HEALTH AND WELLBEING SCRUTINY COMMISSION: 7 MARCH 2018

REPORT OF LEICESTERSHIRE PARTNERSHIP NHS TRUST

CARE QUALITY COMMISSION (CQC) INSPECTION 2017

Purpose of report

1.   The purpose of this report is to advise the HWB Scrutiny Commission of the outcomes following the Care Quality Commission's (CQC) inspection of Leicestershire Partnership NHS Trust (LPT) undertaken 9th October-21st November 2017 and provide assurance that LPT has responded to the findings with a range of improvement measures which are subject to robust governance and assurance arrangements.

Introduction

2.1   The CQC commenced their inspection on 9th October 2017 of five (from a possible 15) Core Services over the period of four days. This was followed by an inspection of the 'well-led' key question at Trust level which commenced on 14th November 2017, lasting three days. In addition, the CQC held a number of Staff Focus Groups to ask staff working in a variety of different roles to share their views on working for LPT. The CQC plan their inspection based on those services rated as 'inadequate' or 'requires improvement'. The CQC did not inspect the other 10 Core Services because their risk based assessment did not indicate that those services required an inspection at the time or they were rated as 'good' in the previous inspection (CQC Comprehensive Inspection, 14-18th November 2016).

2.2   The CQC Inspection 2017 resulted in an improved position for LPT where all 'inadequate' ratings were removed; a total of ten rating changes were made to the five Core Services inspected. The Trust has responded to the 19 'must-do' statutory actions with a range of improvement measures submitted to the CQC as a formal action plan. Overall, the Trust was rated as 'requires improvement' for safe, effective, responsive and well-led and 'good' for caring.

2.3   The CQC published one Inspection Report and one Evidence Appendices report on 29th January 2018. These reports are available from http://www.cqc.org.uk/provider/RT5/reports

Discussion

3.1   The CQC inspected five Core Services as follows -
  I.   Community Health Service for Adults
  II.   Mental Health Crisis Services and Health based Place of Safety
  III.   Community Mental Health Services for adults of working age
  IV.   Acute wards for adults of working age and Psychiatric Intensive Care Units
  V.   Specialist Community Mental Health Services for Children and Young People

3.2   There are five key questions that the CQC use to rate all healthcare provider services; are services safe, effective, caring, responsive and well-led? The inspection of five Core Services was followed by an inspection of the 'well-led' key question at

Trust level. The well-led inspection considers whether the leadership, management and governance of the organisation assures the delivery of high-quality care for patients, supports learning and innovation and promotes an open and fair culture.

3.3   The CQC Inspection 2017 resulted in an improved position for LPT where all 'inadequate' ratings were removed; a total of ten rating changes were made to the five Core Services inspected.

Significant achievements include –

- Community Health Services for Adults improved their overall rating from 'requires improvement' to 'good'
- Specialist Community Mental Health Services for Children and Young People had three 'inadequate' ratings removed and their overall rating improved to 'requires improvement'

3.4   Table 1 below presents the CQC inspection 2017 ratings and the improved position by key question (indicated by directional arrows) since the 2016 CQC Comprehensive inspection.

Table 1. CQC Inspection 2017 ratings

Ratings for Community Health Core Services inspected (one)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good →← Oct 2017	Good →← Oct 2017	Good →← Oct 2017	Good ↑ Oct 2017	Requires improvement →← Oct 2017	Good ↑ Oct 2017

Ratings for Mental Health Core Services inspected (four)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement →← Oct 2017	Good ↑ Oct 2017	Good →← Oct 2017	Requires improvement ↑ Oct 2017	Requires improvement →← Oct 2017	Requires improvement →← Oct 2017
Community-based mental health services for adults of working age	Requires improvement →← Nov 2017	Requires improvement →← Nov 2017	Good ↑ Nov 2017	Requires improvement →← Nov 2017	Good ↑ Nov 2017	Requires improvement →← Nov 2017
Mental health crisis services and health-based places of safety	Requires improvement →← Oct 2017	Good ↑ Oct 2017	Good →← Oct 2017	Requires improvement →← Oct 2017	Requires improvement →← Oct 2017	Requires improvement →← Oct 2017
Specialist community mental health services for children and young people	Requires improvement ↑ Oct 2017	Requires improvement →← Oct 2017	Good →← Oct 2017	Requires improvement ↑ Oct 2017	Requires improvement →← Oct 2017	Requires improvement ↑ Oct 2017

