LEICESTERSHIRE PARTNERSHIP NHS TRUST

CQC ACTION PLAN PLAN 2018

Overarching reference code	Directorate	Action Reference	Core Service Report 2017/2016 Comprehensive inspection	'Requirement Action'	Please describle clearly the overarching action you are going to take to meet the gap and what you plan to achieve.	How will you demonstrate that you have met your action? What measures are going to be put in place to check this?	What resources are required which are NOT available and how will you escalate this risk?	What date will your overarching actions be complete? (where this exceeds the re-inspection timeframe how will you escalate this?)	How will people who use the service(s) be affected by you not meeting this regulation until this date?	Senior Responsible Owner (SRO)	SRO Comments/ Remedial Actions	SRO Progress RAG Rating	Committee/Group responsible for delivering the actions	Committee Assurance Rating
A	CHS		Core Service Report/CHS adults	The trust must improve its performance in collecting information about patient outcomes in order to assure itself of the quality of the service being delivered	1. Identify appropriate patient outcome measures & reporting for community nursing services	1. Outcome measures identified and scoped for agreement and reporting by service area. 2. Reporting processes established with service and directorate oversight.	N/A	Oct-18	Patients are at risk of not receiving appropriate and timely treatment resulting in good outcomes	Head of Nursing (CHS)			Clinical Effectiveness Group	**Fully Assured**
B	CHS		Core Service Report/CHS adults	The trust must ensure that staff are able to complete their workload within their working hours	1. New processes established for community nursing services (Building on Co-ordinated Community Health Services) to be embedded to appropriately manage current caseloads ensuring patients are referred and directed to the appropriate service. 2. Implementation of autoplanner to ensure right nurse, right skills, right patient and right time.Visits planned within working hours ensuring that visits can be managed both in terms of numbers and acuity within the individuals working day, including a scheduled break for staff.	Weekly operational report in place will include how many actual visit hours, travel hours and break hours.	N/A	Sep-18	Patients are at risk of not receiving appropriate and timely treatment	Head of Service (Community)			Strategic Workforce Group	
C (and 18.5)	AMH/LD		Core Service Report/Acute wards for adults of working age & PICU	The Trust must ensure that staff record their supervision in line with trust policy	1. Develop a plan with a trajectory by end of March 2018 to achieve 85% compliance within the acute inpatient wards & PICU. 2. Monitor trajectory and deliver the plan and achieve 85% compliance as recorded on Ulearn by October 2018. 3. Raise the profile of clinical supervision through the use of promotional materials and discussion at team meetings.	Trajectory and plan 85% Compliance on Ulearn	Devices available on each ward to record clinical supervision.	Oct-18	No impact	Head of Nursing			Clinical Effectiveness Group	**Fully Assured**
D	AMH/LD		Core Service Report/Acute wards for adults of working age & PICU	The trust must ensure the proper and safe management of medicines	1. Develop & Implement a Standard Operating Guidance (SOG) for Safe Management of Medication on inpatient wards including the role of pharmacy.	SOG implemented, quarterly ward spot checks. Annual medication storage audit, established 3 monthly pharmacist CD audits/visits	N/A	Aug-18	Potential risk of patient receiving out of date medication	Head of Nursing			Trust wide medicines risk reduction group	
E	AMH/LD		Core Service Report/Acute wards for adults of working age & PICU	The Trust must ensure that blind spots are managed fully to enable staff to observe patients.	1. Health and Safety Team to work with the service to develop a plan to further mitigate risk associated with blind spots on Bosworth, Thornton, Ashby and Aston.	Revised ligature, environmental and patient related risk assessments and implementation of any resulting actions.	N/A	Aug-18	Patients may be at risk of staff not fully observing them in a blind spot.	Head of Service (ICL)			Patient Safety Group	
F	AMH/LD		Core Service Report/Acute wards for adults of working age & PICU	The trust must ensure that wards are clean and that equipment and facilities are maintained in a timely way.	1. Cleanliness -Cleaning schedules to be reviewed with Estates in conjunction with the Ward Matron for each ward to agree revisions and reinforce immediate feedback and improvements. 2. Estates and Facilities to support AMHLD monitor the performance of their estate repairs on an agreed basis to include an effective escalation mechanism for urgent repairs.	1. Monitor revised cleaning schedules and impact 2. Effective performance monitoring of required repairs.	N/A	Jun-18	1. Patients are at risk of receiving care in an unclean environment 2. Any delay to required repair work may negatively impact on the patient experience.	Head of Service (ICL)			Infection, Prevention, Control Committee	**Fully Assured**
