

Leicester  
City Council



Rutland  
County Council

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

**DATE: TUESDAY, 15 FEBRUARY 2022**

**TIME: 12:00 pm**

**PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles  
Street, Leicester, LE1 1FZ**

**Members of the Committee**

**Leicester City Council**

Councillor Kitterick (Chair of the Committee)

Councillor Aldred

Councillor March

Councillor Dr Sangster

Councillor Fonseca

Councillor Pantling

Councillor Whittle

**Leicestershire County Council**

Councillor Morgan (Vice-Chair of the Committee)

Councillor Bray

Councillor Grimley

Councillor King

Councillor Ghattoraya

Councillor Hack

Councillor Smith

**Rutland County Council**

Councillor Powell

Councillor Waller

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

**Officer contacts:**

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Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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**USEFUL ACRONYMS RELATING TO  
LEICESTERSHIRE LEICESTER AND RUTLAND JOINT HEALTH SCRUTINY COMMITTEE**

<b>Acronym</b>	<b>Meaning</b>
ACO	Accountable Care Organisation
AEDB	Accident and Emergency Delivery Board
AMH	Adult Mental Health
AMHLD	Adult Mental Health and Learning Disabilities
BMHU	Bradgate Mental Health Unit
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CMHT	Community Mental Health Team
CVD	Cardiovascular Disease
CCG	Clinical Commissioning Group
LCCCG	Leicester City Clinical Commissioning Group
ELCCG	East Leicestershire Clinical Commissioning Group
WLCCG	West Leicestershire Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CTO	Community Treatment Order
DTOC	Delayed Transfers of Care
ECMO	Extra Corporeal Membrane Oxygenation
ECS	Engaging Staffordshire Communities ( who were awarded the HWLL contract)
ED	Emergency Department
EHC	Emergency Hormonal Contraception
EIRF	Electronic, Reportable Incident Forum
EMAS	East Midlands Ambulance Service
EPR	Electronic Patient Record
FBC	Full Business Case
FYPC	Families, Young People and Children
GPAU	General Practitioner Assessment Unit
HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HWLL	Healthwatch Leicester and Leicestershire
IQPR	Integrated Quality and Performance Report

JSNA	Joint Strategic Needs Assessment
NHSE	NHS England
NHSI	NHS Institute for Innovation and Improvement
NQB	National Quality Board
NRT	Nicotine Replacement Therapy
OBC	Outline Business Case
PCEG	Patient, Carer and Experience Group
PCT	Primary Care Trust
PDSA	Plan, Do, Study, Act cycle
PEEP	Personal Emergency Evacuation Plan
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
PSAU	Place of Safety Assessment Unit
QNIC	Quality Network for Inpatient CAHMS
RIO	Name of the electronic system used by the Trust
RN	Registered Nurse
RSE	Relationship and Sex Education
SOP	Standard Operating Procedure.
STP	Sustainability Transformation Partnership
TASL	Thames Ambulance Service Ltd
UHL	University Hospitals of Leicester
UEC	Urgent and Emergency Care

## **PUBLIC SESSION**

### **AGENDA**

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#### **1. APOLOGIES FOR ABSENCE**

#### **2. DECLARATIONS OF INTEREST**

Members are asked to declare any pecuniary or other interests they may have in the business on the agenda.

#### **3. FINDINGS AND ANALYSIS OF THE STEP UP TO GREAT MENTAL HEALTH CONSULTATION - LEICESTER, LEICESTERSHIRE AND RUTLAND CCGS AND LPT**

**Item 3**  
**(Pages 1 - 12)**

Members to receive a report and joint presentation from CCGs and LPT, explaining the proposals and associated background information in relation to the Step Up to Great Mental Health Consultation, as well as analysis of responses and highlighted themes.

#### **4. OUTCOME OF THE LPT CQC INSPECTION**

**Item 4**  
**(Pages 13 - 34)**

Members to receive a report and presentation providing a summary of the CQC inspection process, along with details of areas of strength and improvement that have been identified.

## **5. ANY OTHER URGENT BUSINESS**

The Chair has agreed to take an item of urgent business to allow the submission of a Petition which will then be received and dealt with in accordance with the Council's procedures.

The Monitoring Officer informs that a petition has been received as follows:

"We, the undersigned, request that joint scrutiny scrutinise the draft constitution of the Leicester, Leicestershire, and Rutland Integrated Care System while there is time to build insights of scrutiny into the final version.

The Integrated Care Board Constitution will establish the governance arrangements for Leicester, Leicestershire, and Rutland. This will include membership of the Integrated Care Board; arrangements for delegating Integrated Care Board powers to sub-committees which may not be required to meet in public or publish their papers and may include commercial or independent sector providers with interests other than the public good; and arrangements for managing conflicts of interest.

These arrangements will affect the operation of the NHS in our area, and we insist on our right to be consulted over these plans.

