

Leicester
City Council

MEETING OF THE HEALTH AND WELLBEING SCRUTINY COMMISSION

DATE: THURSDAY, 30 JUNE 2016

TIME: 5:30 pm

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

Members of the Commission

Councillor Dempster (Chair)

Councillor Fonseca (Vice-Chair)

Councillors Cassidy, Chaplin, Cleaver, Sangster and Unsworth

1 unallocated Non-Group place.

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

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

For Monitoring Officer

Officer contacts:

Graham Carey (Democratic Support Officer):

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Kalvaran Sandhu (Scrutiny Policy Officer):

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

Information for members of the public

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Further information

If you have any queries about any of the above or the business to be discussed, please contact Graham Carey, **Democratic Support on (0116) 454 6356** or email graham.carey@leicester.gov.uk or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

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PUBLIC SESSION

AGENDA

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1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 25 May 2016 have been circulated and the Commission will be asked to confirm them as a correct record.

The minutes can be found on the Council's website at the following link:-

<http://www.cabinet.leicester.gov.uk:8071/ieListDocuments.aspx?CId=737&MId=7366&Ver=4>

4. PETITIONS

The Monitoring Officer to report on the receipt of any petitions submitted in accordance with the Council's procedures.

5. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer to report on the receipt of any questions, representations and statements of case submitted in accordance with the Council's procedures.

6. CQC INSPECTION OF EMERGENCY DEPARTMENT AT THE LEICESTER ROYAL INFIRMARY Appendix A (Page 1)

To receive the Care Quality Commission's (CQC) report, issues in April 2016, of their unannounced inspection of the Emergency Department at the Leicester Royal Infirmary on the evening of 30 November 2016. Following the inspection

an urgent Notice of Decision was issued to the Trust on 4 December 2015.

A copy of the University Hospitals of Leicester NHS Trust's presentation to their response to Notice of Decision is attached at **Appendix A1 (Page 15)**. Mark Wightman, Director of Marketing and Communications, University of Hospitals Leicester NHS Trust will be present at the meeting.

7. SUSTAINABILITY AND TRANSFORMATION PLAN **Appendix B
(Page 21)**

To receive a presentation from the Leicester City Clinical Commissioning Group (LCCCG) providing an overview of the Sustainability and Transformation Plan and the next steps and expected milestones. Sarah Prema, Director Strategy and Implementation, (LCCCG) will be present at the meeting.

8. MEDICINES AND SELF CARE **Appendix C
(Page 29)**

To receive a report from the Leicester City Clinical Commissioning Group (LCCCG) informing members of the proposals regarding the promotion and education of self-care for Leicester city patients to maximise the benefits of existing resources. The report includes low priority prescribing in particular: gluten free foods and paracetamol and other items for self-limiting illness.

Richard Morris, Director of Corporate Affairs, LCCG will be present at the meeting.

9. ANCHOR RECOVERY HUB

The Director of Public Health to provide a verbal update on the Anchor Recovery Hub.

10. LEICESTERSHIRE PARTNERSHIP NHS TRUST - SCRUTINY REVIEW **Appendix D
(Page 33)**

To receive the draft report of the Commission' review of the Leicestershire Partnership NHS Trust – Quality monitoring following the Care Quality Commission Inspection. The Commission is asked to comment upon the draft report and endorse it to be submitted to the relevant bodies involved. Councillor Sangster will present the report as the Chair of the Scrutiny Review Group.

11. CAMHS REVIEW - DRAFT SCOPING DOCUMENT **Appendix E
(Page 49)**

To receive the draft scoping report for a proposed scrutiny review on the 'Child and Adolescent Mental Health

Members are requested to make comments on the draft and approve the terms for the review.

12. WORK PROGRAMME

**Appendix F
(Page 55)**

The Scrutiny Policy Officer submits a document that outlines the Health and Wellbeing Scrutiny Commission's Work Programme for 2016/17. The Commission is asked to consider the Programme and make comments and/or amendments as it considers necessary.

13. ANY OTHER URGENT BUSINESS

University Hospitals of Leicester NHS Trust

Leicester Royal Infirmary

Quality Report

Infirmery Square, Leicester
Leicestershire, LE1 5WW
Tel: 03000 303 1573
Website: www.leicestershospitals.nhs.uk

Date of inspection visit: 30 November 2015
Date of publication: 07/04/2016

This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Summary of findings

Letter from the Chief Inspector of Hospitals

We inspected Leicester Royal Infirmary on the evening of 30 November 2015 as part of a focused inspection. This was an unannounced inspection where we looked at the provision of services in the Emergency Department (ED). We undertook this focused inspection because we were concerned about potential risks to patient safety in the ED.

We inspected the majors area, resuscitation and assessment areas of the ED. We did not inspect paediatric ED, the minors area or the Urgent Care Centre as part of the unannounced inspection. Our inspection focused on the key question of safe for Urgent & Emergency Services delivered at the ED.

We did not inspect any other services provided at Leicester Royal Infirmary, which is part of the University Hospitals of Leicester NHS Trust (the trust).

We inspected but have not rated the key question of safe for Urgent & Emergency Services delivered at the ED, Leicester Royal Infirmary. However, we found the delivery of services in the areas we inspected was inadequate.

Our key findings were as follows:

- The skill mix of nursing staff in ED was not always appropriate to meet the health, welfare and safety of patients attending ED.
- When the assessment bay was full to capacity, some patients remained on ambulances and the responsibility for on-going clinical care remained with the ambulance crew until such time that handover could be completed. We were therefore concerned that patients were not being handed over in a timely manner.
- The trust did not have an effective system in place to ensure patients received appropriate initial clinical assessment by appropriately qualified clinical staff within 15 minutes of presentation to the ED in line with best practice.
- The trust failed to ensure that all patients received adequate care and treatment in accordance with the trust's sepsis clinical pathway. A sepsis clinical pathway was in place but we found this was not always completed for patients, despite there being evidence of escalating Early Warning Scores. In addition, staff were not always appropriately escalating elevated Early Warning Scores in a timely manner.
- Documentation of records was variable for patients in different areas of ED.
- We observed some good practice such as staff following hand hygiene, 'bare below the elbow' guidance and wearing personal protective equipment such as gloves and aprons, whilst delivering care. However we also saw one incident where a patient's personal care was not delivered in line with infection control best practice.

We found there were areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- The trust must operate an effective system which will ensure that all patients attending the Leicester Royal Infirmary Emergency Department (ED) have an initial clinical assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the ED in such a manner that is in line with the Guidance issued by the College of Emergency Medicine and others in their "Triage Position Statement" ("the CEM standard") dated April 2011, or such other recognised professional processes or mechanisms as the Registered Provider commits itself to.
- The trust must ensure that at all times, there are sufficient numbers of suitably qualified, skilled and experienced staff with sufficient skills in the Leicester Royal Infirmary ED to ensure people who use the service are safe and their health and welfare needs are met.
- The registered provider must ensure that there is an effective system in place to deliver sepsis management, in line with the relevant national clinical guidelines. So as to identify patients with sepsis, stratify sepsis risk, determine appropriate levels of care and treatment and continue to provide appropriate care and treatment for patients with sepsis attending Leicester Royal Infirmary ED.

Summary of findings

Following our unannounced inspection and because of our concerns about potential risks to patient safety in the ED, we issued an urgent Notice of Decision to the trust on 4 December 2015. The Notice of Decision imposed conditions on the trust's registration as a service provider under S31 of the Health and Social Care Act 2008. The trust did not challenge or appeal the findings from our inspection. The trust has fully co-operated with CQC and continues to report to CQC in line with the requirements of the Notice of Decision.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Urgent and emergency services

Rating Why have we given this rating?

We inspected but have not rated the key question of safe for Urgent & Emergency Services delivered at the ED, Leicester Royal Infirmary. However, we found the delivery of services in the areas we inspected was inadequate because;

- The trust did not have an effective system in place to ensure patients received appropriate initial clinical assessment by appropriately qualified clinical staff within 15 minutes of presentation to the ED in line with best practice,
- The trust failed to operate an effective system to ensure that the nursing skill mix within ED was appropriate,
- The trust failed to ensure that all patients received adequate care and treatment in accordance with the trust's sepsis clinical pathway. A sepsis clinical pathway was in place but we found this was not always completed for patients, despite there being evidence of escalating Early Warning Scores. In addition, staff were not always appropriately escalating elevated Early Warning Scores in a timely manner.

Leicester Royal Infirmary

Detailed findings

Services we looked at

Urgent and emergency services

Detailed findings

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Background to Leicester Royal Infirmary

University Hospitals of Leicester NHS Trust is a teaching trust that was formed in April 2000 through the merger of Leicester General Hospital, Glenfield Hospital and Leicester Royal Infirmary. The trust is not a foundation trust and this inspection was not part of a foundation trust application. Leicester Royal Infirmary provides acute services for the people of Leicester, Leicestershire, Rutland and the surrounding areas.

The trust was last inspected in January 2014, when the overall rating was requires improvement. Leicester Royal Infirmary was also found to require improvement after it

was inspected in January 2014. The accident and emergency services at Leicester Royal Infirmary required improvement, along with the key question of safe for these services.

We inspected Leicester Royal Infirmary on the evening of 30 November 2015 as part of a focused inspection. This was an unannounced inspection where we looked at the provision of services in the Emergency Department (ED). We undertook this focused inspection because we were concerned about potential risks to patient safety in the ED.

We did not inspect any other services provided at this hospital.

Our inspection team

Our inspection team was led by:

Inspection Manager: Yin Naing

The team included two CQC inspection managers and two CQC inspectors.

How we carried out this inspection

We undertook an urgent unannounced, focused inspection of the Emergency Department (ED) at Leicester Royal Infirmary on 30 November 2015 following concerns about potential risks to patient safety in the ED. These included concerns related to delays in ambulance hand over times, and the capacity and flow of patients through the ED.

We inspected the majors area, resuscitation and assessment areas of the ED. We did not inspect the paediatric ED, the minors area or the Urgent Care Centre as part of the unannounced inspection. Our inspection focused on the key question of safe for Urgent & Emergency Services delivered at the ED.

Detailed findings

During our inspection we spoke with seven members of staff including ED nurses, doctors and senior managers. We spoke with four patients and four relatives.

As part of our inspection we used the Short Observational Framework for Inspection (SOFI) which is a specific way of observing care to help us understand the experience of

people who could not speak with us. We observed interactions between patients and staff, considered the environment and looked at ten sets of patient care records. We also reviewed the trust's ED performance data.

Facts and data about Leicester Royal Infirmary

The Leicester Royal Infirmary has 949 beds and provides Leicestershire's only Emergency Department (ED) service. The ED provides a 24 hour, seven-day a week service.

