

Leicestershire Partnership



NHS Trust

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**TRUST BOARD PAPER - 31 OCTOBER 2013**

Title

**Leicestershire Partnership Trust's  
Quality Improvement Programme**
**Executive Summary****Introduction**

The Trust was issued with two warning notices by the Care Quality Commission in July 2013 and a 30 day plan to address immediate actions related to care planning and discharge planning was enacted, as reported previously to this Board.

**Outcome of the Risk Summit**

Due to the escalation of concerns about the Trust's adult mental health services a Risk Summit was convened on August 29 where local stakeholders and agencies came together to share their concerns with the Trust. Actions arising from the summit included:

- 1) The Trust was required to produce a Quality Improvement Programme to provide assurance that the necessary improvements to the safety and care of patients in the Trust's adult mental health services were being undertaken and could be sustained into the future.
- 2) The Trust was required to design and produce a regular SITREP (operational) report so that the Trust and commissioners could jointly examine staffing, bed occupancy and other operational matters on a daily/weekly basis for additional assurance, particularly with respect to patient safety.
- 3) That an Oversight and Assurance Group be formed to hold the Trust Board to account collectively

**Progress on Risk Summit Actions**

The SITREP was immediately designed with commissioners and has now been operating for 2 months.

The Oversight and Assurance Group was also immediately put into place and meets every two weeks convened by the NHS Trust Development Authority (TDA).

It was agreed that the Trust would develop the Quality Improvement Programme (QIP) collaboratively during September and October with a view to approval of the programme plan by the Oversight and Assurance Group and the Trust Board by the end of October.

The aim of this document is to provide a single, consolidated and coordinated plan of action to address the risks and issues raised, showing the timeframes for improvements to be made, how improvements will be measured, who is responsible for the respective elements of the programme and how the Trust will be held accountable for delivery internally and externally of the overall programme.

### **The Development of the Quality Improvement Programme**

Over the last 8 weeks the QIP has been developed in partnership with a wide range of stakeholders including our leadership team, our clinical and operational staff, the NHS Trust Development Authority, local clinical commissioning groups, local authorities and their scrutiny committees, local Healthwatch, local service user groups, their advocates and voluntary sector organisations. A copy of the engagement plan is attached at Appendix A

The Trust is extremely grateful to all parties who have engaged in this intensive piece of work and for the opportunity to discuss the issues we have faced in an honest and transparent way throughout. The overall format of the QIP has been recommended by the Trust Development Authority.

### **Measuring Achievement**

A feature of the QIP is the inclusion of specific metrics so that improvement can be evidenced over time, and where applicable a trajectory for improvement will be developed to show the scale and pace of change we are aiming for.

Some of the metrics already have established baselines and mechanisms for data collection. Others are new areas of focus or represent new ways of working, and therefore require the development of baseline information and additional mechanisms for collecting and analysing data. The programme indicates timescales for this work where appropriate.

In terms of governance arrangements, the delivery of the QIP will be governed internally via a new Quality Improvement Programme Board reporting directly into the Trust Board. Delivery will be assured by the Oversight and Assurance Group which was formed following the Risk Summit and which will hold the Trust Board to account externally for delivery.

The Oversight and Assurance Group is external to the Trust and chaired by the NHS Trust Development Authority (TDA).

The Oversight and Assurance Group is established for the period of time that the Trust's position is escalated to the TDA and will determine at which stage the Trust will be de-escalated with respect to the assurance achieved on the Quality Improvement Programme.

The role of the Oversight and Assurance Group is therefore as follows:

- Approve the Quality Improvement Programme

- Hold the Trust Board to account and assure the delivery of the programme externally
- Determine which specific actions from our programme are the ones that they wish to see achieved in order that we can be de-escalated; following which, the programme will continue to be assured by the Trust Board and its local commissioners, e.g. as business as usual.

### **Cultural Change**

It is important to stress that much of this programme is about cultural change, including some important changes in professional practice and clinical leadership that have a direct impact on the safety, effectiveness and experience of care in the adult mental health unit (and elsewhere in the Trust).

We have also listened carefully to feedback from service users, voluntary sector groups, advocacy groups, councillors, and service users about where further cultural changes are needed from their perspective.

While these changes can and will be the subject of audit against key metrics in terms of quantitative measurement, the Trust is keen to ensure that equal emphasis is given to qualitative and softer measures of improvement.

The overall experience of staff and patients in the planning, delivery and experience of care is where we wish to see the greatest impact of these cultural changes. We expect to see this translated into improved public confidence in the quality of the Trust's services, and that there are tangible improvements in our leadership, accountability and transparency.

### **Extending the programme across other aspects of the Trust's Business and Services**

While the QIP focuses primarily on adult mental health services, we have identified a number of thematic areas of the plan where action will be immediately extended across other clinical divisions.

We have also reflected in depth, as an organisation and as a Board, on the lessons learned from the July CQC report, and the events leading up to this at the Trust, along with various other aspects of the escalation period we have experienced. We are very aware of the impact this has had on our patients, staff, stakeholders and the public in general. Our discussions with local scrutiny committees have focused heavily on these matters.

Our overall approach to quality assurance and risk management is being fundamentally reviewed as a result of reflecting on lessons learned, including for example the introduction of improved early warning systems for our clinical services and a review of our approach to regulatory assurance, being led by our Chief Nurse.

**It is the Trust's ambition to use the QIP as an important stepping stone on our quality improvement journey. Through the QIP and work in hand to refresh our**

**quality strategy we must go well beyond “recovery” and aim again for excellence in line with our organisational vision.**

We recognise there are expectations internally and externally about demonstrating a stepped change in the pace of our actions and the impact they are having, but we also need to sustain improvement for the medium and longer term. The timescales we have set out in the QIP therefore intend to strike a balance between these two requirements.

Although the QIP will be the subject of the external Oversight and Assurance Group for the remedial period (e.g. until we are de-escalated by the TDA), the Trust will continue to develop and deliver its quality improvement plan on a rolling programme of work.

The Quality Improvement Programme will therefore:

- Become business as usual
- Cut across all clinical services
- Remain top priority
- Be highly visible from ward to board.

We will continue to be open, honest and transparent about our progress and welcome all challenge and feedback on any aspect of our care and services at any time.

**Sharing our Learning**

Our experience may be valuable to other Trusts who face similar challenges in delivering sustainable high quality mental health care, especially given the escalating pressure this month on the overall capacity and quality of mental health care nationally and the introduction of the new CQC inspection regime.

We will actively share what we have learned for the benefit of other Trusts locally, regionally and nationally.

We are also responding to the new Chief Inspector of Hospital’s national engagement about the methodology for assessing community and mental health trusts under the new CQC Inspection regime

**Recommendations**

The Trust Board is asked to:

- Approve in principle the Quality Improvement Programme and associated metrics subject to the approval of (and any amendments required) by the Oversight and Assurance group
- Approve the LPT governance arrangements, including establishing the Quality Improvement Programme Board with effect from November 2013

**Related Trust Objectives**

- We will continuously improve quality and safety with services shaped from user and care experience, audit and research.
- We will build our reputation as a successful, inclusive organisation, working in partnership to improve health and

	wellbeing.
<b>Risk and Assurance</b>	The delivery of the QIP will provide measurable improvements in quality assurance for the care and treatment of patients in the adult mental health service and other clinical services within the Trust.
<b>Legal implications/ regulatory requirements</b>	The delivery of the QIP will provide improved assurance that CQC standards can be maintained in the medium term. Failure to maintain CQC regulatory standards can lead to fines and/or deregulation of the affected services.
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