

Leicestershire Partnership Trust Improvement Journey from 2018 CQC Inspection to Current Position February 2021

Purpose of the report

The purpose of this report is to provide the Health Overview Scrutiny Committee with a narrative to the Trust's Quality Improvement journey since the 2019 CQC report and an updated current position as at February 2021.

Introduction

The Trust's CQC report published in February 2019 relates to the 2018 inspection and describes the CQC's judgement of the quality of care provided with respect to the Trust's Well-Led framework and an inspection of five of our core services. The Trust was rated overall as 'Requires Improvement', including an 'Inadequate' rating for the Well-Led domain.

The CQC also issued a Warning Notice to the Trust on the 30th January 2019, which was served under section 29A of the Health and Social Care Act 2008.

In response to this, the Trust adopted a Quality Improvement approach and implemented a three phased methodology to address the specific in the Warning Notice and further significant improvements required following the inspection.

Phase one

This was the process of completing immediate transactional actions to keep patients safe and involved an immediate improvement plan which was developed in response to the specific Warning Notice nine key improvement areas identified which were:

- Access to treatment;
- Privacy and dignity;
- Environmental issues;
- Care Planning / risk assessments;
- Fire safety;
- Medicines management / medical devices;
- Seclusion environments and paperwork;
- Physical healthcare;
- Governance.

Subsequently the CQC undertook an unannounced warning notice follow up inspection during the week beginning 10th June 2019 and the report relating to this inspection was published on 9 August 2019. LPT welcomed the report which recognised the significant progress and improvements made since that inspection in November 2018.

The CQC noted many improvements including:

- Significant improvements to the environments at most wards: "*It was clear to see the difference the investment and improvements had made*", as the majority of maintenance issues had been fixed or resolved as part of the ongoing maintenance programme and new system of reporting.
- Improvements in ligature risks, including thorough risk assessments by staff.
- Improvements in assessing and monitoring the physical healthcare of mental health patients, including the recruitment of dedicated physical healthcare nurses at Stewart House and the Willows, and improved privacy and dignity when undertaking physical assessments at Bradgate Unit.
- Improved medicines management in all areas.

- Improvements in fire safety and the 'no smoking' policy at the Bradgate Unit, including smoking cessation support and alternatives being offered.
- Improvements in seclusion documentation and seclusion environments.
- Improved patient privacy and dignity at the Learning Disability Short Breaks Homes, ceasing mixed-sex accommodation.
- Significant reduction in waiting times and the total numbers of children and young people waiting for mental health assessments.
- An improved vision, strategy and priorities have been defined through our Step up to Great approach, and improved approach to sharing learning. We have also conducted two external governance reviews to improve governance processes and structures within the Trust.

There were also some areas that had not progressed sufficiently at this time which formed part of the overarching improvement plan, and a summary of our current position against the areas identified from the Warning Notice re-inspection are:

- Environmental improvements within the Bradgate Unit, including refining new process of reporting maintenance issues and challenges with response times - new processes have been implemented and local audit demonstrates that response times are much improved. This also links to our new Facilities Management Transformation Programme. Dormitory accommodation plans are also now in progress and works on site have commenced, with the Willows due for completion on the 8th March 2021.
- Roll out of medicines administration technicians – these new posts are now in place across the Trust and local audit demonstrates that the number of medication errors has reduced.
- Roll out of smoke-free wards at the Bradgate Unit to address ongoing issues of mental health patients wanting to smoke outside the unit - the policy has been strengthened, updated and communicated to all staff. Communications to encourage health promotion have been implemented and strengthened. This has included a programme of offering nicotine replacement therapy to all inpatients. In response to covid and the risk of patients travelling off-site to smoke, an interim measure was included in the policy to allow for smoking in exceptional circumstance within the gardens at the Bradgate unit to secure patient safety. This has been reported to the CQC and continues to be regularly evaluated. As the risk of covid transmission declines, the Trust will revert to policy.
- Process of recording seclusion in line with the Mental Health Act code of practice including changes to documentation – systems and process has been redesigned, including the appointment to new posts to clinical lead the processes and local audit results identify that seclusion records are being completed in line with code.
- Improvement plans to address the long waiting lists – access appointment waits currently remain within commissioned targets. Demand and acuity however have rapidly escalated during 2020/21, with the initial reduction of referrals seen during the first lockdown being replaced by an unprecedented surge of referrals, with a higher percentage (28%) deemed urgent.
- The neurodevelopmental (ND) waiting list trajectory has been revised in the context of Covid. ND assessments were briefly suspended (25 March - 1 June) due to the requirement to risk-stratify and prioritise acute cases, alongside establishing a Central Access Point and Urgent MH Hub.
- Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) pathways were re-written and signed off in June 2020 to ensure a covid-secure offer could be provided in line with IPC guidance and school closures. Further pathway changes are being developed to optimise available capacity. Additional capacity has been secured from St Andrews and Helios.