The ED at the Leicester Royal Infirmary was originally built for 100,000 attendances. Between November 2013 and

October 2014, 211,505 patients had attended the ED. The number of patients seen in ED the following year, between November 2014 and October 2015, was 217,832 patients. This was an increase of 6,327 patients.

Urgent and emergency services

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

Information about the service

The Emergency Department (ED) at the Leicester Royal Infirmary consists of minor injuries, major injuries (Majors), resuscitation, an assessment area and a paediatric ED. An emergency decision unit, acute frail elderly unit and medical assessment unit were also part of the emergency care directorate.

In November 2015, the trust took responsibility for the Urgent Care Centre (UCC) which had previously been run by another provider. The UCC provides a triage and urgent care service for walk in patients. The UCC service assesses patients to determine the most appropriate service to meet the patients' needs. Patients can be referred to their own GP, treated at the UCC or sent to ED.

We inspected Leicester Royal Infirmary on the evening of 30 November 2015 as part of a focused inspection. We inspected the majors area, resuscitation and assessment areas of the ED. We did not inspect the paediatric ED, the minors area or the Urgent Care Centre.

This was an unannounced inspection where we looked at the provision of services in the Emergency Department (ED). We undertook this focused inspection because we were concerned about potential risks to patient safety in ED.

We did not inspect any other services provided at this hospital.

Summary of findings

We found the delivery of services in the areas we inspected was inadequate. Safety in the Emergency Department (ED) at Leicester Royal Infirmary was compromised because there were delays in handover times from ambulance crews to the ED team. Patients were not always triaged within the national triage target and the trust's operational policy, which was for all patients to receive an initial clinical assessment of their condition within 15 minutes of arrival at the ED.

Staff were not always appropriately reporting deteriorating Early Warning Scores (EWS) in a timely manner. [EWS is a scoring system based on a patient's vital signs such as temperature, heart rate, respiratory rate and blood pressure which objectively determines how poorly a patient is and indicates actions that should be taken. A score of zero indicates observations are within normal range]. We reviewed the records for seven patients in the resuscitation area of the ED and found that four of these patients had triggered for two of the systemic inflammatory response syndrome (SIRS) criteria but these patients had not been reported to a senior clinician or commenced on the trust's sepsis clinical care pathway.

In addition, appropriate steps had not been taken by the trust to ensure there were appropriate numbers of suitably qualified, skilled and experienced staff on duty at all times in ED. The trust had not followed its policies for the induction and training of nursing staff employed to work in the ED via nursing agencies.

Urgent and emergency services

Nursing staff did not always follow appropriate procedures when administering medication to patients and patients were at increased risk of experiencing a medication error.

Are urgent and emergency services safe?

We inspected safety in the Emergency Department (ED) at Leicester Royal Infirmary and found the delivery of services in the areas we inspected was inadequate because;

- The trust did not have an effective system in place to ensure patients received appropriate initial clinical assessment by appropriately qualified clinical staff within 15 minutes of presentation to the ED in line with best practice,
- The trust failed to operate an effective system to ensure that the nursing skill mix within ED was appropriate,
- The trust failed to ensure that all patients received adequate care and treatment in accordance with the trust's sepsis clinical pathway. A sepsis clinical pathway was in place but we found this was not always completed for patients, despite there being evidence of escalating Early Warning Scores. In addition, staff were not always appropriately escalating elevated Early Warning Scores in a timely manner.

Incidents

- Staff we spoke with knew how to report incidents but did not specifically report delayed handover times and delays in the flow through the emergency department (ED) as incidents.
- Following our inspection we asked the trust to provide us with any information relating to serious incidents within the ED from 1 February 2014 to 30 November 2015. The trust reported there had been eight serious incidents requiring investigation in this period of time. These serious incidents had been increasing over time with three taking place between May 2014 and January 2015 and five taking place between April 2015 and July 2015. However, no serious incidents had been reported between August 2015 and November 2015.
- Two of the serious incidents related to delays in patient care due to the department being over capacity. One incident identified there had been no senior review of a patient in the assessment bay. A fourth incident related to the leakage of sewerage through the ceiling of the resus department leading to the evacuation of six patients from resus to the majors area of the ED.
- Of the eight serious incidents, four related to sepsis management. Two incidents related to a failure of staff to recognise sepsis or the severity of sepsis. Another

Urgent and emergency services

incident related to a failure to escalate deteriorating vital signs in line with Early Warning Score (EWS) criteria. One incident related to a misdiagnosis of sepsis by a junior doctor when the patient had a blood clot in their leg which travelled to their lung.

- We saw a full investigation had been undertaken for each of these incidents including a root cause analysis (RCA). In addition, an action plan was drawn up with actions assigned to responsible clinicians. We did not however, see any evidence of on-going monitoring of the action plans or any indications of the actions being signed off at the appropriate date.
- Serious incidents were discussed at the trust's Executive Quality Board (EQB) Meetings. Following our request for further information the trust shared with us an extract from the November 2015 (EQB) meeting where two serious incidents relating to the ED had been discussed with actions being documented.
- At the time of our unannounced inspection, the ED at the Leicester Royal infirmary was on an internal major incident due to capacity and flow issues in ED. Senior staff told us this was happening on at least a weekly basis.
- When we arrived at the ED we saw a red light was visible outside the ambulance arrivals area. The red light was an indication that the assessment bay was at full capacity. This meant the assessment bay did not have the ability to receive further patients. Under these circumstances patients remained on the ambulance where an ambulance crew member maintained responsibility for the patient. As space became available in the assessment bay, patients were brought in from the waiting ambulance in order of clinical priority.

Cleanliness, infection control and hygiene

- We observed some good practice such as staff following hand hygiene, 'bare below the elbow' guidance and wearing personal protective equipment such as gloves and aprons, whilst delivering care.
- Sanitising hand gel was available for staff to use as required.
- During our unannounced inspection we saw an incident where a patient was receiving support with personal care. This was taking place behind closed curtains to respect the privacy and dignity of the patient. However, we saw the patient's continence pad and a sheet had been placed on the floor at the foot of the trolley. A

nurse came from behind the curtains to put the pad in a bin. When the curtains were pulled back the sheet that had been placed on the floor had been used to re-cover the patient.

Environment and equipment

- We looked at emergency resuscitation trolleys within the majors department and found the trolleys had been checked daily with the exception of three dates between September 2015 and November 2015.
- Staff were able to access equipment as required.
- We observed the environment within the ED at the Leicester Royal Infirmary was chaotic and overcrowded during our unannounced inspection. Medical and nursing staff expressed that lack of space, high in-flow and low out-flow of patients made flow through the department very difficult. There was insufficient space and bays in which patients could be assessed. There were five red bays in the middle of majors on which patients requiring a trolley waited until a bay became available.

Medicines

- Nursing staff did not always follow appropriate procedures when administering medication to patients. During our unannounced inspection we observed an agency nurse in the resuscitation area administer a sliding scale insulin infusion to a patient without having the infusion checked by a second nurse and without checking the patient's identification. The patient did not have a wrist band on. This meant patients were at increased risk of experiencing a medication error. The nurse in charge of the resuscitation department told us this was because the department was busy.

Records

- The department used paper patient records. We reviewed ten sets of patient records; seven within the resuscitation department and three in the majors department of the ED. We found variations in the completeness of records.
- We found that all patient records had been signed and dated and the name of the doctor or the nurse reviewing the patient was clear on all sets of records in the resuscitation area. However, the name and grade of the doctor or nurse was not clear on the three sets of records we reviewed in majors. Patient allergies were documented on all of the records we reviewed.

Urgent and emergency services

- Appropriate analgesia had not always been prescribed or administered in a timely manner. Out of the ten sets of records analgesia was not required for five patients. Of the other five patients, only one patient had appropriate analgesia prescribed and administered in a timely manner.
- Of the ten patient records we reviewed, 50% of patients had no documentation relating to assessment of their pressure areas and 50% demonstrated evidence of hourly comfort rounds being undertaken. None of the patients we reviewed had a waterlow score completed. Waterlow scales are used to assess a person's estimated risk of developing pressure ulcers. 20% of patients had not had their observations recorded within appropriate timescales.

Assessing and responding to patient risk

- The trust did not have an effective system in place to ensure patients received an appropriate initial clinical assessment by appropriately qualified clinical staff within 15 minutes of presentation to the ED. We reviewed the records for three patients in the majors department and found the time from arrival to initial clinical assessment by a qualified health care professional varied between 75 minutes and 212 minutes. We also reviewed the records for seven patients in the resuscitation area and found that two of these patients had not been assessed by a qualified health care professional within 15 minutes of presentation to the ED. A third patient in the resuscitation area did not have a time of arrival recorded, so there was no way of knowing the length of time this patient had waited to be assessed.
- When we arrived in the ED, the head of service told us there were 89 patients in the ED with 17 patients waiting for a clinical assessment. Information provided from the trust indicated that between 7pm and 8pm there were 93 patients in the department and 47% of these patients were still waiting to be assessed with a maximum wait time of 290 minutes. Two patients were not able to access the ED and were being held on ambulances until there was space for them within the ED. The head of service told us this had been a knock on effect because there had been a high number of attendances at the department earlier in the day.
- During our unannounced inspection we looked at ten sets of patient records. We found that patients were exposed to the risk of avoidable harm because staff

were failing to ensure that all patients received adequate care and treatment in accordance with the trust's sepsis clinical pathway. A sepsis clinical pathway was in place but we found this was not always completed for patients, despite there being evidence of deteriorating Early Warning Scores (EWS). In addition, staff were not always appropriately escalating deteriorating EWS in a timely manner.

- We reviewed the records for seven patients in the resuscitation area of the ED. We found that four of these patients had triggered for two of the systemic inflammatory response syndrome (SIRS) criteria but these patients had not been escalated or commenced on the trust's sepsis clinical care pathway. One of these patients triggered on two of the SIRS criteria on two occasions, however, the EWS for this patient had not been documented and the patient had not been screened for sepsis. A second patient triggered on two of the SIRS criteria, however, when a second set of observations had been undertaken for this second patient no temperature had been recorded. The patient had blood cultures taken, a urine dip and a chest X-ray were also undertaken but this second patient was not screened for sepsis. This meant staff within the ED were putting patients at risk as they were not following the trust's sepsis clinical care pathway. We brought this to the immediate attention of senior staff within the department.
- We saw another patient within the majors area of the ED who was suspected as having had a stroke. The patient told an inspector they were thirsty and that they wanted a drink. The patient's lips and mouth were dry and the patient looked uncomfortable. We raised this immediately with the nurse who was supporting the patient. On looking at the patient's assessment records, the patient had been assessed by the stroke team but there was no documentation relating to whether the patient was able to eat or drink. In addition, the patient had not been prescribed intravenous fluids. This patient was at increased risk of dehydration because their ability to take fluids had not been assessed.
- We reviewed the records of ten patients in the ED. None of the patients whose records we reviewed were assessed for their risk of developing pressure ulcers.