3.5   In the inspection report the CQC highlighted areas of demonstrable improvement including -

- The Trust had addressed the issues identified in the previous inspection at the Health Based Place of Safety and introduced an all-age facility.

- The Trust has strengthened the monitoring of patients waiting to be seen in specialist community mental health services for children and young people.
- Staff are 'kind, caring and respectful towards patients', and that 'most patients spoke positively about their care'.
- The process for monitoring patients on the waiting list in specialist community mental health services for children and young people had been strengthened.
- Care planning had improved, particularly in the crisis service.
- There was an effective incident reporting process which investigated and identified lessons from incidents which were shared in most teams.
- There is 'effective multi-disciplinary working' between staff teams.
- Patients and carers knew how to complain and complaints were investigated and lessons identified.
- Staff were kind, caring and respectful towards patients. Most patients spoke positively about their care and said they were involved. Patients had access to advocacy and there were robust governance arrangements in place for use of the Mental Health Act.
- Staff kept risk assessments up to date and carried out comprehensive assessments which were holistic and recovery focused. Across the teams, we found up to date ligature audits in place.

3.6   The CQC highlighted areas for improvement including -

- Some maintenance and sound proofing issues in some environments.
- Issues with staffing levels in some community teams, however the CQC noted that 'the Trust tried to book regular bank and agency staff to provide continuity of care'. [We are not alone in the current national recruitment shortage for nursing staff and have recently strengthened our recruitment and retention strategy].
- Some medicines management issues.
- High caseloads in community teams, although it was recognised that this is high on the Trust's risk register and plans are in place to manage this.
- Some care plans did not record patient involvement adequately, however the CQC noted that 'most patients spoke positively about their care and said they were involved'.
- Not all staff record their clinical supervision.
- There are two and four bedroom dormitories in mental health wards which are not ideal [however we require significant investment to change these environments].
- Some data quality issues were identified, however the CQC noted that 'the Trust was aware of the issues in relation to waits and data quality and was working towards addressing them'.

3.7   The Trust submitted its response to the 19 statutory 'must-do' actions with a range of improvement measures collated as a formal action plan. Table 2 below provides a summary of the actions the Trust is taking to address the findings.

3.8 **Table 2: LPT over arching actions to the 19 'must-do' requirements**

Core Service	No. of actions required	Core Service action
Community Health Service for adults	2	Identify a set of outcome measures for community nursing services. Build on the Co-ordinated Community Health Services model to enable caseload management including implementation of Auto-planner to ensure right nurse, right skills, right time.
Acute Wards for adults of working age and psychiatric intensive care units	4	Ensure that 85% of staff record clinical supervision on the Trust's ULearn system. Implement Standard Operating Procedures to support safe management of medicines. Further mitigate risks associated with blind spots. Sustain cleanliness of the ward environment and monitor performance of estate repairs.
Community based mental health services for adults of working age	6	Ensure sufficient staffing to meet the demand on the service and ensure staff caseloads are managed safely using the caseload complexity tool. Implement Standard Operating Procedures to support safe management of medicines. Review community staff bases to ensure the safety of staff and service users. Ensure up to date care plans, risk assessments and physical health assessments. Ensure that patients are reminded of their rights. Roll out of caseload complexity tool.
Mental health crisis services and health-based places of safety	3	Review interview rooms to ensure safe working environments for staff and patients supported by refurbishment bid. Review of performance monitoring systems and processes including recording of data and referral times.
Specialist community mental health services for children and young people	4	Embed care planning templates across all teams. Develop a framework for the safe management of individual clinical caseloads. Undertake environmental risk assessments across all sites to ensure they meet the needs of service users. Improvement programme to optimise capacity and improve patient flow.