G (and 19.3.3)	AMH/LD		Core Service Report 2017/CMHS for adults of working age	The trust must ensure that there is sufficient staffing to meet the demands of the service and caseloads of individual staff members are managed safely.	1. Monthly review of staffing levels and vacancies. (Vacant posts will be supported by temporary members of staff to maintain safe staffing levels) 2.Agree roll out plan for the caseload Complexity tool in relevant community teams to support caseload review and distribution.	1. Monthly monitoring of staffing, recruitment and vacancies. 2. Evidence of implementation of roll out in line with plan.	Availability of staff to recruit into vacant posts. (Risk is on the corporate risk register)	May-18	Patients are at risk of not receiving timely and appropriate treatment.	Head of Service (Community)			Strategic Workforce Group	**Partially Assured**
H	AMH/LD		Core Service Report 2017/CMHS for adults of working age	The trust must ensure the proper and safe management of medicines and medical equipment	1. Review and strengthen the effectiveness of the Standard Operating Guidance for Safe Management of Medication in community teams. 2.Test effectiveness of the revised SOG to support registered nurses in their role in the safe management of medicines. 3. Oversight of roll out of pharmacy's procured automated fridge temperature monitoring solution in all CMHTs.	1. SOG revised. 2. Quarterly spot checks, annual medicines storage audit results.	N/A	Jun-18	If medication is not kept at the correct temperatures it may be less effective	Head of Service (Community)			Trust wide medicines risk reduction group	
I	AMH/LD		Core Service Report 2017/CMHS for adults of working age	The trust must ensure they mitigate against identified environmental risks to keep patients and staff safe.	1.Review all community team base environmental/ligature risk assessments and implement necessary actions to control the risks.	Risk assessments completed along with any associated actions for all team bases.	N/A	Jul-18	Receiving care in an unsuitable environment may impact on the patient and staff safety.	Head of Service (Community)			Health & Safety Committee	
J	AMH/LD		Core Service Report 2017/CMHS for adults of working age	The trust must ensure that all patients have an up to date care pan, risk assessment and physical health assessment.	1. Reiterate and embed care planning and risk assessment standards including the period for review. 2. Clarify the role of CMHT's in facilitating access to primary healthcare for patients physical health needs.	1. Agreed frequency of care plan and risk assessment review (Audit outcomes) 2. Clear expectations of physical health assessments, physical health strategy	N/A	Jul-18	Care plans and risk assessments may not be reflective of the patient's current condition resulting in the risk of patients not receiving timely and appropriate care and treatment.	Head of Nursing			Clinical Effectiveness Group	**Fully Assured**
K	AMH/LD		Core Service Report 2017/CMHS for adults of working age	The trust must ensure that patients subject to Mental Health Act community treatment orders have their rights explained to them at regular intervals and that this is documented.	1. Establish a system for the regular process of reminding and evidencing that patients under CTO have been reminded of their rights.	Process, quarterly spot checks	N/A	Jul -18	Patients may not be aware of their rights	Head of Nursing			Mental Health Act Assurance Committee	
L	AMH/LD		Core Service Report 2017/CMHS for adults of working age	The trust must ensure work continues to reduce caseloads in community teams.	1. Agree roll out plan for caseload Complexity tool in specific community teams -effectively reviewing team caseloads and moving patients off of caseloads where appropriate (Community Work stream)	1. Monthly monitoring of staffing, recruitment and vacancies. 2. Evidence of implementation of roll out in line with plan.		Jul-18	Patients are at risk of not receiving timely and appropriate treatment.	Head of Service (Community)			Strategic Workforce Group	**Partially Assured**

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M	AMH/LD		MH Crisis Services & HBPoS	The trust must ensure interview rooms in the crisis team are safe and fit for purpose.	1. Ensure rooms currently in use have an environmental risk assessment. 2. Assess and develop a capital bid for refurbishing interview rooms and installation of anti barricade doors and alarm system	1. Completed environmental risk assessments 2. Plan and bid		April 2018 (bid) capital TBC	Patients are at risk of receiving care that impacts negatively on the patient experience	Head of Service (ICL)			Health & Safety Committee	