Nursing staffing

- The trust was failing to operate effective systems to ensure appropriate nursing skill mix within the

Urgent and emergency services

emergency department. During our unannounced inspection we noted the most senior nurse in charge within the resuscitation area of the department was a Band 5 nurse. We received information from the trust after our inspection which confirmed this.

- We also noted one agency nurse, who had not worked in ED before, had not received an induction to the department on the day of our inspection.
- During our unannounced inspection we observed a nursing handover from the day staff to the incoming night staff. A shift allocation list was circulated and staff ticked their name on the list to indicate their presence. Nursing staff were asked what their skills sets were in order that they could be allocated to an area to work. The nurse in charge was heard to ask agency staff whether they could suture and asked “who fancies working in resus?” The nurse in charge told us “it is common not to have the correct skill mix.”

Medical staffing

- At our unannounced visit we spoke with the head of service, who was an ED consultant. They told us they had been in the department from 10am until 4.30pm and had come back in from 7pm until 11.30pm. The head of service told us this was a regular occurrence which ensured they had oversight of the service within ED.
- The head of service and medical staff we spoke with during the unannounced inspection told us medical

staffing in ED was reviewed daily and for each shift. We were told if there were vacancies in medical staffing in ED, attempts were made by the department to fill gaps with additional medical staff from the ED or locum doctors. ED senior management staff confirmed locum doctors who worked in ED were long-term locum doctors who had experience of working in the department. We received information from the trust after our inspection which confirmed this.

Are urgent and emergency services effective?

(for example, treatment is effective)

Are urgent and emergency services caring?

Are urgent and emergency services responsive to people's needs?

(for example, to feedback?)

Are urgent and emergency services well-led?

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

- The trust must operate an effective system which will ensure that all patients attending the Leicester Royal infirmary Emergency Department (ED) have an initial clinical assessment of their condition carried out by appropriately qualified clinical staff within 15 minutes of the arrival of the patient at the ED in such a manner that is in line with the Guidance issued by the College of Emergency Medicine and others in their “Triage Position Statement” (“the CEM standard”) dated April 2011, or such other recognised professional processes or mechanisms as the Registered Provider commits itself to.
- The trust must ensure that at all times, there are sufficient numbers of suitably qualified, skilled and experienced staff with sufficient skills in the Leicester Royal Infirmary ED to ensure people who use the service are safe and their health and welfare needs are met.
- The registered provider must ensure that there is an effective system in place to deliver sepsis management, in line with the relevant national clinical guidelines. So as to identify patients with sepsis, stratify sepsis risk, determine appropriate levels of care and treatment and continue to provide appropriate care and treatment for patients with sepsis attending Leicester Royal Infirmary ED.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Section 31 HSCA Urgent procedure for suspension, variation etc.</p> <p>Section 31 (2) (a)</p> <p>The trust has failed to demonstrate that it is implementing an effective system in place so as to ensure;</p> <ul style="list-style-type: none">· an appropriate skill mix to provide a safe standard of care to patients who require care and treatment within the ED at the Leicester Royal Infirmary,· patients receive an appropriate clinical assessment by appropriately qualified clinical staff within 15 minutes of presentation to the ED at the Leicester Royal Infirmary in line with best practice,· patients did not always receive care and treatment in accordance with the trust's sepsis clinical pathway. <p>The Care Quality Commission has urgently imposed conditions on the trust's registration, in respect of the Emergency Department at the location Leicester Royal Infirmary, in order to protect patients who will or may be exposed to the risk of harm.</p>

Care Quality Commission Emergency Department Unannounced Visit

Overview and Scrutiny Committee Update

15

One team shared values

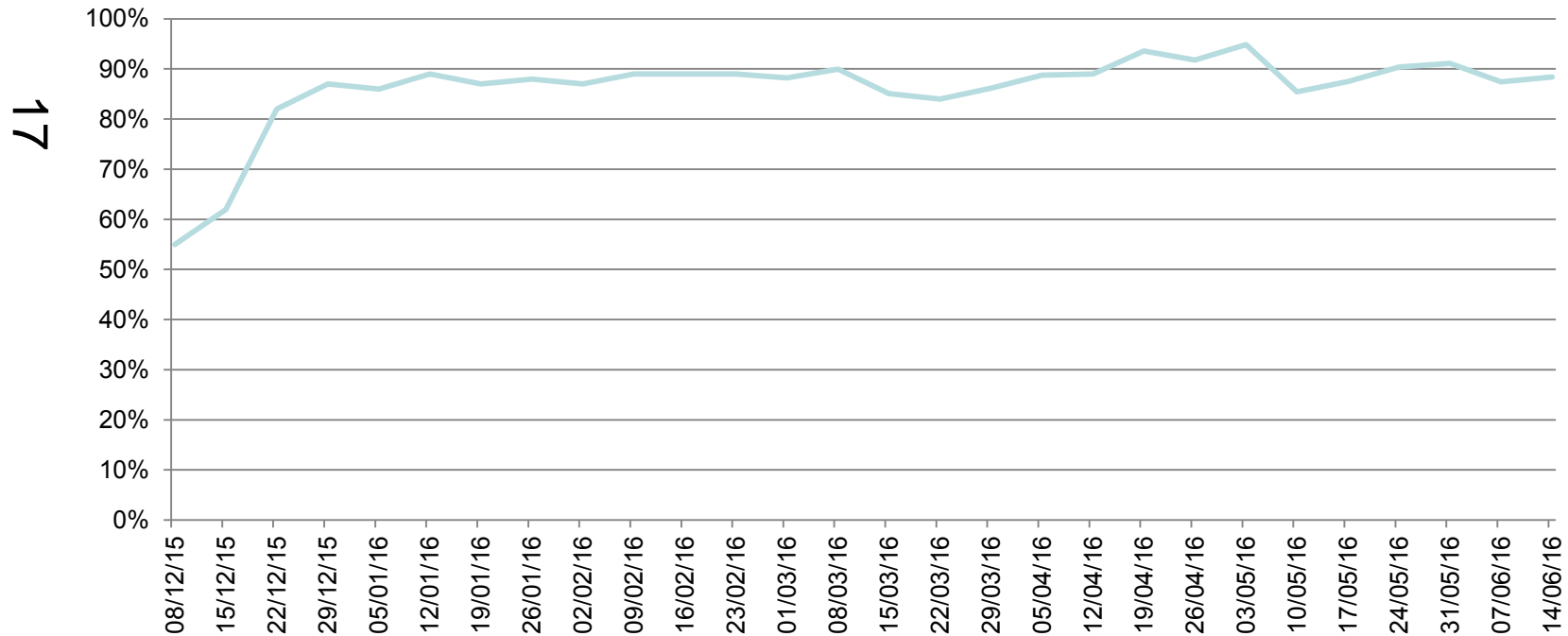
Appendix A1

Introduction

- 16
- On Monday 30 November 2015 the CQC undertook an unannounced inspection of the Emergency Department at the Leicester Royal Infirmary. On Friday 04 December 2015 the Trust was issued with a notice of decision to impose conditions on University Hospitals of Leicester NHS Trusts registration as a service provider; in respect of the regulated activities set out below, under Section 31 of the Health and Social Care Act 2008
 - The conditions cover the following three areas:
 - Patient assessment
 - Emergency Department staffing
 - Sepsis management
 - Details of the improvements made against the three areas are provided on the following pages

Patient assessment

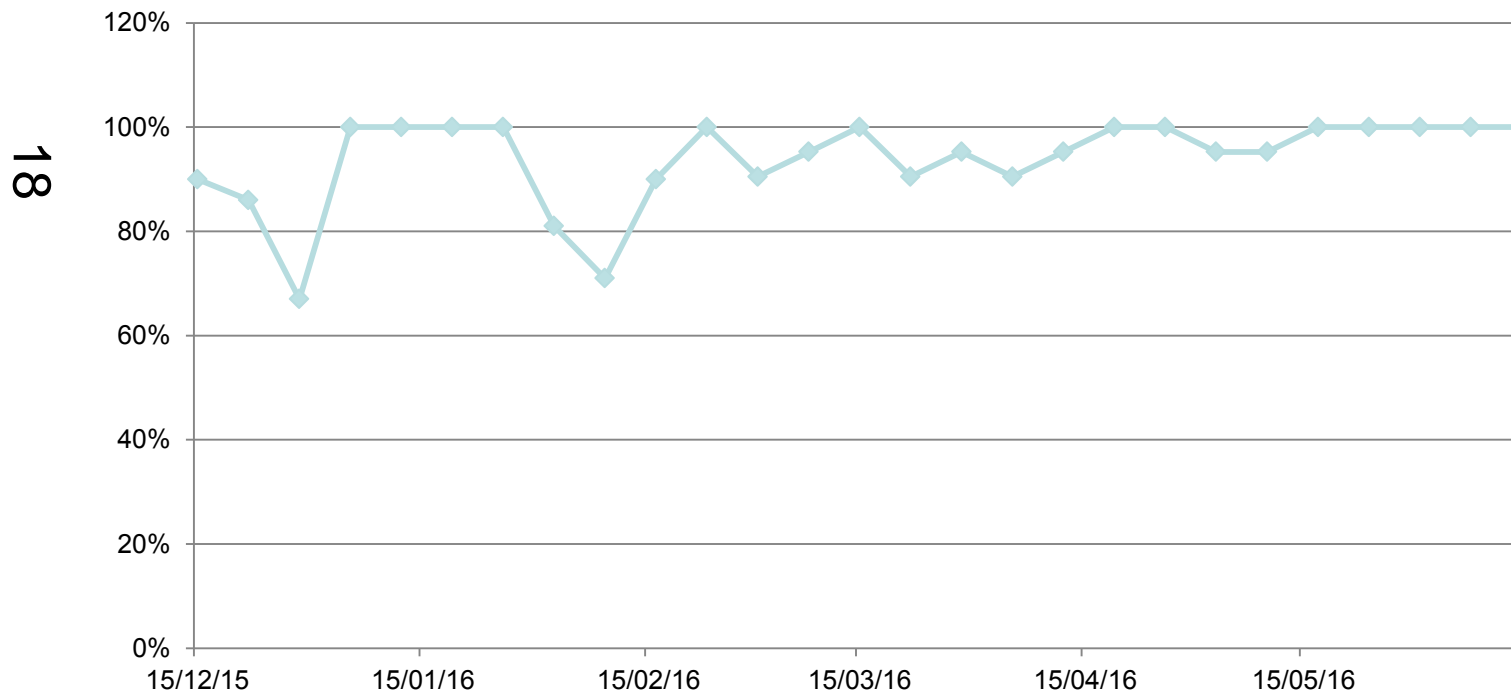
- The hospital need to ensure that 90% of patients have an assessment within 15 minutes of arriving in the Emergency Department.
- The following graph shows the improvement that has been made against this target



