

**REPORT TO THE LEICESTER CITY COUNCIL HEALTH SCRUTINY COMMISSION - 15 October 2013**

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| <b>Title</b> | Progress Report on the Trust's Response to the CQC Report and the Development of the Quality Improvement Programme |
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**Executive summary**

This paper updates the commission on the Trust's progress in responding to the CQC report of August 2013 and the development of our Quality Improvement Programme.

Following the Risk Summit led by the Trust Development Authority one of the main actions was for the Trust to develop a quality improvement programme. The quality improvement programme contains a number of themed actions beyond the immediate 30 day period described in our last report.

The programme is designed to consolidate and drive all the necessary improvements in the culture of care, professional practice and quality assurance within the Trust in the medium term. This work is essential so that high quality adult mental health services can be sustained and assured for local patients, the public, and the wide range of stakeholders and agencies engaged in the Trust's work. Although the improvement plan initially addresses changes within the adult mental health service, the Trust will be using this plan as a foundation from which further improvements in other clinical divisions and corporate services will be delivered.

The TDA has convened an Assurance Oversight group to work with the Trust on the development and delivery of the programme. Whilst it is the Trust Board's responsibility to approve and implement the programme, the Assurance Oversight group which was formed following the Risk Summit, will scrutinise and hold the Trust to account for delivery.

Since the initial CQC visit in July, and subsequent report in August, the CQC has returned to the Trust in September to assess the progress made with respect to the areas of concern raised in the two warning notices. At the time of writing this report the CQC are on site at the Trust completing their follow up assessment and we will update the commission and other stakeholders as soon as possible on the outcome.

## 1. Clinical Change at the Bradgate Unit

- The Trust's Medical Director and Chief Nurse are jointly accountable for delivering clinical change and provide the day to day leadership to professional practice, clinical governance and quality assurance feeding directly into the Board.
- The two posts for additional Senior Matrons on a six month fixed term contract have been advertised and recruited to. These post-holders are champions for sustainable change in nursing clinical practice at the Bradgate Unit. The Deputy Medical Director has also been assigned to offer additional leadership to the improvement programme in Adult Mental Health and there are two lead consultants in place for the Bradgate Unit. This leadership team is working closely with the ward matrons, ward staff and all members of multidisciplinary teams at the unit.
- The initial process for review and correction of all records is now an ongoing programme of work, comprising robust weekly audits of a sample of care records per week per ward, to provide assurance that improvements are being sustained. This has included publishing progress / performance by ward with the Chief Nurse and lead matrons having data on individual performance, with feedback and support given via clinical supervision so that staff are fully aware of the changes needed and the accountability they have for providing and documenting high quality care.
- On-going senior manager presence on the unit and three times weekly task force meetings take place to communicate key messages for all Ward Matrons at the unit. Implementation of the actions in the CQC action plan
- Work continues with all staff on the Bradgate Mental Health Unit to support them, identify any skill deficits and provide the required development.
- Further drill down is being undertaken in relation to the weekly audits to identify any rationale for non-compliance with expected standards. These results are shared by ward with Trust Board members and the service.
- Some refurbishment of the Bradgate reception area has been undertaken to provide a more welcoming environment for patients and visitors

Representatives from the Trust Board have attended all three local authority scrutiny committees in September. There have also been engagement sessions with patient representatives, a meeting between the Trust's Chairman and Local Healthwatch representatives and a meeting with voluntary and community sector groups representing mental health service users, their carers, families, advocates and communities.

The Trust's AGM and Legacy Towers event on 7 September provided a further opportunity to address questions and concerns from local people.

In all these activities the Trust has continued to be open and transparent and engage in honest dialogue with all stakeholders, sharing information and responding to detailed questions, following up actions as required.

Our programme of internal communications with staff continues via team briefings / meetings, Listening into Action, our clinical leadership routes, and routine communications such as e-news.

## **2. Risk Summit Outcome and Assurance Oversight Group**

At the Trust Board meeting on 29 August, we reported that on that same day the Trust would be attending a risk summit where local agencies and regulators from the health and care sector met with the Trust to share their concerns about care quality and agree next steps.

A statement summarising the outcome of the Risk Summit is given at Appendix A of this paper.