In several other parts of the country, not only have shadow Integrated Care System leaders published their draft constitution but they have also established formal public consultations to gather public views. By contrast, at the last meeting of the Leicester City Council Health and Wellbeing Scrutiny Commission a request by a member of the committee for a copy of the draft Integrated Care Board constitution was denied and a copy of the national "model" was offered instead. However, while the "model" constitution gives broad structure to assist in the drawing up of the constitution locally, it permits significant local variation. The constitution proposed locally should therefore be formally scrutinised and subjected to a formal public consultation before it is finalised.

In sum, we are requesting that the Leicester, Leicestershire and Rutland Joint Health Scrutiny Committee scrutinise the draft Integrated Care Board constitution and recommend that a formal public consultation exercise is arranged on the amended draft constitution."

The Committee is asked to receive the Petition in accordance with the Council's procedures.

## **6. DATE OF NEXT MEETING**

- Monday 28<sup>th</sup> March 2022 at 5.30pm at City Hall







# Item 3

## Leicester, Leicestershire and Rutland

### Joint Health Overview and Scrutiny Committee

**Tuesday 15 February 2022, 12 pm**

**Report title:** **Step Up to Great Mental Health – Decision-Making Business Case**

**Report presented by:** Andy Williams, Chief Executive, Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLR CCGs)

Angela Hillery, Chief Executive, Leicester Partnership NHS Trust (LPT)

**Executive summary:**

1. At the Leicester, Leicestershire and Rutland Clinical Commissioning Groups Governing Bodies meeting on Tuesday 14 December 2021 the individual Governing Bodies approved plans to invest in and reconfiguration adult mental health services for Leicester, Leicestershire and Rutland.
2. Formal public consultation commenced on 24 May 2021 and ran until 15 August 2021 to discuss with the public plans to improve mental health services and deliver care to closer to where people live.
3. The results of the consultation are set out in the [Report of Findings](#). The findings from the consultation have been considered in setting out the final proposals in the [Decision Making Business Case](#).
4. An independent external Equality Impact Assessment has been completed reviewing the consultation process.

**Step-up to Great Mental Health**

1. Step Up to Great Mental Health is the Leicester, Leicestershire and Rutland Integrated Care System (ICS) programme to improve and transform mental health services.
2. The programme is jointly led by the CCGs and Leicestershire Partnership NHS Trust working with a broad range of partners including the Voluntary and Community Sector and Primary Care.
3. This Board paper and Decision-Making Business Case relate to the plans to improve our Urgent and Emergency Mental Health Care pathway and to strengthen the integration of our Community Mental Health services.
4. This is the most significant new investment in mental health services for over a decade.

## **The consultation and decision-making process**

5. The CCG Governing Bodies approved the Pre-Consultation Business Case on the 10 May 2021. It also approved the commencement of formal consultation with the public on those proposals. This decision was based on a successful NHS England pre-consultation assurance review in March 2021.
6. The public consultation ran from 24 May 2021 to 15 August 2021. The results of the consultation are set out in [the Report of Findings](#).
7. The findings from the consultation have been considered in setting out the final proposals in the Decision-Making Business Case.
8. An independent external Equality Impact Assessment has been completed reviewing the consultation process.

## **Report of Findings**

9. The Midlands and Lancashire CSU has provided independent support to the consultation process, receiving and aggregating comments and responses to the questions on support for specific changes. The CSU has also monitored the breadth of the community responding to the consultation.
10. The CSU Report of Findings was received on 19 November and has been shared on the consultation website. It was also shared with the LPT workforce through an all-staff email on Monday 22 November.
11. The Patient Experience and Involvement Team shared it with the People's Council who have been representing service users throughout the consultation. It has also been shared and assured by the health system Public and Patient Involvement Assurance Group. In addition, the Voluntary and Community Sector organisation who helped communicate the consultation and involve communities have also discussed the Report of Findings and next steps.
12. We received an excellent response to the consultation with over 6,500 responses. They represent real-life experiences and views of people and communities across Leicester, Leicestershire and Rutland.
13. This comprised of 3,635 completed online main questionnaires, 212 completed postal questionnaires, 205 completed online easy read questionnaires, 41 completed postal questionnaires, 41 correspondences (letters and emails).
14. There were also 2,516 participants/focus groups and one-to-one interviews across 164 events.

15. The Report of Findings shows a strength of support for the investment and improvement plans. While the vast majority of people supported the proposals, the qualitative, personal and extensive insights shared by people will influence the implementation of improvements, ensuring they are people centred.

### **Equality Impact Assessment**

16. The CCGs commissioned an Equality Impact Assessment in relation to the Step up to Great Mental Health consultation process.
17. The EIA review is a follow up to the original Equality Impact Assessment undertaken in January 2021 by North of England Commissioning Support Unit.
18. The findings endorse the recommendations of the earlier EIA and applaud the CCGs and the Trust's ongoing efforts to further reach out to, and take into consideration, the diverse population of Leicester, Leicestershire, and Rutland.
19. It is acknowledged that these efforts are ongoing and are expected to develop further over coming weeks, months and years throughout the design and delivery phase of the programme.
20. Opportunities will arise to capitalise on successes to date and purposefully engage with our population, in designing services that are 'owned' by its communities.
21. Whilst recognising and respecting difference of opinion and geographical variation, the EIA review concludes that the proposals attracted significant endorsement and have ably considered most of the population's needs. There is also clear evidence of a desire to continue to work with the community and partner organisations.
22. The EIA report makes eight recommendations for future work that we are recommending the CCG Board agrees.