One team shared values

Staffing

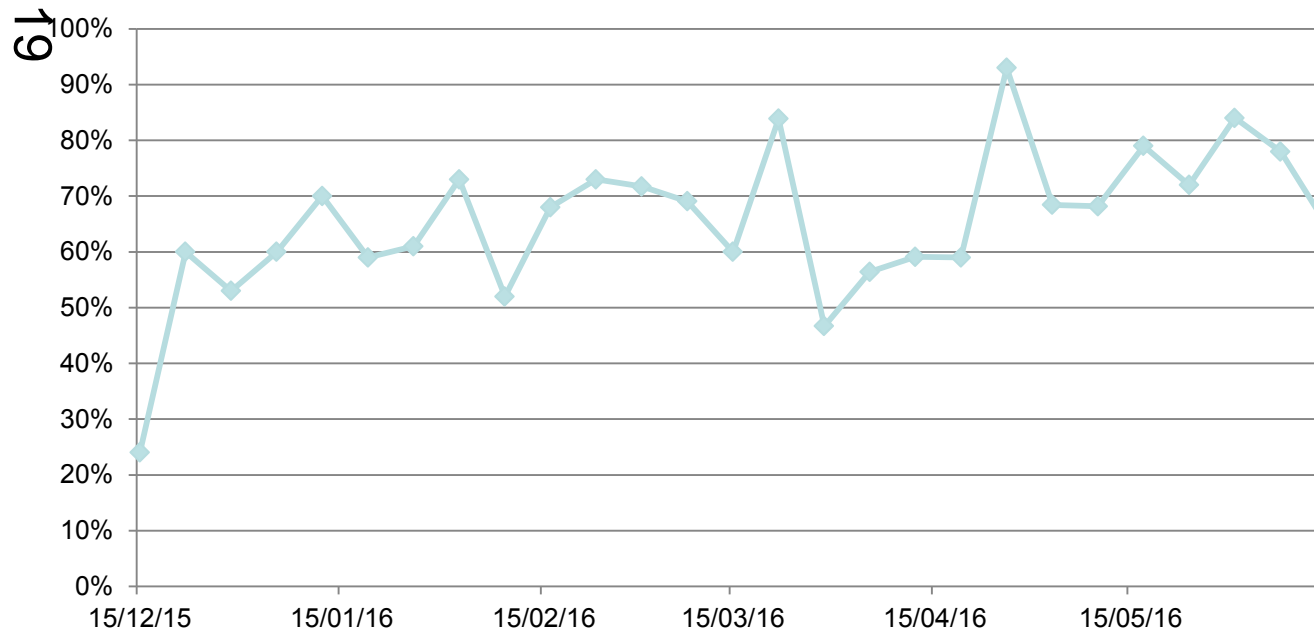
- The hospital need to ensure that they have the right number of staff in the Emergency Department to safely care for patients
- The following graph shows the % of times the department has achieved the agreed standard



One team shared values

Sepsis management

- Sepsis is a life threatening illness that can occur when the whole body reacts to an infection
- The hospital are trying to ensure that 90% of patients who present with sepsis receive medication within 1 hour of arriving in the Emergency Department
- The following graph shows the % of times the department has achieved this standard
- We are trying to ensure that all Sepsis patients go straight to our Resus department, this is where we know the standards can be achieved consistently. This is our main area of focus and we are working on a number of actions to support this.



We look at patients that waited more than 1 hour and ensure there was no harm due to the delay

Key messages

- We are proud of the improvements we have made against the three target areas
- We continue to work with our staff to identify areas for further improvement
- We are ensuring that our learning and experience in the Emergency Department is shared with the rest of the hospital

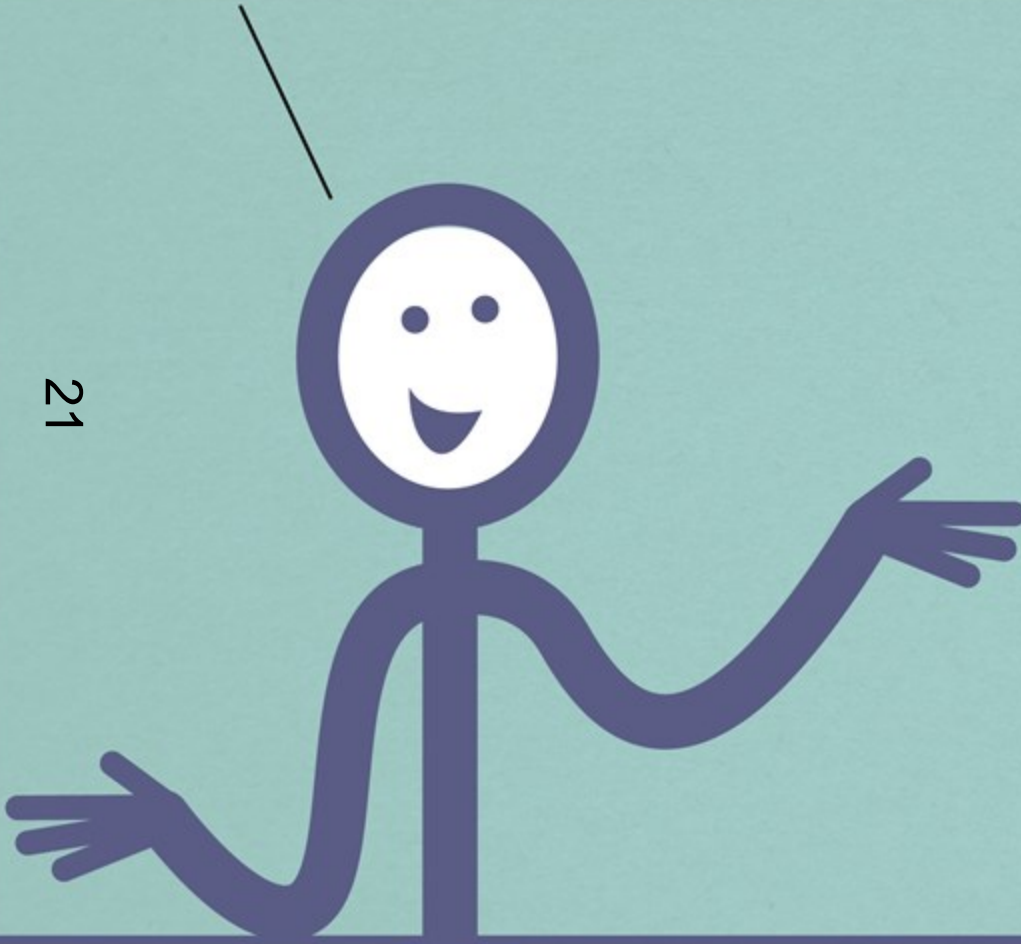
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*'It's about our life, our health,
our care, our family and
our community'*



Better care together
Leicester, Leicestershire & Rutland health and social care

21



STP Footprint:
**Leicester, Leicestershire
& Rutland (No.15) June 2016**
Update

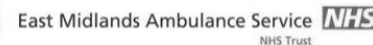
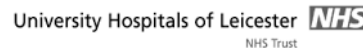
Region: Midlands & East

Nominated Footprint Lead:
Toby Sanders, Chief Officer, NHS West
Leicestershire CCG

Presenter:
Sarah Prema, Director Strategy and
Implementation, Leicester City CCG

Appendix B

Organisations within footprint:



National context

44 STP footprints have been agreed

- Each will be convened by a local leader, backed by national bodies
- Footprints are not statutory boundaries – they are vehicles for collaboration
- Planning will still need take place at different levels - subsidiarity is a key principle

A good STP focuses on the big questions and early action

- Get going on some early actions rather than waiting for the plan to be complete
- As ‘umbrella’ plans, STPs can be a way of making sense of competing priorities
- Think about populations, not institutions or organisational form
- Spend time on identifying the practical opportunities and solutions, not endlessly debating the scale of the challenge

It won't be easy

- There will be technical challenges, e.g.
 - Cross-footprint flows and boundaries
 - Incentives that pull in different directions
- Non-technical challenges, e.g.
 - Building meaningful relationships
 - Freeing people to focus on the long-term
 - Moving quickly, whilst ensuring buy-in

This is an opportunity to build or strengthen relationships

- Across health, social care and local government – but also with patients, communities, staff and the voluntary sector
- STPs aren't all about writing the plan: building energy, relationships and collaborative leadership is even more important
- Trust and ownership is crucial for implementation

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Key local STP messages

This is about:

