



Leicester
City Council

SECOND DESPATCH

MEETING OF THE LEICESTERSHIRE, LEICESTER AND RUTLAND JOINT HEALTH SCRUTINY COMMITTEE

FRIDAY, 27 APRIL 2018

Further to the agenda for the above meeting which has already been circulated, please find attached the following:-

Agenda Item 7 :

UPDATE ON LEICESTERSHIRE PARTNERSHIP (NHS) TRUST IMPROVEMENT PLAN FOLLOWING THE CARE QUALITY COMMISSION INSPECTION

Dr Peter Miller, Chief Executive of the Leicestershire Partnership (NHS) Trust submits a report that outlines a summary of the Care Quality Commission's (CQC) latest key findings and details the Trust's processes for delivering assurance against the CQC inspection action plan.

The update report and the inspection report with other supporting information are included as follows:

Update report (**Appendix B1**)
CQC inspection action plan (**Appendix B2**)

Supporting information:

- CQC inspection report published in January 2018 (**Appendix B3**)
- Report of the CQC considered at the meeting of the Leicester City Council Health and Wellbeing Scrutiny Commission 7 March 2018 (**Appendix B4**)
- Draft minute extract of the meeting of the meeting of the Leicester City Council Health and Wellbeing Scrutiny Commission held 7 March 2018 (**Appendix B5**)
- Minute extract of the meeting of the Leicestershire County Council Health Overview and Scrutiny Committee held 28 February in relation to the consideration of the Child and Adolescent Mental Health Services

(CAMHS). (**Appendix B6**)

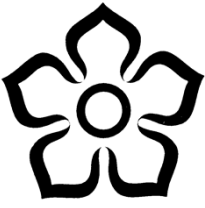
Supplementary information:

Dr. Anne Scott, Acting Chief Nurse, East Leicestershire and Rutland Clinical Commissioning Group, submits the following papers as supporting information in respect of the above item of business.

- a) East Leicestershire and Rutland Clinical Commissioning Group - briefing paper (Appendix B7)
- b) East Leicestershire and Rutland Clinical Commissioning Group - power-point presentation: Commissioner monitoring and supporting quality and safety improvements (Appendix B8)

Officer contacts: Julie Harget, Democratic Support Officer

Tel:0116 454 6357 e-mail: Julie.harget@leicester.gov.uk



Leicester
City Council

SECOND DESPATCH

**Leicestershire, Leicester and Rutland
Joint Health Scrutiny Committee
27 April 2018**

Further to the agenda for the above meeting which has already been circulated, please find attached supporting papers as follows:

Agenda Item 7: Update on Leicestershire Partnership (NHS) Trust Improvement Plan following the Care Quality Commission Inspection

Dr. Anne Scott, Acting Chief Nurse, East Leicestershire and Rutland Clinical Commissioning Group, submits the following papers as supporting information in respect of the above item of business.

- a) East Leicestershire and Rutland Clinical Commissioning Group - briefing paper (Appendix B7)
- b) East Leicestershire and Rutland Clinical Commissioning Group - power-point presentation: Commissioner monitoring and supporting quality and safety improvements (Appendix B8)

Kind regards

Julie Harget
Democratic Support Officer
Tel: 0116 454 6357

Email: Julie.harget@leicester.gov.uk

Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee

April 2018

Commissioner Monitoring and Supporting Quality & Safety Improvements.

Introduction/Background

1. Findings from the recent Care Quality Commission (CQC) inspection were published in January 2018. This followed an inspection of five Core Services (October 2017) and completion of a 'Well-led' inspection (November 2017). The Trust has responded to the six Requirement Notices, which resulted in 19 'must-do' statutory actions with a range of improvement measures. These actions have been combined with the remaining seven actions from 2016 to establish a CQC Action Plan which has been shared with commissioners.
2. Commissioner assurance is received through the Clinical Quality Review Group (CQRG) originally on a monthly basis; however this has now been revised to align with the Trust's assurance systems and processes for delivering assurance against CQC actions. Following the conclusion of the Trust Compliance Assurance (CompAss) task and finish group, this is now monitored by the Trust Quality Assurance Committee, and has attendance from commissioners. Accountability for delivery of required improvements is at directorate level with designated senior responsible owners (SRO).

Aim

3. This paper outlines in summary the Commissioners' processes for monitoring Trust actions for assurance purposes against the CQC inspection action plan.

Recommendations

4. Note Commissioners' processes for monitoring quality assurance against the Trust CQC inspection action plan.

Discussion

5. The Trust CQC action plan is submitted to the commissioner Clinical Quality Review group (CQRG) for discussion and scrutiny. This is now on a quarterly basis to align with the Trust Quality Assurance Committee (QAC) review and acceptance of the report. Commissioners are also informed of outcomes following the quarterly review meetings between LPT and the CQC.
6. There is regular commissioner attendance at the Trust QAG; this means that there are opportunities for initial challenge and sight of areas of concern or continued lack of progress with quality improvements.
7. Quality monitoring continues through CQRG, which enables commissioners to have full oversight of contractual quality requirements, thus providing more detail around service delivery in conjunction with delivery of CQC improvements.
8. Other quality intelligence, such as reported GP concerns, Serious Incidents and other provider reported issues (e.g. care homes) are triangulated and reviewed to ascertain a full quality overview.
9. Commissioners undertake a regular programme of quality visits to various Trust clinical services; clinical services of concern identified through the CQC action plan scrutiny are

prioritised. These quality visits facilitate action plans to address immediate operational concerns, and where commissioners are able to offer support to enable these.

10. Potential risks to patients are recognised by commissioners:

- Increased risk to patients due to non-compliance with CQC fundamental standards.
- Inability to maintain safe staffing and staff recruitment to drive CQC improvement actions.
- Impact on quality and safety of services.
- Inability to sustain quality improvements across the services.

Conclusion

11. This paper provides assurance to the Committee that systems for effective governance are in place for the oversight and scrutiny of CQC actions. Commissioners continue to have oversight and scrutiny both on a formal and informal basis, with engagement from the Trust.

Commissioner Monitoring & Supporting Quality & Safety 5 improvements

Presentation by – Dr. Anne Scott, Acting Chief Nurse

Date 27th April 2018

Introduction

- Quality and Safety
- Commissioner Assurance

Quality & Safety

Potential Risks

- Increase risk to patients due to CQC non-compliance with fundamental standards.
- Inability to maintain safe staffing and retention of staff to drive CQC improvement actions.
- Impact on quality and safety of services due to CQC non-compliance.
- Inability to sustain quality improvements across the services.

Commissioner Assurance

Commissioners

- CQC action plan is submitted to CQRG on a quarterly basis for review and scrutiny following acceptance at LPT Quality Assurance Committee (QAC).
- Commissioner attendance at LPT QAC.
- ∞ Commissioner quality monitoring through LPT Clinical Quality Review Group.
- Triangulation of other quality intelligence received through reported GP concerns and Serious Incidents
- Commissioner Quality visits and support to clinical services of concern identified through CQC action plan scrutiny and other quality monitoring processes.