### **Decision-Making Business Case**

23. The Decision-Making Business Case includes the population health need analysis and the national and local case for change. These plans will help us to deliver a series of national best practice frameworks while responding to local need.
24. The Decision-Making Business Case describes the three-year process to coproduce the plans that went out to consultation, with service users, staff and wider stakeholders and sets out the detail of the proposed future service models described in our Pre-Consultation Business Case and public consultation.
25. The DMBC then summarises the consultation process, the consultation feedback and our response to it. It describes the level of support for each proposed service change, provides detail on the feedback comments and sets out our response to that feedback.

26. The DMBC sets out the recommended decisions that were considered by the CCG Board on 14 December and approved.
27. The [CCG Board paper summarises](#) the recommended decisions that were approved under three headers:
- Decisions relating to the specific service improvements in the consultation
  - Decisions relating to overall consultation feedback themes
  - Decisions relating to the Equality Impact Assessment

### **Decisions relating to the consultation**

28. Provide an additional comprehensive suite of self-help guidance and tools
- a) Agree to provide a comprehensive suite of self-help guidance and tools in one place online, while making the material available in printable format.
  - b) Agree to address the feedback on the type and simplicity of the information, and access routes to the information with the support of a service user advisory group and wider engagement as we develop and implement our plans.
  - c) Agree to provide support to find and understand the information via the Mental Health Central Access Point for people unable to navigate or understand the information on the website.
  - d) Agree to share a QR code on posters and business cards in a wide range of settings including GP practices.
  - e) Agree to pilot the use of publicly accessible IT terminals to access the self-care guidance.
29. Introduction of a Central Access Point
- a) Agree to make the Central Access Point permanent.
  - b) Agree to address the consultation feedback on promotion and awareness of the CAP, access routes for vulnerable groups, interpreter and BSL support, improving responsiveness and performance standards as part of the implementation and further development phase.
  - c) Agree to develop the service to provide support to families and carers. To support this, the CAP and the Urgent and Emergency Care Steering Group will be expanded to include family and carer representatives to develop and test material.
  - d) Agree to undertake a review of demand, capacity and workforce models alongside the potential use of technology to improve the support offer. The review of capacity will include modelling the workforce required to introduce a call-back service and a text access route.

### 30. Expand the number of Crisis Cafes

- a) Agree to open a further 22 crisis cafes in community locations in Leicester, Leicestershire and Rutland.
- b) Agree to work with local communities and voluntary and community groups to identify suitable locations, to co-design appropriate support offers considering diversity and ethnicity, co-location of other services and to link with wider community assets. Developing an appropriate local offer in each neighbourhood.
- c) Agree to work with local communities and service user groups to inform the names of the Cafés to identify a different term or terms for the cafes.

### 31. Improve and expand the Crisis Service

- a) Agree to improve and expand the Crisis Service in Leicester, Leicestershire and Rutland as set out in the Pre-Consultation Business Case.
- b) Agree to promote the range of Urgent and Emergency Care (UEC) services and build awareness of the support available across the pathway.
- c) Agree to work with the UEC service user group to consider options to improve communication with service users and their families as part of our implementation and on-going review processes.

### 32. Introduce an Acute Mental Health Liaison Service

- a) Agree to create an Acute Mental Health Liaison Service by joining together the existing teams and basing them at Leicester Royal Infirmary close to the emergency department.
- b) Agree to address the feedback on promoting the service to UHL staff and building awareness of all wards and departments through implementation.
- c) Agree to provide support and development training to acute hospital colleagues including to A&E staff in mental health awareness.

### 33. Establish a Mental Health Urgent Care Hub

- a) Agree to make the Urgent Care Hub permanent and to undertake an options appraisal on whether to maintain the Hub at the Bradgate Unit in the longer term.
- b) Agree to include staff training in customer care to strengthen the nature of the welcome at the Urgent Care Hub.

### 34. Expand the hours that the Triage car is provided

- a) Agree to expand the hours of the Triage car service and to expand the joint working with East Midlands Ambulance Service.
- b) Agree to develop further mental health awareness training alongside the police and ambulance services.