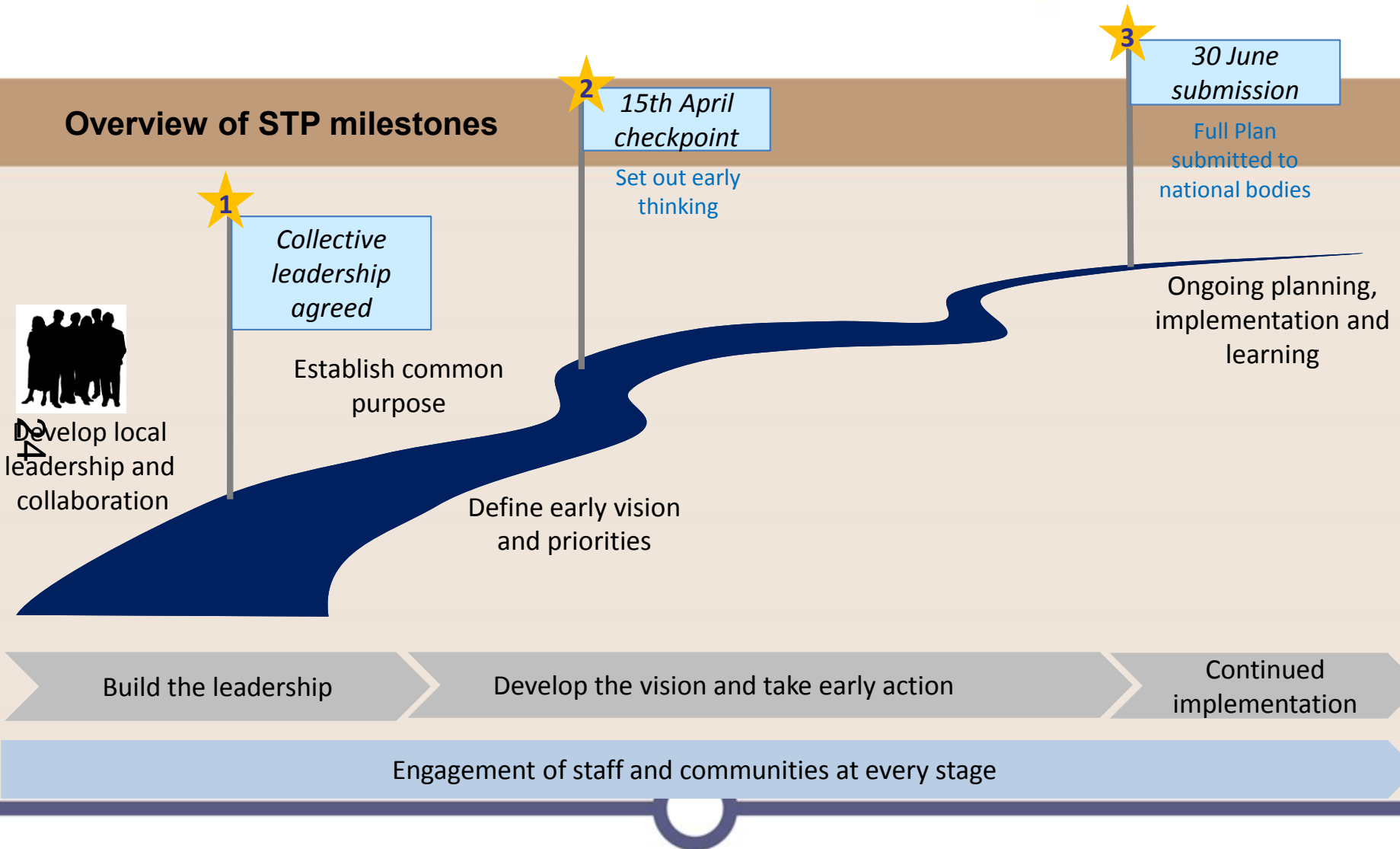
- The Triple Aim - Improving health and wellbeing, improving care and quality and improving productivity and closing the financial gap
- Building on LLR good starting position with BCT (plans, relationships and governance)
- Using STP process as vehicle for 'where next' (BCT 'Phase 2')
- Having an honest local conversation about those system issues where we either don't have a clear plan/proposition or where our current plans are not sufficient
- Looking at total health & care resource (CCG, specialised, LA)
- Identifying what is needed to give best prospect of making place based control total work by 2020.

It is not:

- A re-write of the last 2 years of BCT
- A checklist exercise
- Long on analysis and plan 'weight'
- A plan for every service/condition
- One size fits all solutions across LLR
- A supra-Health & Wellbeing Strategy for whole of LLR
- A collation of lowest common denominator solutions
- An attempt to 'answer' everything by end of June!



Overview of STP milestones





- During early April 2016 engagement took place with all partners to identify the key challenges that the STP should address – this resulted in 11 emerging priorities;
- Initial STP submission was made to NHS England on 15th April 2016 followed by a national meeting in May 2016;
- Feedback from NHS England was positive – expectation that the STP would simultaneously address the in-year challenge of delivering the 2016/17 position as well as putting in train the actions that will be needed to ensure a high quality financially sound health system by 2020/21. It needs to set out a tangible and detailed model of care, and set out an affordable capital strategy;
- BCT workstreams have refreshed their plans to identify what more can be done particularly in the later years of the plan – this has identified further savings;
- The bed reconfiguration work detailed in the Pre Consultation Business Case has been refreshed by UHL and LPT;
- The financial model has been rerun – this identifies a gap of £467m by 2020/21 if no action was taken – when the BCT workstream savings; provider CIPs and CCG QIPP are modelled in this leaves a gap of £158m - further opportunities identified, that need more scoping work, then bring the gap down to £18m – further work being done to close this gap.

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What

- **Improving health outcomes and independence** – Long Term Conditions, Frail Older People, End of Life Care, Mental Health, Learning Disability and Prevention
- **Delivering care in the right place** - reconfiguration of acute and community hospital services, planned care, urgent and emergency care, maternity services
- **Making best use of resources** – reducing waits and delays, limited clinical value, reducing variation, prescribing, organisational functional integration (including CCGs and “LLR plc” back office), estate utilisation and consolidation, IT, Carter review

How

- **Integrated placed based teams** - integration of primary, community, acute and social care teams based around place
- **Ensuring resilience in primary care** – workforce, business model, service offer, premises and IT
- **System leadership** - creating the system conditions for quality improvement – LLR improvement methodology, culture and leadership (especially clinical leadership)



- During June 2016 further engagement with partners on the emerging scope of the STP will take place;
- The LLR Capacity Plan is being refreshed;
- Task and Finish Group to develop the STP for submission on 30th June 2016 – expectation that the plan will be no more than 30 pages;
- NHS England have confirmed that the June 2016 submission is an initial submission – however as LLR is seen as an area with mature plans there is an expectation that the submission will be a fuller more comprehensive submission which reflect progress to date;
- There is no expectation that formal sign off by Boards will be required for this submission;
- The Better Care Together Pre-Consultation Business Case will be refreshed to identify any changes to the consultation proposals that need to be made;
- It is anticipated that a final version of the STP will be required towards the end of the year but as a mature system we would be expected to drive forward.

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HEALTH AND WELLBEING AND SCRUTINY COMMISSION

30th JUNE 2016

REPORT OF LEICESTER CITY CCG

MEDICINES AND SELF CARE

Purpose of report

1. The purpose of this report is to inform members of the Commission of the proposals regarding the promotion and education of self-care for Leicester city patients to maximise the benefits of existing resources. (prescribing budgets, freeing up GP appointments). The reports include low priority prescribing in particular: gluten free foods and paracetamol and other items for self-limiting illness.

Background

2. As the demand for NHS services and treatments increase, the gap between resources and funding over the next 5 years amounts to £30 billion nationally.
3. In order to achieve a sustainable model for the future, it is essential to prioritise our allocated budget for Prescribing to release significant savings for the NHS to re-invest in local healthcare systems. Also it is essential that patients are treated in the most appropriate setting of care ranging from self-care to emergency care. This means doing things where they should happen rather than where they could happen.
4. Equally, CCGs have a responsibility to provide a reasonable level of care for all patients but at the same time must work within the financial resources allocated to them. To address this, the LLR Medicines Optimisation Committee (LLRMOC) is proposing that certain treatments should not be routinely available on prescription, with two areas of focus in the initial stage: Paracetamol for self-limiting illness and gluten free food.

5. Paracetamol for self-limiting illness

- a. Consultations for minor ailments take up hours of a GP time each day with viral and hay fever being the most common ailments seen by GPs.
- b. Both of these conditions could be treated with over the counter medicines from a community pharmacy with advice from a pharmacist.
- c. Paracetamol is four times more expensive on prescription and costs on average 1-2p per tablet.
- d. There are many ailments where patients could be encouraged to care for themselves without a visit to their GP by accessing advice from a community pharmacist and purchasing medicines

6. Gluten free foods

- a. Gluten is found in wheat barley and rye

- b. Patients with coeliac disease need to maintain a gluten free diet and all patients in Leicestershire are offered dietetic counselling with a dietician. Coeliac UK membership also offers ongoing support for recipes, shopping, going on holiday etc.
- c. Currently to promote healthy lifestyles only health staples are allowed on prescriptions i.e. bread flour pizza bases and pasta
- d. Many patients manage their condition without gluten free food being provided on prescription
- e. In Leicester City 448 patients that request prescriptions for gluten free foods however there are 1072 patients recorded in the GP clinical systems as coeliac suggesting that over 50% of our population manage a gluten free diet without prescribed products. (data extracted from Systmone June 2016)
- f. A wide range of GF foods such as bread and pasta are now widely available to buy from supermarkets at a much lower cost than in previous years.
- g. Many CCGs across the country have completely disinvested in gluten free products on prescription.
- h. Patients could purchase gluten free food products that are readily available in supermarkets
- i. Patients with other dietary related conditions are not provided with food on prescription

Proposals/Options

Gluten free products for patients with coeliac disease

- 7. The proposal is that the three CCGs in Leicester, Leicestershire County and Rutland either completely or partially disinvest (allow flour and bread only) in the prescribing of gluten free products. The next step is to undertake a public survey through Health-watch to ascertain views to inform the decision making process.

Paracetamol and other products for self-limiting illnesses

- 8. The proposal is that the three CCGs in LLR will support GPs not to prescribe paracetamol and other products for self-limiting illnesses, such as viral infection. This would be supported with a campaign promoting self-care to patients.

Engagement

- 9. The next step is to undertake an engagement process using a public survey administered through HealthWatch to ascertain views around both gluten free products and paracetamol de-prescribing to inform the decision making process. The surveys will also ascertain views on stopping prescribing of an extended list of medicines for minor ailments that can be purchased by the patient.
- 10. Individual CCGs will also engage directly with Patient Participation Groups and work with GP practices to contact patients with coeliac disease to make them aware of the engagement and survey.
- 11. With respect to gluten free a stakeholder event has occurred including specialist charity representatives (Coeliac UK) dieticians and coeliac patients. With respect to Paracetamol and other products for self-limiting illnesses a stakeholder event will occur

Resource Implications

12. Across the LLR area, the cost of prescribing gluten free food products is approximately £680,000 some or all of which could be saved through a change in prescribing policy.
13. Across LLR the cost of paracetamol only products prescribed over the previous 12 months amounts to £1.5 million and the cost of paracetamol and codeine 8/500mg tablets £364,000. It is difficult to estimate how much of this is prescribed for short term use in self-limiting conditions as opposed to part of a pain management plan. However, a 20% reduction in prescribing would result in approximately £375,000 annual savings.

Conclusions

14. Members of the Commission are invited to note and comment on the two proposed changes currently being considered and the engagement process currently being undertaken.