In March 2020 we reported to our Quality Assurance Committee and the Trust Board and to our Commissioners, the System Improvement and Assurance Meeting with NHSI and the CQC that all Warning Notice, Must Do and Should Do actions resulting from the initial inspection report and warning notice letter had been completed. All of the CQC actions resulting from the 2018/19 inspection have been mapped to the Trust's clinical priorities and the 'Step up to Great' Strategy priorities and now forms part of the Trust's Quality Improvement Plan to ensure a Trust-wide response to areas requiring further development.

Phase Two

This phase focused on actions requiring additional quality improvement work to secure changes to the Trust's systems and processes. It involved the Trust adopting a longer term Quality Improvement approach to a number of projects which are in place to drive improvement:

- A buddy relationship for executive mentoring with a neighbouring 'outstanding' Mental Health and Community Trust, Northamptonshire Healthcare NHS Foundation Trust and the joint appointment of our new Chief Executive Angela Hillery which continues. This enables both Trusts to work collaboratively together, sharing learning and best practice and focusing on the key improvement areas as noted by the CQC, as a basis for this partnership.
- The Trust also has support from NHS Improvement with a Transformation Director and support to deliver our leadership, culture and inclusion programme. Over 90 members of staff continue to volunteer in the role of 'change champions' to deliver focus groups and gather feedback in order to target improvement.
- There is on-going work with the national WRES team to address Equality and Diversity improvements and there have been improvements in some WRES indicators noted in 2020, more representation of BAME staff across the workforce (currently 24%), and 2% increase of BAME staff in clinical bands 6 and 7.
- We have devised a revised framework for greater patient involvement and engagement, which has included the development of a new People's Council with membership from our service users and their carer, to enable us to consult and co-produce. We also have an active Youth Advisory Board and we are delivering against a patient involvement, engagement and inclusion strategy.
- We appointed two external consultants who delivered reviews into our governance arrangements and implemented key recommendations.
- We revised our Board Assurance Framework and Corporate Risk Register into a new Organisational Risk Register aligned to our Step up Great strategy.
- There has been a significant governance journey over the last 18 months within the Trust which has resulted with improved clarity over the arrangements for the Corporate Directors and their deputies and teams. It has also strengthened the arrangements for committees and their various levels, roles and functions.

Phase 3

This requires testing the embeddedness of changes made, to ensure that the Trust has addressed the original objective in a sustainable way. This is linked to the Trusts 3 year Quality Improvement Plan and we continue to monitor the embeddedness of improvement following the closure of our original action plan.

Since completion of the detailed CQC improvement plan related to the last inspection, the Trust has an overarching Quality Improvement plan in place with a variety of checking processes to determine current improvement actions, these include;

- Regular service led self-assessments against the CQC Key Lines of Enquiry with each directorate reviewing their previous inspection rating and re rating to their considered current position
- Buddy Trust Peer Review against the CQC Key Lines of Enquiry with a planned table top review of previous rating, re rating exercise rationale and evidence to support this decision
- Annual internal re-rate evaluation
- CQC led focus groups with staff which have been extended for further dates
- The feedback from CQC focus groups has been very positive with staff quoting that they had enjoyed the experience to share with an external organisation their journey
- On-going review of the embeddedness of previous actions

All improvement actions are captured within an electronic Quality Surveillance tracker, which is held on our internal Audit Management and Tool (AMaT) to capture and track actions.

The assurance and governance structures in place are:

- Foundation of Great Patient Care meeting held weekly with a programme of deep dives.
- Heads of Nursing meeting held bi- monthly with DoN and CQC team.
- The Medicines Management Group and the Positive and Safe Group report to the Quality Forum and any risks are escalated to the Quality Assurance Committee.
- The Estates Committee reports and escalates into the Finance and Performance Committee.
- CQC actions an agenda item at Directorate meetings on a regular basis.
- Regular programme updates to the Strategic Executive Board.
- Activity/Highlight report produced weekly to the Strategic Executive Team.
- Evidence folders created on Teams to store and file evidence for board members and CQC inspection team.
- Dedicated CQC project team report directly to the DoN and to the Strategic Executive Team.
- A strategic risk on the organisational risk register (ORR number 5) 'capacity and capability to deliver regulator standards'.

Impact of Covid and CQC Inspections

The CQC has worked differently during the COVID-19 pandemic and have moved away from on-site inspections as such The Trust has not been inspected as anticipated during 2020. The focus of assessments makes greater use of intelligence gathering and engagement. Whilst their regulatory role hasn't changed, they have paused routine inspections; instead they have undertaken inspections of high risk services only, with onsite activity kept to a minimum.

However, contact has been maintained with the local CQC inspection team throughout the year to respond to any issues or queries that have arisen. There are also bi monthly engagement meetings where the conversations are open and transparent to discuss the overview of CQC intelligence, provider update & concerns, risks and any other matters of concern. These meetings are viewed as being very positive and beneficial by all parties involved.

Conclusion

This report has detailed the actions undertaken within LPT following the Trust's CQC report published in February 2019 and the Warning Notice issued to the Trust on the 30th January 2019. It explains in detail the immediate improvement plan, the longer term projects and the ongoing work being undertaken by the Trust to test the embeddedness of the changes being made and how this links to the Trusts 3 year Quality improvement Plan.