35. Intensive support to vulnerable groups
- a) Agree to implement the investment and recruitment plans set out in the consultation, focusing our implementation plans on effective collaboration between the teams coming together.
36. Create eight Community Treatment and Recovery Teams focused on adults and eight Community Treatment and Recovery Teams focused on older people
- a) Agree to move eight Community Treatment and Recovery Teams for adult mental health with eight dedicated teams for Older People's mental health operating on the same geographic footprints.
  - b) Agree to undertake dedicated engagement in each locality to agree the working hours that best meet the need of the local population.
  - c) Agree to focus implementation plans on existing service users and managing their care during the period of transition. These plans will be linked to specific quality and safety triggers to be applied during the implementation phase.
37. Dramatically cut waiting times to access Personality Disorder Services
- a) Agree to the investment and expansion to the Personality Disorder service set out in the Pre-Consultation Business Case focusing on integration with other services.
38. Expand the service available for perinatal women from pre-conception to 24 months after birth
- a) Agree to the investment and expansion of the perinatal service including doubling the period of support from 12 months to 24 months after birth.
  - b) Agree to develop specific implementation plans to reflect the diverse community and work with relevant community groups to build awareness and access to the support on offer.
39. Improve the support for women who are experiencing trauma and loss in relation to maternity experience
- a) Agree to the investment and expansion of the maternal outreach service including the development of support services for fathers and partners.
  - b) Agree to address the suggestions of training on cultural diversity and incorporating multicultural practices through the implementation plans.
40. Improve psychosis intervention and early recovery service
- a) Agree to support the investment and service change plans to improve psychosis intervention and early recovery, set out in the Pre-Consultation Business Case.
41. Enhance the memory service introducing different ways of providing the service

- a) Agree to the investment and improvement proposals relating to the Memory Service, set out in the Pre-Consultation Business Case.
- b) Agree that provision via digital means will be an option rather than the only route to Memory Services and that service users will be able to choose the vehicle that suits them best.

#### 42. Establish an Enhanced Recovery Hub team

- a) Agree to establish an Enhanced Recovery Hub team and to develop the services, as set out in the Pre-Consultation Business Case. Telephone and video-based services a) Agree to continue to offer and develop telephone and video-based services as an option for service delivery.
- b) Agree that the use of telephone and video as a vehicle to interact with service users will be offered a choice determined by the service user.
- c) Agree to pilot the use of publicly accessible IT terminals to access the self-care guidance.

### **Decisions relating to overall consultation feedback themes**

#### 43. Working with local communities, voluntary and community sector

- Agree to apply the principles set out in chapter 7 on the role of the VCS in implementation planning, co-production, making the service changes and in the on-going delivery of these services.

#### 44. Working with carers

- Agree to apply the principles set out in chapter 7 in our work with carers and with VCS groups acting as advocates of carers to ensure that the service improvements align with carer needs and are co-produced with their support.

### **Decisions relating to the Equality Impact Assessment**

#### 45. Agree to the following eight recommendations from the independent EIA review.

- The intelligence and guidance achieved to date is a rich learning opportunity for the future; it is acknowledged that the results of the consultation are being shared widely and whilst doing so, recommends communities are formally thanked for their contribution.
- Build upon the relationships and alliances that have already established through the consultation, by enhancing the current arrangements to create genuine and sustainable partnership arrangement with the voluntary and community sector. Where mutually agreeable, partnering during the co-design, implementation phase; post-project evaluation and beyond to find lasting solutions to issues on an ongoing mutual basis.

- Empower communities and capitalise on front line NHS staff being members of such communities, maintaining an understanding and support of protected groups through long term collaboration.
- Apply the same rigour of focus, devoted to the communities served, to staff and the organisations' ways of working.
- Ensure the Trust's staff education and training programme is inclusive of understanding beliefs and values of different communities and of a broad cultural education.
- Persevere, to engage under-represented groups in co-design and implementation phases.
- Develop a plan for digital enablement and health literacy, to appropriately support the delivery of treatment and use of digital tools across communities.
- Aspire to be an exemplar system for health inequality through collaboration with communities

### **Acknowledgement of support to engage**

46. The CCGs and LPT wish to thank everyone who has participated in the consultation process for sharing their experiences and what matters most to them. We would also like to acknowledge the fantastic support we received in promoting the consultation from local voluntary and community sector partners.



# Joint Overview and Scrutiny Committee Consultation

6

Step up to  
**Great  
Mental  
Health**



[www.greatmentalhealthLLR.nhs.uk](http://www.greatmentalhealthLLR.nhs.uk)

# Consultation recap

- In 2017, started to develop a new way of meeting Mental health need.
- Lots of pre-consultation engagement with stakeholders and service users that formed the Key Features that are now part of SUTG MH in line with national strategy
- Significant investment identified to enable changes
- Ran formal consultation engagement for 12 weeks. 24 May - 15 August 2021 working with 40 voluntary sector organisations

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# Response figures

We reached 3.5 million\* people  
in Leicester, Leicestershire and  
Rutland



6,650

Total response to the consultation



4,093

Survey responses (main and  
easy-read, post and online)



41

Correspondence  
(email and letter)



2,516

Event participants across 164  
events (workshops & 1.2.1  
interviews and focus groups)

Step up to  
**Great  
Mental  
Health**



\*some people will have seen messages on more than one once on different media.