Officer to Contact

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Leicester City Council Scrutiny Review

**Leicestershire Partnership NHS Trust –
Quality monitoring following the Care
Quality Commission Inspection**

**A Review Report of the Health and
Wellbeing Scrutiny Commission**

April 2016

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Please note these abbreviations have been used in this report:

CCG – Clinical Commissioning Group (Leicester City)
HWSC – Health & Wellbeing Scrutiny Commission
HWB – Health & Wellbeing Board
GP – General Practitioner (family doctor)
CQC – Care Quality Commission
UHL – University Hospitals of Leicester NHS Trust
LPT – Leicestershire Partnership NHS Trust
NHE – National Health Executive
DH – Department of Health

Health and Wellbeing Scrutiny Commission

Councillor Deborah Sangster (Chair for this Review)

Commission Members:

Councillor Lucy Chaplin (Commission Chair)
Councillor Luis Fonseca (Commission Vice-chair)
Councillor Dawn Alfonso
Councillor Harshard Bhavsar
Councillor Dr Shofiquel Chowdhury
Councillor Deborah Sangster
Councillor Kulwinder Singh Johal

Surinder Sharma – Healthwatch (Standing Invitee)

1 Executive Summary

1.1 Background to the Review and Key Findings

- 1.1.1. The commission considered the Care Quality Commission (CQC) report following their inspection of the Leicestershire Partnership NHS Trust (LPT) where they were rated as requiring improvement. The commission also heard that in a previous inspection in 2013, which looked more specifically at the Bradgate Mental Health Unit, they were considered as needing vast improvements.
- 1.1.2. With the LPT supporting some of the most vulnerable people it is important that we have good services, particularly where the ratings were not as good in the inspection. Therefore it is important for the commission to monitor the progress of LPT to try and achieve these improvements.
- 1.1.3. Whilst monitoring of the LPT work as a whole is the role of the Clinical Commissioning Group (CCG), the commission is concerned by the rating in the CQC inspection and would want ensure that systems put in place and demonstrably enacted to improve that rating, are adequate and will be in the best interest of the patients that use these services.
- 1.1.4. The Task Group met twice with representatives from the LPT, once in January and then again to check further progress in March. This report highlights these findings, but it is clear that as progress continues it is important that the monitoring by the scrutiny commission also continues.
- 1.1.5. The LPT stated that key structural changes would in place by summer 2016 and the commission would like to ensure that this comes back to a task group meeting in autumn 2016.

1.2 RECOMMENDATIONS

The CCG and LPT are asked to consider the following recommendations:

- 1.1.6. The CCG and LPT devise a strategic plan to recruit more permanent staff at the Bradgate Unit, in particular, and then work this across other areas of the trust if possible.
- 1.1.7. The recruitment of staff should focus on growing our own in the city in collaboration with the universities and ensure routes for nursing staff to return to practice as done similarly with social workers.
- 1.1.8. Further resources are put into CAMHS to ensure that waiting lists are reduced and that vulnerable young people are assessed adequately and promptly.

The LPT are asked to consider the following recommendations:

- 1.1.9. The LPT removes and continue to monitor all ligature risks, whether they are considered high risk or not.
- 1.1.10. The LPT updates the task group in autumn 2016 on spot checks carried out relating to patient's care, record keeping and medicine management, to ensure that systems have become regular practice and will be sustainable and on the structural changes that will have been made.
- 1.1.11. There is a programme in place to ensure agency staff are fully aware of LPT procedures before they are allocated shifts.
- 1.1.12. There is regional training for agency/bank staff that work across the different hospitals so that are aware of the systems in each hospital.
- 1.1.13. The LPT informs the scrutiny commission of how the extra funding into CAMHS has been invested and monitored.
- 1.1.14. The LPT reports back to the scrutiny commission on a regular basis over a quarterly period until the commission is satisfied that the issues in the CQC report have been adequately ratified.

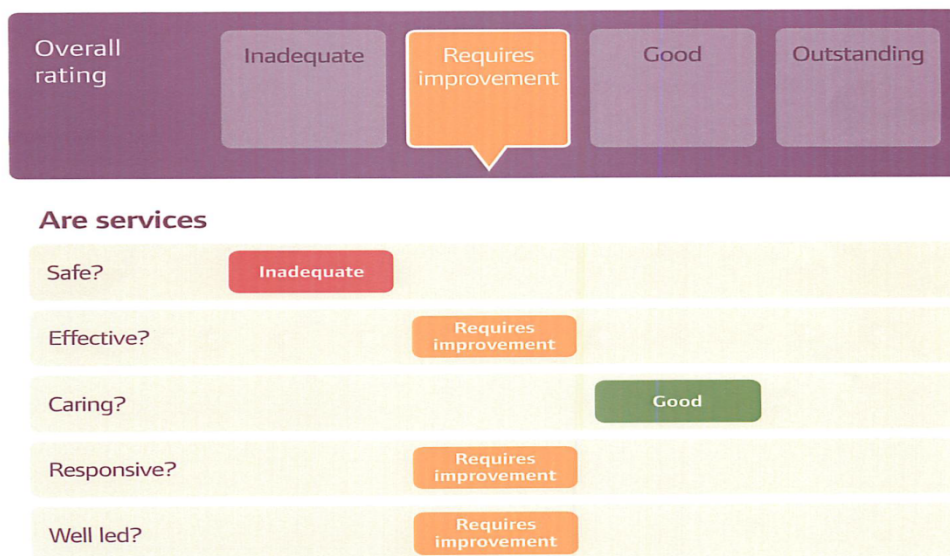
The CQC are asked to consider the following recommendation:

- 1.1.15. When guidelines change the CQC should better communicate such changes both to the organisations to which the guidelines relate as well as to the scrutiny commissions for whom such guidelines would be of interest and promote a model of best practice.

2 Report

1.3 Background

1.1.16. The Care Quality Commission came to inspect the Leicestershire Partnership Trust on the week commencing 9th March 2015. The final report was published in July 2015. The overall rating given to LPT was 'Requires Improvement. Particular concern was alerted by the same report highlighting the Safety of the services inspected as inadequate. It was noted as praise worthy that staff were rated as "good" in their capacity to care for service users. These ratings are illustrated below:



1.1.17. The commission recognises the positive work of staff and the caring service they provide and want to commend this coming through in the inspection. It is hoped that this good work continues. However, whilst recognising that staff are caring, it must be stated that staff turnover is an issue and as staff leave, new staff must also adhere to the same high standards recognised by the CQC inspection.

1.1.18. The commission is concerned about the other ratings received in the inspection, and in particular, an inadequate rating for whether services are "Safe". Therefore this review focussed on areas identified as needing improvement by the CQC and monitoring the improvements that the LPT have made.

1.1.19. It is important for the commission to be assured that improvements made are swift and applied to a high standard so that the most vulnerable of people accessing services via LPT are safe and have a good quality service.

1.1.20. The commission needs to be assured that in future, upon further CQC inspection failings similar to those highlighted in the 2015 and indeed 2013 report are not repeated. The commission recognises that the LPT aspires to a model of best practice for their services.

1.4 Ligature Risks and Removal of Mixed Sex Accommodation

1.1.21.	Area Identified for Improvement	Progress Made
	Removing ligature risks from secure units and to mitigate where there are poor lines of sight.	All risk assessments have been completed and significant ligature risks have been removed. This includes changes in bedrooms to remove risks of ligature. However, areas not identified as high risk have not been removed, examples of this are vents in public areas which are always staffed.
	Ensure wards are designated as single sex and comply with guidance in relation to mixed sex accommodation.	Rolling 33-week programme in place to ensure all wards are single sex at Bradgate Unit, Belvoir Ward and Herschel Prins Centres.

1.1.22. The scrutiny commission recognised that during the 2013 CQC inspection of the Bradgate unit, ligature risks were also identified as a concern and these were also highlighted in the 2015 report. It was described as concerning that little identifiable progress had been made between reports in this regard. The task group heard that this was because in 2013 the guidance stated that ligature risks need to be managed but in 2015 it requires ligature risks to be removed altogether.

1.1.23. **RECOMMENDATION: When guidelines change the CQC should better communicate such changes both to the organisations to which the guidelines relate as well as to the scrutiny commissions for whom such guidelines would be of interest and promote a model of best practice.**

1.1.24. Whilst recognising that guidance can change, the task group were concerned that the LPT were aiming to be compliant with national practice standards rather than be a service of national best practice. It was concerning that it needed the CQC to come and highlight risks to patients that could be of severe consequence as these should have been

recognised and dealt with beforehand.

1.1.25. **RECOMMENDATION: The LPT removes and continue to monitor all ligature risks, whether they are considered high risk or not.**

1.1.26. The commission are pleased to hear that changes are occurring to ensure that all wards protect the dignity of patients by ensuring that same sex accommodation is put in place. Again concerns have to be highlighted that this was not done prior to the CQC inspection. It was heard that there aren't the capital funds available to completely rebuild the Bradgate Unit and the other centres but the LPT are confident they are providing a safe environment for patients and will be compliant of all guidelines.

1.1.27. The task group also heard that there is a Health and Safety Committee in place that will ensure regular checking of standards and guidelines to ensure all standards are met. The Health & Safety Committee has been in place with current governance arrangements since Transforming Community Service (April 2011); the committee meets bi-monthly and has responsibility for all aspects of Health & Safety across the full scope of the Trust's business undertakings and is accountable to the Quality Assurance Committee for providing assurance through the monitoring, review and scrutiny of health and safety management systems and processes to support:-

Regulation 15 of the CQC fundamental Standards – Premises and equipment. "All premises and equipment used by the service provider must be: clean, secure, suitable for the purpose, for which they are being, properly used, maintained and appropriately located for the purpose for which they are being used."

1.1.28. Work of the Committee supported the changes recommended by the CQC with the development and implementation of a ligature policy from which ligature risk assessments were completed and risks identified, RAG rated for risk priority. The risk assessments supported management/operational/clinical solutions and/or engineering out risk through investment in capital and planned preventative maintenance programmes. The work of the committee monitored ligature risk assessment audits in conjunction with the Patient Safety Group and supported operational staff in the mitigation and management of ligature risks identified. The committee received assurance of capital works being undertaken to address the identified red rated ligature risks within the first phase of a capital programme. The committee has actively supported the use and implementation of new anti-ligature products /designs/ technology for planned projects eg: safe vent windows, fixed beds, ward design which engineer out risk.

1.5 Patient's Care, Record Keeping and Medicine Management

Area Identified for Improvement	Progress Made
---------------------------------	---------------

1.1.29.	Patient records are up to date and in an effective system.	Moving to an electronic patient record system that will be auditable in May 2016. Regular spot checks on record keeping and care pathway reports.
	Systems compliant with the Mental Health Act 1983 and that patients are aware of their rights.	
	Good systems required ensuring that prescriptions are securely stored.	
	Effective systems in place for safe management of medicines.	
		Prescriptions are now stored in locked receptacles and monitoring happens regularly.
		Medication is correctly stored now and adjustments have been made to fridges etc to ensure that is at the right temperature.

1.1.30. The commission heard that spot checks are happening each month, but the trust found that when spot checks reduced, the accuracy and number of patient records completed online fell. The checks look to see whether records are up to date and that medicines are appropriately stored. The concern from this was whether the improvements being put in place are self-sustaining.

