Scrutiny

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

Leicester City Council

Contents23

Page

1 Executive Summary 2
1.1 Background to the Review and Key Findings 2
1.2 RECOMMENDATIONS 2
2 Report 4
2.1 Background 4
2.2 Ligature Risks and Removal of Mixed Sex Accommodation 5
2.3 Patient's Care, Record Keeping and Medicine Management 6
2.4 Staffing 8
2.5 Child and Adolescent Mental Health Service (CAMHS) 9
2.6 LPT Board Members 11
2.7 Conclusions 11
3 Financial, Legal and Other Implications 12
3.1 Financial Implications 12
3.2 Legal Implications 12
3.3 Equality Implications 12
4 Officer to Contact 12

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

DRAFT

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 Shofiqul Chowdhury
Councillor Deborah Sangster
Councillor Kulwinder Singh Johal

Surinder Sharma – Healthwatch (Standing Invitee)

DRAFT

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.

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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.

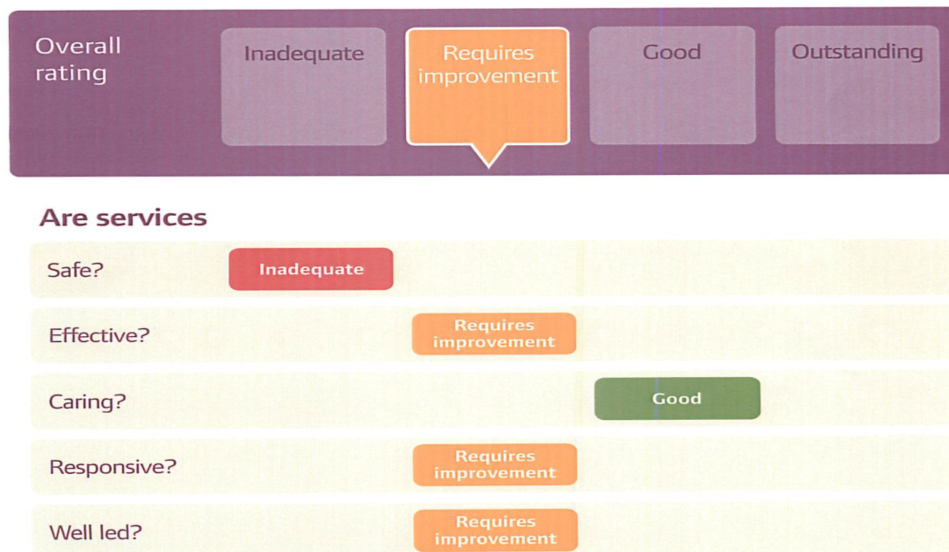
The CQC are asked to consider the following recommendation:

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 Its 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.	Prescriptions are now stored in locked receptacles and monitoring happens regularly.
Effective systems in place for safe management of medicines.	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.**

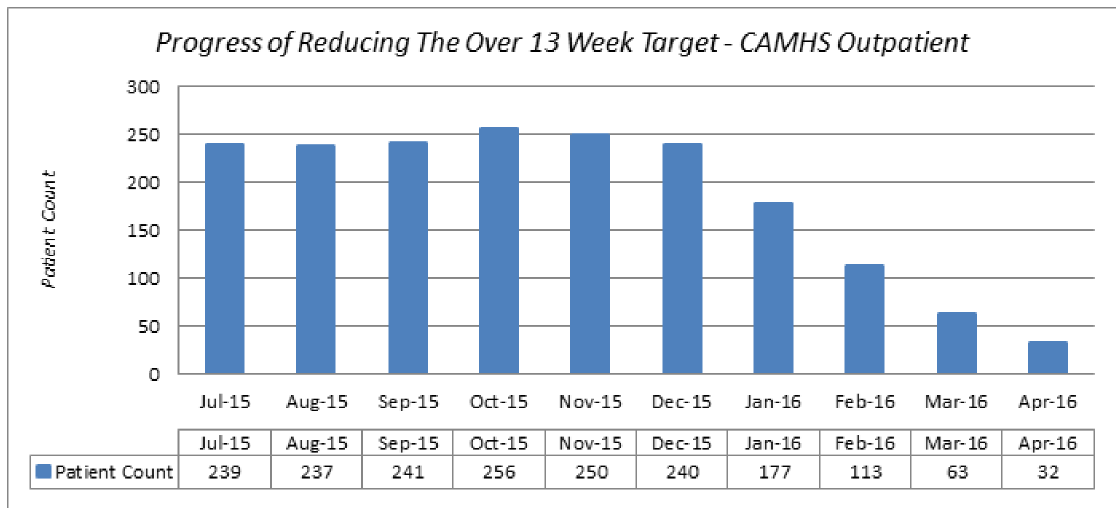
1.7 Child and Adolescent Mental Health Service (CAMHS)

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 (systmOne) 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.



	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Patient Count	239	237	241	256	250	240	177	113	63	32

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

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