The opportunity to have your say

[www.greatmentalhealthLLR.nhs.uk](http://www.greatmentalhealthLLR.nhs.uk)

# Outcome from consultation

- High level of agreement – more than 70% of people in all questions we therefore have agreed to:
  - improve emergency and urgent care for people with mental health needs
  - improve, integrate and invest in the planned care for people for mental health needs
  - Continue level of engagement to ensure that changes are made with and for local communities to reducing inequality of access, support and outcomes.
  - Strengthen focus and offers for carers throughout
  - To strengthen digital offers but as a choice and attend to digital poverty and other barriers to using technology



## Leicester, Leicestershire and Rutland

### Joint Health Overview and Scrutiny Committee

**Tuesday 15 February 2022, 12 pm**

**Report title:** Care Quality Commission Inspection of Leicestershire Partnership NHS Trust

**Report presented by:** Angela Hillery, Chief Executive, Leicester Partnership NHS Trust (LPT)

Andy Williams, Chief Executive, Leicester, Leicestershire and Rutland Clinical Commissioning Groups (LLR CCGs)

#### **Executive summary:**

1. The Care Quality Commission (CQC), the NHS regulatory body, carried out a planned unannounced inspection of Leicestershire Partnership NHS Trust (LPT), between May and July 2021.
2. The CQC assess how safe, effective, caring, responsive, and well-led services are. They selected three of our 15 core services for inspection: All 3 were mental health services. Core services are the essential services Trusts provide. They also inspected our Trust against the well-led domain. The well-led domain assesses the leadership, management and governance of an organisation to make sure it's providing high-quality care, encouraging learning and innovation, and promoting an open and fair culture.
3. The outcome from the inspection included:
  - a. Improved core service ratings as the Trust no longer have any core service rated Inadequate overall.
  - b. A focus on areas where we must do more to ensure our fundamental standards are being met.
  - c. Improved the Well-led domain which has progressed from 'Inadequate' to 'Requires Improvement' with many 'Good' characteristics including significant improvements in leadership, governance and oversight of performance and risk, and an improved culture and engagement with staff and people using services.
  - d. Retained the overall rating of 'Requires Improvement' at this time and retained the 'Good' rating for 'Caring'.

#### **Areas where we must improve**

4. The CQC asked that we must make further improvements in:
  - a. Eliminating our dormitory accommodation/ensuring our ward environments do not compromise privacy and dignity
  - b. Ensuring all patients in our adult mental health wards have access to personal alarms should they need assistance

- c. The timeliness of repairs in our wards and storage of patient's personal possessions
- d. Continuing our focus on individualised care plans
- e. Greater sharing of learning from incidents
- f. Compliance with mandatory training for staff
- g. Our searching and risk management processes for patients returning from unescorted leave
- h. Environmental risk assessments in our mental health rehabilitation wards &
- i. Filling vacant roles in psychology and occupational therapy

### **Areas where improvement is evident**

5. The CQC recognised that we have improved in a number of areas. Safety is our number one priority, so we are pleased that the CQC report has recognised "an improved safety culture" at LPT. In addition, the CQC has said that:
  - a. Mental health patients have good access to physical healthcare and support to live healthier lives
  - b. Improved patient involvement in planning care and service improvements
  - c. LPT practice good infection prevention control
  - d. We have drastically reduced the number of people requiring care in Mental Health beds in hospitals outside of Leicester ('Out of area placements'). Staying closer helps families and service users to stay connected and leave hospital quicker
  - e. Improved seclusion environments, where a mental health patient is observed separately in a quiet space
  - f. Significantly improved medicines management, such as labelling and recording of medications.
  - g. Eliminated mixed sex accommodation, which ensures men and women aren't sharing facilities and therefore have better privacy and dignity
  - h. Staff manage risks better and have reduced ligature risks (ie. ways you could harm yourself) to keep our inpatients safe, an area previously highlighted for improvement.
  - i. Complaints are taken seriously, and lessons shared with staff to keep improving

### **Our Well-Led Inspection**

6. The CQC report on our well-led domain identified:
  - a. A 'strong executive team
  - b. Significant improvements to develop a strengthened vision and strategy
  - c. A positive and collaborative culture since the last inspection

- d. Strengthened governance and risk management
  - e. Strengthened strategy to Step up to Great whilst responding to a Covid pandemic
7. We are proud of this progress and **proud of our staff** for embracing step up to great, our positive staff morale and our improved positive relationships with stakeholders provide a strong platform to continue our journey of improvement.

### **Oversight and Governance**

8. We are focussed on continuing to make improvements across our organisation. Working with the CQC we have an agreed action plan and oversight of this progress is monitored by the Executive Team, with assurance from the LPT Board. We also meet regularly with the CQC to update and review progress. We have attached the summary of our CQC action to this paper for your information.
9. CQC will revisit LPT to undertake an independent inspection to ensure that we have delivered the actions they set out that we must do.

### **Summary**

10. We would recognise that we have made improvements and there are more improvements to made as we continue our journey to Step up to Great.
11. We would like to recognise how our staff, they have been tremendous throughout this Covid pandemic, and despite this challenging time, they have demonstrated improvements and retained our *Good* rating for Caring.