Following the completion of the immediate 30 day action plan in response to the CQC warning notices by the end of August, it is recognised that the Trust has now moved into a second phase of development to improve and sustain the quality of care in the medium to longer term including cultural change.

The forward plan for the Trust comprises 4 key areas which incorporate the outcome of the risk summit:

- Participating in the Assurance Oversight Group.
- Developing and implementing a comprehensive quality improvement plan to which the Trust Board will be held accountable by the Assurance Oversight Group (see separate report on this agenda on this process).
- Setting in place an operational situation report (SITREP) for ward and Trust management and commissioners which provides daily/weekly assurance on staffing/bed occupancy and other operational metrics to assure the safety and quality of care at the Bradgate Unit.
- Further collaborative work on the pathway for mental health service users between the acute and community settings of care including assessing alternatives to admission and re-assessing local bed capacity in light of demand.

The Assurance Oversight Group comprises representatives from local Healthwatch, the Trust Development Authority, local clinical commissioning groups, and a representative from voluntary and community sector organisations representing the interests and views of mental health service users is also being arranged. Attendees are invited from LPT to participate in

the oversight group meetings. Appendix B is the draft terms of reference of the Assurance Oversight Group.

### **3. The Trust's Quality Improvement Programme**

The Trust's Quality Improvement Programme consolidates and draws upon a number of important pieces of work including the relevant recommendations from the following:

- a. CQC Action Plan
- b. Francis, Keogh and Berwick Reports
- c. Professor Louis Appleby Report
- d. Personality Disorder pathway progress
- e. Single-Sex Accommodation Action Plan
- f. Quality Governance Framework action plan
- g. Customer Relationship Management Programme
- h. Listening into Action (LiA) Programme
- i. Board Development Programme
- j. Communications Plan
- k. Annual Planning Cycle

In addition, the Programme will incorporate oversight of some existing improvement projects already in existence within Divisions and Enabling Services.

The TDA has provided a template that the Trust is adopting which has been used by other Trusts. LPT has populated this initially with those elements concerned with ensuring improvements in the Clinical and Operational Effectiveness of our Adult Mental Health Services. Our medical director has developed this element of the plan with the clinical division and active involvement of the consultant team.

It is essential that the quality improvement plan is shaped by our stakeholders and that there is confidence that the Trust has a credible and comprehensive approach to improving quality and restoring public confidence in the Bradgate Unit and across the entire pathway of care in adult mental health. The Trust therefore welcomes the feedback of stakeholders on the draft quality improvement plan during October with a view to finalising the plan for LPT Board sign off by the end of October.

The LPT Executive Team and Chairman initially met with a cross section of CCG Board members from all 3 CCGs (including CCG lay members) on 24 September to discuss the work in progress to develop the quality improvement plan. At this stage the quality improvement plan was a very early draft.

The meeting with the CCGs on 24 September was very constructive with CCG Board members providing initial feedback on the aims of the programme and how it would be measured, the approach to professional and cultural change in adult mental health services, the governance arrangements for the programme within LPT and the role of the LPT Trust Board in leading this work.

It was agreed that CCGs would continue to work closely with the Trust on finalising the quality improvement plan ahead of LPT's October Trust Board meeting, where the product is due to be signed off. During October there will be a meeting of LPT Non-Executive Directors and CCG lay representatives and a clinically focused discussion between the LPT Medical Director and CCG lead GPs for mental health to assist with this. The Trust will also continue to engage with patient groups, local Healthwatch, voluntary sector agencies, local councils (Scrutiny Committees and Health and Wellbeing Boards) and other stakeholders as the QIP is developed and delivered.

The Trust Board discussed the draft outline plan at its September Trust Board meeting in public, and the Trust also expects to meet with the Assurance Oversight group on 7 October to review progress. Over the next two to three weeks, we will be able to provide more information about how delivery of the plan will be governed within LPT, the capacity and resources needed to deliver the changes, how we will define our current baseline, trajectory for improvement and the metrics for measuring our progress against the plan. All of these matters will be discussed with the Assurance Oversight group during October as we finalise the plan.

Appendix C to this report shows how the improvement plan is constructed in terms of the themed areas of work that will apply to all areas of improvement, and a populated template showing the initial details of the plan with respect to the Adult Mental Health Division.

Appendix D to this report provides a response to the Enter and View report queries as requested.