3.9 The CQC rated the Trust 'requires improvement' at Trust level following its inspection of the 'well-led' key question. The well-led inspection considers whether the leadership, management and governance of the organisation assures the delivery of high-quality care for patients, supports learning and innovation and promotes an open and fair culture. The CQC found that the Trust had a clear vision and values that were displayed in all services and staff knew about them; staff said that they felt supported by managers and knew who their senior managers were; the Trust was aware of issues relating to waits and data quality, and was working to address them but remained of concern. In addition the quality of some data was poor which the Trust was working towards improving.

3.10 There were zero statutory 'must-do' actions in response to the 'well-led' inspection at Trust level.

Governance and assurance arrangements

4.1 The Trust prepared a robust response to the 19 statutory 'must-do' actions using a range of improvement measures submitted to the CQC as a formal action plan. The Trusts Quality Assurance Committee (QAC) will maintain oversight for delivery of the 19 agreed actions.

4.2 In November 2017, the QAC reviewed its existing governance and assurance arrangements for overseeing delivery of the CQC action plan. Every action will be allocated to a Senior Responsible Owner (SRO) who will maintain overall accountability for delivery and regularly report on progress against the agreed action. Progress against every action will be presented to a relevant committee/group in line with their Terms of Reference and these groups will provide QAC with an assurance opinion. This approach ensures ownership of improvement actions deeper into services, whilst embedding the role of assurance into the work programmes for corporate governance groups and committees. The QAC will receive a monthly progress report to inform the Trust Board.

4.3 The CQC will review delivery of the agreed actions with the Trust on a quarterly basis through the Provider Engagement meetings.

4.4 Commissioners and NHS Improvement (NHSI) continue to be closely engaged with the Trust through regular reporting via the commissioner's monthly Clinical Quality Review Group (CQRG) and NHSI bi-monthly Provider Review Meetings (PRMs).

Additional matters

5.1 **Estate investment.** LPT is progressing plans to establish a purpose built 15-bed in-patient unit to provide Specialist Child and Adolescent Mental Health Services (CAMHS) in Leicester. This will involve the relocation of the CAMHS 10-bed inpatient service currently provided at Coalville Community Hospital, to the Glenfield site. In July 2017, NHS England announced that the Leicester, Leicestershire and Rutland Sustainability and Transformation Programme had Category 2 (Advanced) status, which is a pre-condition for capital funding. NHS England also announced that the Trust's CAMHS in-patient capital bid had been successful. In August 2017, NHS Improvement confirmed the £8.0 million capital allocation to LPT and the terms and conditions that will apply. These conditions include their approval of the Full Business Case, a value for money assessment and commitment to post-project evaluation. This new unit at the Glenfield Hospital site will introduce for the first time in the local area, the provision of specialist in-patient Eating Disorder services for young people. Mobilisation has commenced and LPT is investing £807,000 at risk to get the project to full business case. The indicative timeline for this work is:

- Finalisation of mental health and eating disorder service model – stress testing underway
- Building design, planning permission and contract agreed with Interserve – August 2018
- Full business case approval – October 2018

- Construction and commissioning – February 2020
- Service relocation – March 2020

5.2 **Information on agency staffing.** LPT has a Centralised Team (CSS) responsible for deploying temporary staff. Temporary staff includes a bank workforce of 1420 bank only staff and 1682 substantive staff who have additional bank contracts. The bank workforce includes Registered Nurses (RN), Healthcare Assistants (HCA), Allied Health Professionals and administrators. Where we are unable to fill a vacant shift with a bank worker we will try to fill the shift with an agency worker via our mastervend agency contracts. Around 50% of all agency use is Registered Nurses, 30% administrators, 16% Healthcare Assistants and 10% other. The administration agency use includes hosted services who deliver services to other NHS Trusts and organisations. LPT workforce is currently comprised of 70% substantive staff, 25% bank workers and 5% agency workers. LPT are actively reducing the use of agency and since April 2017, there has been a 7% decrease in the number of agency shifts filled. Many of bank workers work in the same area consistently. For example 65% of bank nurses who work in Community Hospitals and 48% of bank nurses who work at the Bradgate Mental Health Unit work on the same ward consistently.