## Summary of the CQC Improvement Plan

(February 2022)

Improvement area	Status	Monitored through
Elimination of Dormitory Accommodation	Our dormitory accommodation re-provision plan was shared with the CQC and wards are being vacated and refurbished on a rolling programme that will be concluded by 2023.	Dormitory re-provision plan is kept under review at the Estates and Medical Equipment Committee (EMEC) and any risks are escalated through to the Finance and Performance Committee (FPC). Progress also reported to the CQC monthly.
Personal Patient Call Alarms available on all adult mental health wards	Completed by 31 January 2022. Personal patient call alarms are now available on all adult mental health wards.	LPT Strategic Executive Board, additional oversight by the Quality Assurance Committee and LPT Trust Board. Progress also reported to the CQC monthly.
Environmental risks are identified and checked.	New environment checklist process implemented and supported by 6 weekly compliance check. Completed by 31 January 2022.	LPT Strategic Executive Board, additional oversight by the Quality Assurance Committee and LPT Trust Board. Progress also reported to the CQC monthly.
To ensure there are effective systems and processes in place to audit risk assessments & care plans	Reviewed current systems, audit tool changed, new audit process now in place. Completed by 31 January 2022.	LPT Strategic Executive Board, additional oversight by the Quality Assurance Committee and LPT Trust Board. Progress also reported to the CQC monthly.
To ensure high standards of record keeping in relation to seclusion	Review has been completed additional training and support is being implemented and will be complete by the end of February 2022.	LPT Strategic Executive Board, additional oversight by the Quality Assurance Committee and LPT Trust Board. Progress also reported to the CQC monthly.
To ensure that the privacy and dignity is protected	Temporary storage solutions were immediately implemented with investment in permanent storage	LPT Strategic Executive Board, additional oversight by the Quality Assurance Committee and LPT Trust Board. Progress also reported to

around the respectful storage of patient's clothes	facilities that will be complete by 28 Feb 2022.	the CQC monthly.
To ensure protected characteristic needs are identified, care planned and actioned	LPT has reviewed individual care plans and reviewed trust policies. An amended audit framework has been implemented with all adult mental health rehabilitation wards having completed their reviews. Completion due by the end of March 2022.	LPT Strategic Executive Board, additional oversight by the Quality Assurance Committee and LPT Trust Board. Progress also reported to the CQC monthly.
To use patient feedback to make improvements to the quality and variety of food available	Estates and facilities have held monthly meetings with patient groups, tested a new menu through patient tasting events. The LPT nutrition group has supported the development of new menus. Completion will be by the end of February 2022.	LPT Strategic Executive Board, additional oversight by the Quality Assurance Committee and LPT Trust Board. Progress also reported to the CQC monthly.
To ensure that the privacy and dignity of patients is always maintained	We have reviewed our systems and processes to ensure environmental repairs are prioritised with regular reviews and spot checks that confirm compliance. This will be completed by the end of February 2022.  LPT Trust Board have approved a business case to invest in further facilities management transformation.	LPT Strategic Executive Board, additional oversight by the Quality Assurance Committee and LPT Trust Board. Progress also reported to the CQC monthly.
To ensure staff routinely explain rights to informal patients, offer written information and record this	This was completed by 31 January 2021. We have developed leaflets to give to informal patients explaining their rights and a system for auditing these.	LPT Strategic Executive Board, additional oversight by the Quality Assurance Committee and LPT Trust Board. Progress also reported to the CQC monthly.

To ensure that managers review incidents in a timely way, in line with trust policy	All outstanding incidents have been reviewed and additional training is now available for staff. Completion will be confirmed at the end of February 2022.	LPT Strategic Executive Board, additional oversight by the Quality Assurance Committee and LPT Trust Board. Progress also reported to the CQC monthly.
To ensure the acute and psychiatric intensive care wards have consistent and effective management of contraband items – to include lighters	Completed by 31 January 2022. This included refreshing our checking and searching compliance and delivering a Quality Improvement programme. Regular checks and spot checks have demonstrated compliance.	LPT Strategic Executive Board, additional oversight by the Quality Assurance Committee and LPT Trust Board. Progress also reported to the CQC monthly.
To ensure that all patients have appropriate access to a range of psychological therapies	All psychology and occupational health posts in acute and intensive care mental health wards have been recruited to. An additional psychology post has been created to add to the existing workforce. Completion at the end of February 2022	LPT Strategic Executive Board, additional oversight by the Quality Assurance Committee and LPT Trust Board. Progress also reported to the CQC monthly.
To ensure that staff receive training in the Mental Health Act, Mental Capacity Act and other mandatory training programmes for their specific job role.	This will be complete by the end of February 2022. We have increased the frequency of training, to ensure staff can complete their training and deliver services through this phase of the COVID-19 outbreak	LPT Strategic Executive Board, additional oversight by the Quality Assurance Committee and LPT Trust Board. Progress also reported to the CQC monthly.
Learning Disability Services to ensure adherence to NICE guidance in monitoring the physical health of each patient receiving rapid	All available clinical staff completed this training by 31 January 2022	LPT Strategic Executive Board, additional oversight by the Quality Assurance Committee and LPT Trust Board. Progress also reported to the CQC monthly.

tranquillisation.		
To ensure there are effective systems and processes to monitor the quality of clinical records, in particular seclusion records, physical health monitoring post rapid tranquillisation	Audits demonstrate sustained compliance, completed by 31 January 2022	LPT Strategic Executive Board, additional oversight by the Quality Assurance Committee and LPT Trust Board. Progress also reported to the CQC monthly.