N	AMH/LD		MH Crisis Services & HBPoS	The trust must ensure systems support reliable recording of data in order to have oversight of key performance indicators and safeguarding referrals.	1. Review systems and processes to ensure accurate recording of data and agree business rules. 2. Staff will complete eIRFs for all safeguarding referrals	1. Clear business rules in place 2. Incidents reported by CRHT seen by safeguarding	N/A	Jul-18	Lack of monitoring systems may impact on patient safety and experience.	Head of Service (ICL)			Finance & Performance Committee	
O	AMH/LD		MH Crisis Services & HBPoS	The trust must ensure teams are able to meet targets for referral to assessment and treatment within the crisis, mental health triage and psychiatric liaison teams.	1. Undertake a review to identify the improvements required across the relevant pathways to result in improved performance against target. (CRHT/HTT/MHTT/Psychiatric Liaison)	~~1. Implementation of actions required in response to review.2. Improved performance against targets.~~ 1. Results of reviews		Jul-18	Patients are at risk of not receiving timely and appropriate treatment.	Head of Service (ICL)			Finance & Performance Committee	
P	FYPC		Specialist CMHS for children and young people	The trust must ensure care plans are personalised and holistic and patients are involved in care planning.	1. Full implementation of the CAMHS care plan template across all CAMHS Community teams.	1. All service users will have an up to date personalised and holistic care plan. 2. Audit outcomes evidencing patient involvement.	N/A	Sep-18	Service users may experience a lack of involvement in developing their care plan.	Head of Service			Clinical Effectiveness Group	**Partially Assured**
Q	FYPC		Specialist CMHS for children and young people	The trust must ensure that caseloads of individual staff are manageable.	1. Develop a framework for the safe management of individual clinical caseloads.	1. Implementation of framework and monitoring of standards. 2. All staff will have a caseload that is compliant with the agreed framework.	N/A	Oct-18	Patients are at risk of not receiving timely and appropriate treatment.	Head of Service			Strategic Workforce Group	
R	FYPC		Specialist CMHS for children and young people	The trust must ensure sites where services for children and young people are delivered are safe, clean and meet the needs of the patients.	1. Undertake environmental risk assessments for all sites and implement any required actions to ensure all CAMHS Services are delivered in safe and clean sites that meet the needs of the patients.	Completion of environmental risk assessments and closure of any required actions.	N/A	Oct-18	Patients are at risk of receiving care that impacts negatively on the patient experience	Head of Service			Health & Safety Committee	
S	FYPC		Specialist CMHS for children and young people	The trust must ensure work continues to reduce the number waiting for assessment and work to reduce those waiting for treatment within the service.	1. Undertake a comprehensive improvement programme to optimise the available clinical capacity and improve patient flow through the CAMHS service.	1. Clearly defined treatment care pathways and packages of care. 2. Monthly monitoring against expected standards.	N/A	Oct-18	Patients are at risk of receiving care that impacts negatively on the patient experience	Head of Service			Finance & Performance Committee	
5	CHS	5.5	2016 Comprehensive Inspection	Insufficient numbers of nursing staff (substantive and bank nurses) had completed mandatory training in topics that were key to their role. This included the Mental Capacity Act 2005, fire safety and safeguarding.	1. All mandatory e-learning in each hub to achieve 80% by 30 June and 85% by 30 Sept. Delivery is to be incorporated into daily care planning arrangements for teams to build capacity to complete. 2. All face to face training to be booked in advance to maintain 85% or higher compliance with in date training. Delivery is to be incorporated into daily care planning arrangements for teams to build capacity to complete. 3. Three yearly Core Mandatory training in each hub to be sustained at 85% or higher. Delivery is to be incorporated into daily care planning arrangements for teams to build capacity to	Monitoring and oversight will sit with the Community Governance Group and will be reported via the new hub reporting processes. Reporting will be via the workforce sitreps.	Actions 1 - 3: Staffing capacity to ensure that training is undertaken Action 4: None identified	1. - 30th Sept 2017 2. - 30th Sept 2017 3. - 30th Sept 2017 4. - 30th Sept 2017	Patients may receive care and treatment from a workforce without the appropriate skills to deliver effective care	Head of Service (Community)			Strategic Workforce Group	**Not Assured**
