

REPORT TO THE HEALTH AND WELLBEING SCRUTINY COMMISSION 29 NOVEMBER 2017

Title	Care Quality Commission Comprehensive Inspection 2016
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Executive summary

Following the Care Quality Commission (CQC) comprehensive inspection in November 2016 the Trust has responded to the 16 inspection reports published in January 2017 with a range of improvement measures collated as formal action plans (the “CQC Action Plan”).

The Trust Board Quality Assurance Committee (QAC) has instigated a formal task and finish governance group, the Compliance Assurance (Compass) group to direct and oversee the assurance of the Trusts CQC Action Plan progress.

This paper provides an overview of the systems of assurance for the CQC Action Plan and defines the responsibilities for directorate and corporate assurance groups in this respect.

In total there are 83 Requirement Notices spanning the 16 reports. In contrast to the 2015 inspection where the majority of these were Trust-wide in nature, many are now locally focused within services with a number of recurrent themes which span the breadth of our services.

Many of the Core Service and Provider Level Report actions are inter-related and have been grouped together where possible under a Trust-wide action associated with the Provider Level Report i.e. of the 25 headline actions 20 include a number of sub-actions contributing to that theme. The remaining discrete Core Service actions continue to be considered as individual actions outside of these groupings.

Introduction/Background

Following the Care Quality Commission (CQC) comprehensive inspection in March 2015 the CQC subsequently re-inspected the Trust in November 2016 and published their findings across sixteen reports on February 8th 2017.

This paper provides an overview of the systems of assurance for the CQC Action Plan and defines the responsibilities for directorate and corporate assurance groups in this respect.

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This paper outlines in summary the CQCs key findings and the Trust's progress to date in establishing a governance process to assure the action plan together with an update on progress with delivering the plan to date.

A total of 142 individual actions have been developed to address the 83 Requirement Notices issued by CQC within their inspection reports.

Progress update

Progress, issues and risks were reported by exception through a number of corporate and directorate governance group reports and reviewed through a Trust Board Subcommittee

Highlights of changes and improvements made since our last inspection

1. The CQC rated our community child and adolescent mental health service (CAMHS) as inadequate on two domains - safety and responsive. This was primarily related to the number of young people that were waiting for treatment.

We have introduced a new standard operating procedure as part of our extensive improvement strategy. We launched a new CAMHS access model and a CAMHS home crisis and treatment service in April 2017. We also introduced a new all-age place of safety facility in June 2017, following significant investment from our commissioners. Furthermore, we have received an £8m investment from NHS England to create a new purpose-built CAMHS inpatient unit that will, for the first time, be able to offer specialist support for young people with eating disorders. This is fantastic news for our transformation journey and more importantly, for children and young people across Leicester, Leicestershire and Rutland.

2. Improving the safety of adult mental health services

We have made significant improvements in our adult mental health services, through a wide range of initiatives, including over £500,000 spent on buildings work to improve the safety of our environments and the privacy and dignity of our patients. We have worked hard with our partner agencies to improve our acute care pathway and have significantly reduced the number of acute patients sent out of area for inpatient care. We have also expanded our crisis liaison service in Leicester Hospital's emergency department to cover all ages. In October we open a new six-bedded female psychiatric intensive care unit which will allow local patients to be cared for closer to home. In November 2017 we will be commissioning five 'moving-on' beds which will support the timely discharge of people with accommodation needs that can take significant time to resolve. We are embarking on a five-year all-age transformation of mental health and learning disability services, using the learning of Northumberland NHS Trust (which has gone from 'requires improvement' to 'outstanding').

3. Community health services for adults

We have strengthened the leadership structure in our community health services for adults, expanding community matron posts, and by introducing senior district nurse roles and senior nurses for complex care as part of a wider transformation programme. We have begun to engage with patients and staff about implementing the changes they have identified so far, to improve working experience, patient outcomes, and service efficiency.