# Summary of CQC inspection findings from May-July 2021, published October 2021

Angela Hillery, chief executive  
Leicestershire Partnership NHS Trust

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Item 4

# Introduction

- The Care Quality Commission (CQC), the NHS regulatory body, carried out a **planned unannounced inspection** of Leicestershire Partnership NHS Trust (LPT), **between May and July 2021**.
- The CQC assess how safe, effective, caring, responsive, and well-led services are.
- **They selected three of our 15 core services for inspection:** All 3 were mental health services. Core services are the essential services Trusts provide.
- **They also inspected our Trust against the well-led domain.** The well-led domain assesses the leadership, management and governance of an organisation to make sure it's providing high-quality care, encouraging learning and innovation, and promoting an open and fair culture.

# The three core services inspected

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Acute wards for adults of working age and psychiatric intensive care units

Long stay or rehabilitation wards for working age adults.

Wards for adults with a learning disability or autism.

# The CQC assessment of LPT

Improved core service ratings as the Trust no longer have any core service rated Inadequate overall and will continue to embed actions to build upon these improvements.

The CQC were clear there are further things we must act on to improve our services. Eliminating our dormitory accommodation, ensuring we provide an environment where patients can access help easily that does not compromise privacy and dignity are our key to improving our services.

' Improved the Well-led domain which has progressed from 'Inadequate' to 'Requires Improvement' with many 'Good' characteristics including significant improvements in leadership, governance and oversight of performance and risk, and an improved culture and engagement with staff and people using services..

Retained the overall rating of 'Requires Improvement' at this time. Retained the 'Good' rating for 'Caring



# Core services - summary

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Acute wards for adults of working age and Psychiatric intensive care unit

Requires Improvement  
↑  
Oct 2021

Long stay or rehabilitation mental health wards for working age adults

Requires Improvement  
↑  
Oct 2021

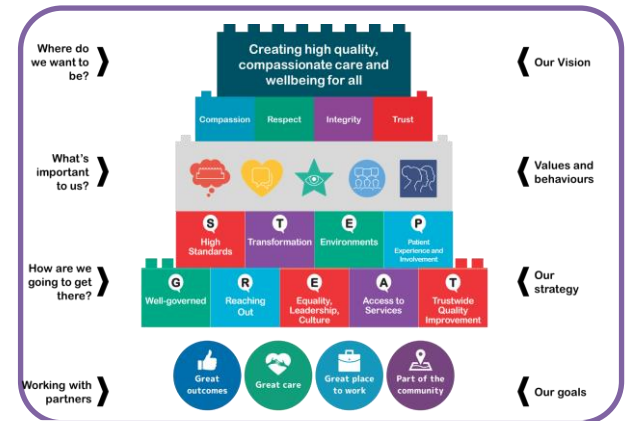
Wards for people with a learning disability or autism remains at requires improvement.

Requires Improvement  
↔  
Oct 2021

We no longer have any services that are rated inadequate overall

We have made many improvements identified in all three services since our last inspection but with more work to do.

**24/7 Central Access Point**  
urgent NHS mental health support for people of all ages living in Leicester, Leicestershire and Rutland  
**0116 295 3060**

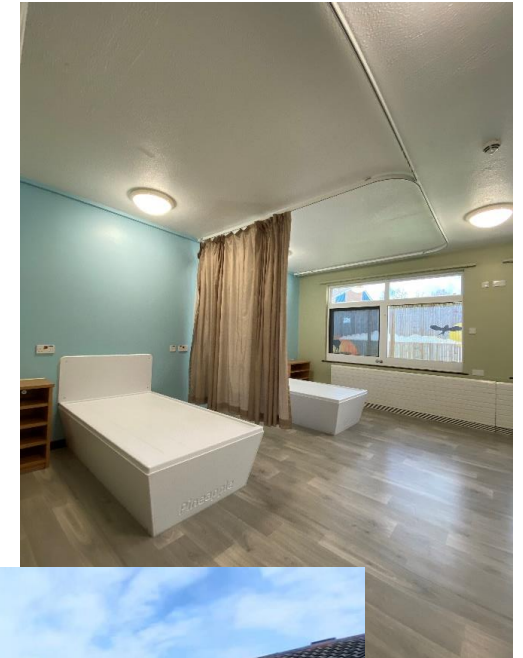


We are committed to continue building on our Step up to Great strategy and keep embedding improvements.

# Improvements required: Mental Health estate and dormitory accommodation

This **remains a significant priority** – and whilst it was affected by the Covid pandemic, we are **continuing to implement our schedule**

We have a **robust capital programme** in place since 2019 to address this.



We are committed to eliminating dormitory and shared sleeping accommodation to give better privacy and dignity to our patients; we recognise **this will affect quality and safety ratings by CQC.**



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We have been **successful in gaining national funding** to eliminate dormitory accommodation

# Key areas identified for improvement

Some issues of timeliness of repairs, storage and cleanliness.