Table 3 below outlines those services using temporary staff and the actions being taken.

Table 3: Service use of temporary staff.

Service	Explanatory
AMH.LD - Bradgate Unit Wards	Historically a challenging area to recruit to but generally a very good supply of bank HCAs. Significant RN vacancies across the unit. RRP (payment of professional registration) in place for substantive registered nurses from January 2018.
AMH.LD - Herschel Prins Centre	Griffin Ward (PICU) re-opened on 30th November and original staff have been redeployed back from their various Bradgate Wards, resulting in higher agency since November 2017. Enhanced rates for HCL agency block bookings ended on 30th January. RRP (payment of professional registration) in place for substantive registered nurses from 12th January 2018. The service is reviewing staffing levels and may require further incentives to encourage bank and agency staff to work in this area.
AMH.LD - HMP Leicester	HMP Leicester is due to transfer to a new provider in March 2018. In the interim there is little or no substantive recruitment and existing substantive staff will be subject to TUPE. Agency and bank workers have been sourced to staff the service until LPTs contract ends. LPT have authorised paying above price caps and block book for agency workers in this service to ensure we can retain them through to the end of March 2018. Substantive and bank staff also have RRP in place (£1562 per annum for registered staff, £952 per annum for unregistered staff. Pro-rated if part time). Stability is particularly important in prison services as the security clearance process takes a significant length of time.

AMH.LD - Mill Lodge	This service moved from Kegworth to Narborough in 2017 which contributed to the number of vacancies in this service. CSS has dedicated some resource to finding bank workers to work in this service including offering training sessions and pay incentives.
CHS - CHS Hospitals	In January, 60% of framework agency use was on community hospital wards. RRP scheme for substantive Band 5 and 6 nurses has been agreed for St Luke's and Feilding Palmer Hospitals (£2000 over 3 years). Peripatetic Nurse posts are in a recruitment process. Pharmacy Technicians role should help reduces demand for agency nurses.
CHS - CHS Community (district nursing / planned care / evening service)	In response to staffing vacancy levels within the city community nursing services we have authorised the use of agency nurses above price cap until 29th April 2018. We have worked closely with our mastervend provider to block book nurses to prevent use of off-framework agencies. This service is part-way through a transformation programme and it is anticipated this will significantly reduce reliance on agency staff.
FYPC - CAMHS	There have been additional staffing requirements in CAMHS due to additional commissioned service and requirements to reduce waiting times.
Psychiatry (Adult, Child and Older People) - Medical Locums	Within AMH.LD, successful recruitment has been undertaken, but there have been some sickness requiring the use of medical locum. In line with most other similar organisations the recruitment of child Psychiatrists remains very difficult. Two medical locums are currently contracted whilst permanent recruitment takes place. It is important to note however that three cycles of recruitment have failed for these posts with the Trust now engaging with partners to recruit from abroad.

The bank workforces is integral to the delivery of safe, high quality care and are highly valued as flexible, responsive, well trained colleagues who understand LPT policies and procedures. The Trust shall continue to grow the bank workforce not only to help reduce the volume of agency workers in the Trust but also to improve our ability to respond to the needs of patients with the right workforce at the right time in the right place.

Conclusions

6.1   This report advises the HWB Scrutiny Commission about the demonstrable improved outcomes following the CQC Inspection 2017and provides assurance that the Trust has responded to the findings. It is anticipated that in response to the CQCs revised approach to inspection, the Trust will be inspected again in 2018, alongside a 'well-led' review at Trust level.

Background papers

7.1   A full copy of the published CQC Inspection reports is available for download from: http://www.cqc.org.uk/provider/RT5/reports