1.1.31. There is a monthly record keeping audit still in place which includes a number of areas, (Care planning and evaluation, discharge planning and documentation of patient involvement in care plans) and tests whether care planning documentation is up to date. Alongside this there are also regular matron checks every month and these include the medicines storage which is also checked by the pharmacy technicians who visit the wards on a monthly basis. Care planning and evaluation is currently at 90% and this has been consistent for the last four weeks.

1.1.32. The commission was pleased to note that there had been some progress made to patient record keeping and medicine management however these basic issues were found only upon CQC inspection. The commission was keen to ensure that issues of this simplicity should be addressed prior to CQC inspections. Further concern was expressed that without constant vigilance the challenges highlighted would return as the necessary systemic changes had not been addressed.

- 1.1.33. **RECOMMENDATION:** The LPT updates the commission on spot checks carried out relating to patient’s care, record keeping and medicine management, to ensure that systems have become regular practice and will be sustainable.

1.6 Staffing

Area Identified for Improvement	Progress Made
Further training support for staff.	There is more training for staff now and have moved to a mandatory electronic system for training.
Ensure staff are compliant with systems and practices put into place.	There are regular clinical audits in place, board members do visits and spot checks are regularly carried out.
Reduce staff turnover and reliance on Bank staff.	National issue of retaining staff across the medical services and bank staff can be important to ensure the service remains running. Where possible have moved to ensure the same bank staff are used in the same facilities/services to keep some continuity.

- 1.1.34.
- 1.1.35. The commission is aware staffing is a national problem, and thus recognise this will impact on LPT. We were informed that there is a 9% staff turnover for the trust as a whole. However, the commissions growing concern regarding staffing remains as the safety of service users may be put at risk if this issue is not addressed.
- 1.1.36. The commission heard that the LPT are considering recruiting staff from abroad but this raised concern about ensuring we grow our own staff and not depleting other countries of their professional staff. The LPT have not pursued this currently.
- 1.1.37. It was also heard that the LPT used agency staff that are trained at a regional level as part of sharing resources. The commission were concerned that this could mean the agency staff may not be aware of LPT procedures and expectations before they arrived on wards for shifts.
RECOMMENDATION: There is a programme in place to ensure agency staff are fully aware of LPT procedures before they are allocated shifts.
- 1.1.38. Staff satisfaction is also concern with the task group hearing that results on this are below average. LPT have stated that there is an aim to change the culture amongst the trust to ensure confidence in staff and one where people are asking questions of themselves to ensure they get the right results/actions. It is not clear what the current culture of the organisation is or how this culture change is evidenced, but it is hoped by better training and supervisions that staff are more comfortable and confident in the working environment.
- 1.1.39. It was somewhat concerning that staff who had been identified by the CQC as caring indicated that during the staff survey they were dissatisfied. Whilst this was described to the commission as an issue of organisational culture there was no evidence or steps being put into place to ensure this change. It is hoped that by better training and supervision that will feel themselves to be more comfortable and confident in the working environment.
- 1.1.40. Whilst understanding the national picture and in particular the lack of recruitment to posts in mental health care, the commission feels this needs to be a priority of the LPT, particularly at the Bradgate unit (as it was also highlighted n 2013) but also across the trust.
- 1.1.41. **RECOMMENDATION: the CCG and LPT devise a strategic plan to recruit more permanent staff at the Bradgate Unit, in particular, and then work this across other areas of the trust if possible.**

1.1.42. **RECOMMENDATION: the recruitment of staff should focus on growing our own in the city in collaboration with the universities and ensure routes for nursing staff to return to practice as done similarly with social workers.**

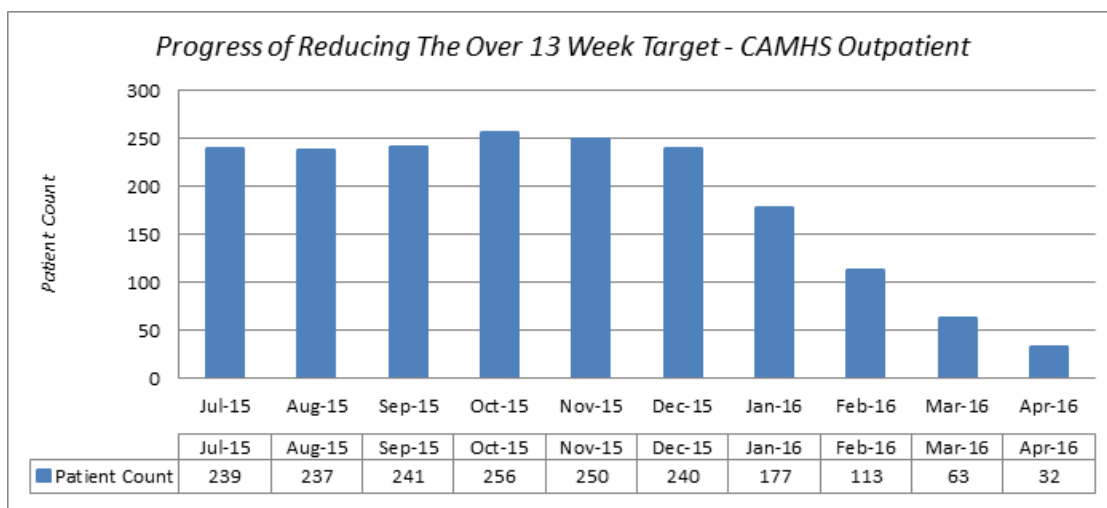
1.7 Child and Adolescent Mental Health Service (CAMHS)

1.1.43.

Area Identified for Improvement	Progress Made
Reduce waiting times for young people referred to the service waiting for an assessment.	Changed the way staff work with clinicians doing assessments to ensure correct treatment is provided quicker.

1.1.44. The task group heard that by changing the way staff work there had been a considerable drop in the number of young people waiting for large amounts of time. However, it was concerning to hear that there are still over a hundred young people waiting more than 13 weeks for an assessment. LPT stated that there is not enough funding to ensure that there are adequate resources to bring the number on the waiting list down further.

1.1.45. LPT provide specialist CAMHS and have received notification that the CCG's approved the Access to CAMHS business case at the end of May 2016. This funding (274k) will be released from the Future in Mind Transformation allocation, received by CCG's last year. It will fund the non-recurrent agency posts (82k), appointed earlier this year by LPT to reduce the number of children and young people waiting over 13 weeks for a CAMHS appointment. This number has reduced from more than 250 in October 2015 to 32 in April 2016. CAMHS have just migrated onto an electronic record system (systemOne) and are in the process of validating May's performance. We forecast that no children will be waiting more than 13 weeks by the end of June 2016.



1.1.46. The recurrent element of the business case (192k) is funding the re-design of access to specialist CAMHS. This new Access Team went live on 1st June and operates from the Valentine Centre. The full business case describing the model and KPI's is available from the lead CCG commissioner Mel Thwaites. The process centralises and schedules new appointments in a more consistent way and is underpinned by clearly defined pathways.

1.1.47. The outstanding and critical element of re-design, highlighted by the CQC is the establishment of a Crisis and Home Treatment Team for children and young people with mental health needs in LLR. Currently there is no commissioned capacity to meet children's needs when they reach crisis point in the community, particularly out of hours and they have no alternative but to seek help through the emergency department at LRI. A business case has been co-designed with service users and developed in partnership with the 3 Local Authorities, to ensure alignment and involvement of the Early Help and Social Care teams. Commissioners are finalising this business case and are hoping to secure the release of the Future in Mind funding from the CCG's by the end of July 2016.

1.1.48. It was heard that extra funding had been secured by the LPT to make improvements to the CAMHS service. **RECOMMENDATION: The LPT informs the scrutiny commission of how the extra funding into CAMHS has been invested and monitored.**

1.1.49. It was heard that staff turnover isn't as high in CAMHS as it is in other parts of the trust but staff satisfaction does remain low compared to other areas in the country. The Commission will monitor this and may wish to look further into this for the next scrutiny year.

1.1.50. **RECOMMENDATION: Further resources are put into CAMHS to ensure that waiting lists are reduced and that vulnerable young people are assessed adequately and promptly.**

1.8 LPT Board Members

1.1.51.	Area Identified for Improvement	Progress Made
	The LPT Board are fully aware of issues in the service and are able to act accordingly.	The Board Members receive details about the risks and are also involved in making spot checks across the trust.

1.1.52. The commission were concerned at the number of issues across the trust and the lack of leadership in ensuring that the issues were being dealt with. This was also highlighted in the CQC report. The CQC admitted that there was a good structure in place at LPT, which leads to questions as to why there were so many concerns if the people in charge are aware of risks. It is hoped that the Board are fully aware of the issues and the risks posed to the people in the care of the trust and that they will work with officers to ensure that they are acted on quickly and efficiently.

1.9 Conclusions

1.1.53. The report highlights some of the key issues, but it must be stressed that there are many other issues underpinning a lot of these that were also looked at or considered and improvements to those areas must be made too.

1.1.54. Whilst the commission recognises the national crisis in the workforce of healthcare it should not be used as an excuse to reason for poor safety of care. Basic issues were found during the CQC inspection and these should be corrected immediately and we have highlighted in some cases they already have been.

1.1.55. CAMHS and the Bradgate Unit still remain as concerning areas and the commission still feels much work needs to be done to ensure these two services are improved and quickly. The commission is not confident that the risks to both services have been acted upon swiftly enough and would want to see more evidence of improvement.

1.1.56. The Task group has heard that improvements will mostly have been in place by summer 2016 and would therefore be in a position to come to the first meeting of the commission in the new scrutiny cycle of meetings.

1.1.57. It is important that the commission continues to monitor the progress of improvement by the LPT. **RECOMMENDATION: The LPT reports back to the scrutiny commission on a regular basis over a quarterly period**

until the commission is satisfied that the issues in the CQC report have been adequately ratified.

3 Financial, Legal and Other Implications

1.10 Financial Implications

To be added

1.11 Legal Implications

To be added

1.12 Equality Implications

To be added

4 Officer to Contact

Kalvaran Sandhu, Scrutiny Support Manager
Tel: 0116 454 6344

Leicester City Council Scrutiny Review

'Child and Adolescent Mental Health Service'

A review of the Health and Wellbeing Scrutiny Commission

June 2016

Background to scrutiny reviews

Determining the right topics for scrutiny reviews is the first step in making sure scrutiny provides benefits to the Council and the community.

This scoping template will assist in planning the review by defining the purpose, methodology and resources needed. It should be completed by the Member proposing the review, in liaison with the lead Director and the Scrutiny Manager. Scrutiny Officers can provide support and assistance with this.