- We are taking steps to improve our facilities management (provided by UHL).
- Since the inspection we have implemented an enhanced action plan to address the concerns raised.

Patient call alarms are needed for all areas to ensure patients can call for help

- We have addressed this since the inspection in line with new national guidance

Ensure all individuals have personalised care plans

- We continue our significant focus on embedding this across all core services

Managers were not consistently sharing learning around incidents across teams

- *'The trust board, heads of departments and senior leaders had access to the information they needed to manage risk, issues and performance across the trust'*
- Continued focus on learning lessons across services and to embed

# Other areas identified for improvement

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Some staff were not up to date on **mandatory training**.

- This was due to the redeployment in the pandemic
- We are supporting staff to attend mandatory training as a priority.

Some staff did not follow our policies on managing patient risk (consistency **searching inpatients** following unescorted leave or having up to date risk assessments in place), nor **fully ensuring privacy and dignity of patients**.

- We immediately put actions in place to address these findings and we have a Quality Improvement programme of work in place to monitor the embeddedness of these actions.

Further environmental risk assessment awareness and training to be undertaken in the **long stay rehab wards**.

- An action plan is in place to monitor this
- The CQC said: '*Staff completed and regularly updated environmental risk assessments of all wards areas and removed or reduced any risks they identified*' and '*staff followed procedures to minimise risks where they could not easily observe patients*'.

Due to a number of therapy vacancies there was not as much **access to psychologist support** where needed.

- We continue recruiting to these key roles



# We have continued making improvements throughout the Covid-19 pandemic



Despite the challenges of the pandemic, staff have demonstrated improvements in line with our improvement journey and **retained our Good rating for Caring.**



All staff shared they **felt proud to work at LPT** and valued by the Trust



We are pleased the **report recognises our improvements**; we know we have more to do and our Step up to Great strategy clearly focuses on this.



We remain **determined to build further** with all of you, alongside our patients, service users and partners, towards an overall rating of Good for our Trust and our population.

# Recognition of our safety culture

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Safety is our number one priority, so we are pleased that the CQC report has recognised “an improved safety culture” at LPT.



*“There was an improved safety culture in the organisation. Safety first was a common theme in trust board meetings and committees. Improvements had been made in screening serious incidents, ensuring lessons were learnt from incidents and action plans included embedded evidence to demonstrate learning. Safety was not compromised by finance.”*

# Significant improvements

Mental health patients have **good access to physical healthcare** and support to live healthier lives

Improved **patient involvement** in planning care and service improvements

Practice **good infection prevention control**

We have **drastically reduced** the number of people requiring care in Mental Health beds in hospitals outside of Leicester ('**Out of area placements**'). Staying closer helps families and service users to stay connected and leave hospital quicker.

Improved **seclusion environments**, where a mental health patient is observed separately in a quiet space

Significantly improved **medicines management**, such as labelling and recording of medications.

**Elimination of mixed sex accommodation**, which ensures men and women aren't sharing facilities and therefore have better privacy and dignity

Staff **manage risks better** and have **reduced ligature risks** (ie. ways you could harm yourself) to keep our inpatients safe, an area previously highlighted for improvement.

**Complaints** are taken seriously, and **lessons shared** with staff to keep improving.

# Well-Led review

***“a culture of inclusive, compassionate and effective leadership with plans to sustain the progress made”***

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We are very pleased that the previous Inadequate rating for ‘**well-led**’ has improved to ‘Requires Improvement’ – with many ‘good’ characteristics

The report describes a ‘**strong executive team**’

Reflects “significant improvements to develop a **strengthened vision and strategy**”

A **positive and collaborative culture** since the last inspection

**Strengthened governance and risk management**

**Strengthened strategy** to Step up to Great whilst responding to a Covid pandemic

We are proud of this progress and **proud of our staff** for embracing step up to great

We will continue to **welcome feedback on improvements** we can make and **focus upon embedding** these within all our core services.



# More positive progress

Our **active role with partner organisations** to improve the health and wellbeing of people in Leicester, Leicestershire and Rutland.

Commitment to improving **equality, diversity and inclusion**

A **positive culture and staff morale**

Improved **engagement with stakeholders**

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# Moving forward

- A **big thank you to all of our staff**, they have been tremendous throughout this Covid pandemic, and despite this challenging time, they have **demonstrated improvements and retained our Good rating for Caring**
- We are focussed on **continuing to make improvements across our organisation**
- **CQC were clear where we must improve.** We have agreed an action plan with the CQC and they will inspect us to ensure we have made the improvements we said we would.
- Thank you to our Group partners **Northamptonshire Healthcare Foundation Trust** – we will continue learning and collaborating, including our mutual transformation priorities
- We remain determined to **build further through our Step up to Great strategy** with all of our staff, patients, service users and partners, towards an overall rating of Good for our Trust and our population.
- We are an **active player in LLR**, and thank all of our partners for their ongoing support

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