufficiently and these were in relation to:
 - Continued improvements of our environments at the Bradgate Unit, including refining our new process of reporting maintenance issues. As a long term plan, we are also drafting an outline business case to apply for funding for a new purpose-built mental health unit for older people and adult mental health services.
 - Further roll out of our medicines administration technicians and link nurses to continue to support our medicines management oversight approach.
 - Continuing the roll out of our smoke-free wards at the Bradgate Unit to address ongoing issues of mental health patients wanting to smoke outside the unit.
 - Continuing to improve the way we record seclusion in line with the Mental Health Act code of practice including changes to our documentation, and
 - Seeing through our improvement plans to address the long waiting lists for children and young people requiring our CAMHS support, which have already had a positive impact.

10. The Trust is ensuring that these areas identified by the CQC have additional focussed work and where relevant, link with the Trust's Quality Improvement Plan.

Quality Improvement

11. All of the CQC actions resulting from the 2018/19 inspection have been mapped to the Trust's clinical priorities and the 'Step up to Great' priorities. This has helped to shape the work that needs to take place to deliver the Trust's ambitions for 2019/20. The actions have been mapped to the Trust's Quality Improvement Plan to ensure a Trust-wide response to areas requiring further development such as care planning and waiting times.

Conclusion

12. The Trust continues to make progress against its CQC inspection action plan and has identified risks and priorities for further improvement which has been developed into a Quality Improvement Plan. The Trust has also identified a plan for accommodating the 2019/20 inspection regime which we are expecting towards the end of 2019.

Background papers

CQC Report published February 2019:

https://www.cqc.org.uk/sites/default/files/new_reports/AAAH7281.pdf

CQC Report published August 2019:

https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ4399.pdf

Circulation under the Local Issues Alert Procedure

None

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List of Appendices

Appendix – Powerpoint Presentation slides.