4. Other Trust-wide improvements

We have strengthened a number of processes across the Trust. For example, we have implemented additional training for our staff on the Mental Capacity Act and Mental Health Act, supported by local champions and forums. We are developing a trust-wide standard operating

procedure for consistency around medicines storage. We have been working through action plans to address waiting lists, using new patient tracking methods, new care planning templates and new risk assessment processes.

Finally, as with other Trusts across the country, our focus on recruitment and retention remains a priority, to ensure we have the right skill mix of staff to provide the best possible care for our patients.

Ongoing issues

The directorates requested a further RAG rating to identify actions they considered complete but were still subject to scrutiny and sign off by the relevant committee. The table below details the current position;

Directorate RAG

RAG Colour	RAG Descriptor	No. RAG Actions
Red	DUE - NOT ASSURED/OVERDUE	9
Amber	IN PROGRESS (CONCERNS)	10
Green	IN PROGRESS (NO CONCERNS)	39
Purple	COMPLETE	73
	<u>Total</u>	<u>131</u>

Those actions declared red are reported by exception below:-

Requirement Notice 2	Action Ref.	Action Description	Date the action AND evidence will be provided	Comments/ Remedial Actions
The trust had not ensured that care plans were holistic and personalised.	2.2.1	To review the risk assessment for all patients on CAMHS waiting lists.	End April 2017	Significant progress has been made in line with the CAMHS Recovery & Improvement Plan and the remaining outstanding risk assessments and care plans are being addressed.
Requirement Notice 3 - The trust did not ensure that patients' care and treatment needs were assessed by people with the required level of skills and knowledge, specifically in relation to psychological input.	3.1	Continue with recruitment to additional posts.	August 2017	Four psychological practitioner staff have been recruited. Currently going through employment checks. Following usual three month notice periods it is expected that they will be in post by the end of the year.
Requirement Notice 5 – The trust did not ensure that staff adhered to the Mental Capacity Act Code of Practice....	5.2.9	Additional training to be arranged for ANP staff	July 2017	Training session planned to take place on 24 October 2017.
	5.5	All staff to be up to date with mandatory training including MCA & Safeguarding (target each hub to be sustained at 85% or higher).	September 2017	Current training statistics show not all hubs have achieved compliance as at 1 September. Work is ongoing.
	5.6	Capacity assessments were not decision specific.	September 2017	Safeguarding committee awaiting assurance via directorate highlight report.
	5.13	Continue to monitor and action the results of the MHA audit including review of capacity assessment forms.	March 2017	Consistent improvement has not been shown between April and August 2017. Work is ongoing.

Requirement notice 16 - The trust did not ensure that actions were taken to address the failure to meet the targets for delivery of services, in particular the two hour response target for unscheduled care, and	16.1	Newly introduced co-ordinator function to clinically triage calls for two hour or same day response, and to dispatch staff accordingly based on clinically assessed need. Performance reporting arrangements to be established.	August 2017	Three step approach to performance monitoring has been developed. Timeframe for steps 2 and 3 is December 2017 as part of building on CCHS.
Requirement notice 19 - The trust had not ensured that staffing skill mix and that staff were adequately qualified and experienced to meets patient need.	19.1	The staffing in all AMH/LD areas will be reviewed using the latest recommended safer staffing tools and experience of staff included. Plans will be put in place following this to look at recruitment, retention and redistribution of staff.	June 2017	It is anticipated that this will be completed in quarter four 2017/18.
	19.2	Staffing Review to be undertaken across the Rehab services to ensure that there is the correct skill mix and appropriate staffing numbers.	August 2017	Staffing review in progress. Report expected to October CompAss.

Conclusion

This paper provides an overview of the current position regarding the actions from the November 2016 CQC inspection. A detailed action plan has been provided to the Trust Board.

5 core services (Acute adult inpatient unit, crisis and health based place of safety, CAMHS community, Community nursing and community mental health teams) were re-inspected by the CQC in October 2017 and a well led inspection of the trust was completed between 14-16 November. It is anticipated that the reports will be public in the middle of January 2018.

Annex

CQC Action Plan