In order to be effective, every scrutiny review must be properly project managed to ensure it achieves its aims and delivers measurable outcomes. To achieve this, it is essential that the scope of the review is well defined at the outset. This way the review is less likely to get side-tracked or become overambitious in what it hopes to tackle. The Commission's objectives should, therefore, be as SMART (Specific, Measurable, Achievable, Realistic & Time-bound) as possible.

The scoping document is also a good tool for communicating what the review is about, who is involved and how it will be undertaken to all partners and interested stakeholders.

The form also includes a section on public and media interest in the review which should be completed in conjunction with the Council's Communications Team. This will allow the Commission to be properly prepared for any media interest and to plan the release of any press statements.

Scrutiny reviews will be supported by a Scrutiny Officer.

Evaluation

Reviewing changes that have been made as a result of a scrutiny review is the most common way of assessing the effectiveness. Any scrutiny review should consider whether an on-going monitoring role for the Commission is appropriate in relation to the topic under review.

For further information please contact the Scrutiny Team on 0116 4546340

To be completed by the Member proposing the review		
1.	Title of the proposed scrutiny review	Child and Adolescent Mental Health Service (CAMHS)
2.	Proposed by	Councillor Vi Dempster, Chair, Health and Wellbeing Scrutiny Commission
3.	Rationale Why do you want to undertake this review?	<p>The CAMHS service is an important service that provides specialist support for a child or young person has emotional and/or behavioural difficulties. This mental health support is essential to these vulnerable young people and their families to ensure they receive the correct level of care to help manage their conditions.</p> <p>However the commission is aware that so many young people don't even make it on the waiting lists and if they do make it on a waiting list for an assessment, they face the prospect of a wait of over 13 weeks before they are seen and assessed, with a further wait for treatment after that.</p> <p>It is important for the commission to understand the context behind these issues and the causes and to explore what solutions, if any, could be identified to ensure the best levels of care for the people who need it.</p>
4.	Purpose and aims of the review What question(s) do you want to answer and what do you want to achieve? (Outcomes?)	<p>The commission wants to seek assurances that the LPT are providing the necessary services to ensure that vulnerable young people are not being put at risk. The commission also wants to explore</p> <p>It is hoped the following outcomes will be established:</p> <ul style="list-style-type: none"> • Establish the national picture and how that differs from local circumstances. • Understand what the CAMHS service currently offers and where there might be gaps in the service. • Understand what the number of referrals are, how many are being taken up, how many are being rejected and what the reasons are for the rejected ones? • Establish what the experience of users and potential users of the service are. • Evaluate future prospects for the CAMHS and its clients, including funding issues relating to the service.
5.	Links with corporate aims / priorities How does the review link to corporate aims and priorities? http://citymayor.leicester.gov.uk/delivery-plan-2014-15/	<p>The City Mayor's Delivery Plan has a section specifically to promote 'A Healthy and Active City'.</p> <p>The aims within this include reducing health inequality and promoting good public health which will be linked to the outcomes of this review.</p>

6.	<p>Scope Set out what is included in the scope of the review and what is not. For example which services it does and does not cover.</p>	<p>Leicestershire Partnership Trust – Providers of the service</p> <p>Clinical Commissioning Group (CCG) – Commissioners of the service</p>
7.	<p>Methodology Describe the methods you will use to undertake the review.</p> <p>How will you undertake the review, what evidence will need to be gathered from members, officers and key stakeholders, including partners and external organisations and experts?</p>	<p>The commission would like to identify the following:</p> <ul style="list-style-type: none"> • What is the national picture for CAMHS and how does it compare locally? • What services are currently being offered? • How many referrals are received, how many are taken up and what are the reasons for both? • What happens to those referrals not supported by CAMHS? • What is the experience of users and potential users of the service? <p>Task group meetings will gather evidence from officers in the witnesses section.</p> <p>The task group will also include members of the Young People’s Council in order to have a young person’s perspective on issues affecting them.</p>
	<p>Witnesses Set out who you want to gather evidence from and how you will plan to do this</p>	<p>Potential witnesses may include:</p> <ul style="list-style-type: none"> • Relevant Council Officers • Relevant Health Partners (LPT, CCG, etc)
8.	<p>Timescales How long is the review expected to take to complete?</p>	<p>June Scoping document to be agreed at 30th June meeting.</p> <p>July – October</p> <ul style="list-style-type: none"> • Revisit the CQC report and identify key areas to look at. • Task Group meetings. • Draft findings and conclusions to be established. <p>November The final review report to be agreed at 9th November meeting.</p>
	Proposed start date	July 2016
	Proposed completion date	November 2016
9.	<p>Resources / staffing requirements Scrutiny reviews are facilitated by Scrutiny Officers and it is important to estimate the amount of their time, in weeks, that will be required in order to manage the review Project Plan effectively.</p>	<p>It is expected the Scrutiny Policy Officer will support the whole review process by capturing information at the meetings, facilitating the people to give evidence and writing the initial draft of the review report based on the findings from the review.</p>

	Do you anticipate any further resources will be required e.g. site visits or independent technical advice? If so, please provide details.	May look to national advisors and Think tanks on how CAMHS works across the country.
10.	Review recommendations and findings To whom will the recommendations be addressed? E.g. Executive / External Partner?	It is likely the review will offer recommendations to the LPT and may include some recommendations to the CCG.
11.	Likely publicity arising from the review - Is this topic likely to be of high interest to the media? Please explain.	It is not expected that the review will have high media interest but the council's communications team will be kept aware of any issues that may arise of public interest.
12.	Publicising the review and its findings and recommendations How will these be published / advertised?	There will be a review report which will be published as part of the commission's papers.
13.	How will this review add value to policy development or service improvement?	It is hoped the outcomes of the review will ensure that the LPT's services are not putting vulnerable people at risk and that services are adequate.
To be completed by the Executive Lead		
14.	Executive Lead's Comments The Executive Lead is responsible for the portfolio so it is important to seek and understand their views and ensure they are engaged in the process so that Scrutiny's recommendations can be taken on board where appropriate.	We welcome this review which will focus on an important health issue for children in the city. Access to appropriate mental health services for children who are experience mental health problems has been highlighted as an issue in the city in the past. Mental health for both adults and children has been identified by the health and well-being board as an important priority, which will be the focus of the city's next Health and Well-being Strategy. Cllr Sarah Russell, Assistant City Mayor, Children, Young People and Schools. Cllr Abdul Osman, Assistant City Mayor, Public Health Cllr Rory Palmer, Deputy City Mayor, Chair, Health and Well-being Board.

To be completed by the Divisional Lead Director		
15.	Divisional Comments Scrutiny's role is to influence others to take action and it is important that Scrutiny Commissions seek and understand the views of the Divisional Director.	Children's mental health is a significant issue in the city and timely access to mental health services has been raised as a problem across the country. There are plans in place to address this nationally and locally and the review will help to identify what additional steps might need to be taken to accelerate action within the city and by key health partners.
16.	Are there any potential risks to undertaking this scrutiny review? E.g. are there any similar reviews being undertaken, on-going work or changes in policy which would supersede the need for this review?	Changes are currently being planned to children's mental health services as a result of the national Future in Mind initiative and the Better Care Together programme. This will need to be taken into consideration over the course of the review.
17.	Are you able to assist with the proposed review? If not please explain why. In terms of agreement / supporting documentation / resource availability?	Advice to Scrutiny Officers.
	Name	Ruth Tennant
	Role	Director of Public Health
	Date	
To be completed by the Scrutiny Support Manager		
18.	Will the proposed scrutiny review / timescales negatively impact on other work within the Scrutiny Team? (Conflicts with other work commitments)	This review may require some intensive support to ensure that the commission can adequately scrutinise the CAMHS service. Whilst it is anticipated that there will be no adverse impact on the scrutiny team's work, it must be anticipated that there may need to be some prioritising of work done during the time of this review.
	Do you have available staffing resources to facilitate this scrutiny review? If not, please provide details.	The review can be adequately supported by the Scrutiny Team as per my comments above.
	Name	Kalvaran Sandhu, Scrutiny Support Manager
	Date	8 th June 2016

Health and Wellbeing Scrutiny Commission

Work Programme 2016 – 2017

Meeting Date	Topic	Actions arising	Progress
25 th May 2016	<ol style="list-style-type: none"> 1) Health profile: Overview of the city 2) Better Care Together: overview presentation 3) CAMHS 4) Anchor Recovery Hub Update 	<ol style="list-style-type: none"> 1) Health and Wellbeing Survey 2015 to be circulated to new members of the commission. 2) Chair to discuss issues of the delay relating to BCT with the Deputy City Mayor. 3) Information on a permanent site for CAMHS and on the relationship of the service with other agencies and the proposed direction of travel to be provided. 	1) Completed
30 th June 2016	<ol style="list-style-type: none"> 1) CQC inspection of University Hospitals of Leicester NHS Trust 2) Sustainability and Transformation Plans 3) Medicines and Self Care 4) Anchor Recovery Hub Update 5) LPT Scrutiny Review Report – Final Draft 6) CAMHS – Scoping document 		
7 th September 2016	<ol style="list-style-type: none"> 1) Better Care Together 2) Integrated Lifestyle Services review 3) Anchor Recovery hub update (standing item) 4) Integrating LLR Points of Access 		
9 th November 2016	<ol style="list-style-type: none"> 1) Public Health Performance Update 2) 0-19 services Commissioning (Childhood obesity, oral health, school nurses, health visitors, etc) 3) Anchor recovery hub: standing item 		
4 th January 2017			
8 th January 2017			

Forward Plan Items

Topic	Detail	Proposed Date
Better Care Together	Pre-consultation business case to scrutiny	Autumn 2016
CCG commissioning plans		
Commissioning of a diabetes structured patient education programme	To be programmed (mins of 21.04.16 refer)	
Dementia, Dental Care, Diabetes, GPs, Obesity, Smoking, COPD and Substance Misuse	Progress to individual strategies/services	
EMAS CQC report	Review the report and actions taken by EMAS	Meeting in Nottingham – July 2016
Epilepsy	Awareness presentation	
Health and Wellbeing of staff	Monitoring of sick days and support services	
Maternity Care Services	Update	
Mental Health and Sexual Health of the LGBT Community	Continue to understand and monitor the issues that impact on LGBT community	
Mental health system / Crisis Concordat	How it works locally and what we get out of it – what is the PH investment?	
NHS 111 - update report	To be programmed (mins of 21.04.16 refer)	
Non-Emergency Patient Transport Service	To be programmed (mins of 21.04.16 refer)	
Outdoor Gyms	Possible / proposed new ones and info wanted on how training to use them is provided	
Patient experience of the system	Work with Healthwatch to gain an understanding of how patients feel about health services	
Public Mental Health budget line	To be programmed: arising from budget briefing 25.05.16	
Services at St Peters Health Centre		