11	Corporate	11	LP NHS Trust Report	The trust did not ensure that medication was consistently at correct temperatures in all areas and did not take action if temperatures were outside of the correct range.	The remote monitoring system installed at the Bradgate unit needs to be broadened to cover all areas of the Trust that store temperature sensitive medication	The remote monitoring system can be interrogated to demonstrate it is functioning and alerting nominated individuals when required	Although the central processor will be able to function Trust wide there may be some resource implications on bringing individual new units on to the system. This will be a maximum of £4k per site	Rolling programme through 2017/8 financial year	Can't guarantee that meds have been stored at correct temperature but there has never been a Trust incident where this has led to patient harm	Head of Pharmacy			Trust wide medicines risk reduction group	
18	AMH/LD (Acute & PICU)	18.5	2016 Comprehensive Inspection	The trust had not ensured all staff were in receipt of regular supervision. The trust could not be sure staff were appropriately supported for their role.	Process has been developed by Clinical Trainer & Practice Development Facilitator and senior nurses to ensure all staff receive and understand the need for supervision. This is alongside a new process where managers are able to input supervision for the staff having received into ulearn.	Supervision on the training record will show above 85 %	Sufficient staff in position, clinical trainers assisting with ward matrons in enabling clinical supervision.	target of completed supervision met by September 2017	See 18.4	Senior Matrons		w	Clinical Effectiveness Group	
18	AMH/LD (Forensic inpatients)	18.6	2016 Comprehensive Inspection	The trust had not ensured that all staff were in receipt of supervision.	2017 ACTION FOR 18.6 Trajectory agreed with service to reach 85% by March 2018. Current position 43.1%	Trajectory agreed with service to reach 85% by March 2018.	N/A	Apr-18	Staff may not feel supported to provide patient care	Head of Service (ICL)			Clinical Effectiveness Group	
19	AMHLD	19.1	2016 Comprehensive Inspection	The trust had not ensured there were sufficient registered nurses for safe care and treatment	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.	Staffing reviewed and safer staffing proposal agreed for implementation	N/A	Mar-18	Inadequate staffing levels may be a threat to patient safety	Head of Nursing			Strategic Workforce Group	
19	AMH/LD	19.2.1	2016 Comprehensive Inspection	Staffing levels were not consistent across the two sites. There were high vacancy rates. Staffing numbers were met but not always the right skill mix.	1. A Staffing Review to be undertaken across the Rehab services to ensure that there is the correct skill mix and appropriate staffing numbers by AMH/LD Lead Nurse	1. Outcome of the completed staffing review to be escalated to senior clinical and operational managers 2. Regular review of vacancies in unit management meetings and prompt recruitment to vacancies where possible. Further consideration may need to be given to TAP in the future as a/ part of the staffing review b/ in the event of difficulties recruiting to Band 5 posts in the future due to predicted national shortages. 3. Reduced staffing levels and impact on clinical care should be reported through e-irf and monitored by Team Managers 4. All staff to be aware of SOP. Final version to be distributed via email/staff meetings, newsletter, placed in the handover folder etc.	1. Capacity of Lead Nurse to undertake staffing review at both Rehab unit 2. Possible financial resource implications 3. Possible recruitment implications	~~31/05/17~~ August 2017	No immediate risk to staff or patients but potential risk of quality of care delivery if staffing skill mix is not adequate or there is heavy use of bank and agency staff to achieve required numbers of staff on shift	Head of Nursing	May CompAss - 19.0 and 19.2 will be completed in August 2017. June CompAss - 19.2 to be completed August amd reported in Sept 2017. Final CompAss - still awaiting sign off.	w	Strategic Workforce Group	
		2017 action for 19.2.1			1. A Staffing Review to be undertaken across the Rehab services to ensure that there is the correct skill mix and appropriate staffing numbers by AMH/LD Lead Nurse	Staffing reviewed and safer staffing proposal agreed for implementation	N/A	Mar-18	Inadequate staffing levels may be a threat to patient safety	Head of Nursing			Strategic Workforce Group	**Not Assured**
19	AMH/LD	19.3.3	2016 Comprehensive Inspection	The trust had not ensured there was sufficient staff so that caseloads were manageable.	3) Pilot of MH caseload complexity tool in West County CMHT commences April 2017.	1) Continued use of Bank and Agency staff to cover sickness and maternity leave. 2) Skill mix reviews -result of the pilot	1) Ongoing staff time to follow recruitment processes. 2) Senior nurse plus team staff.	1) Immediate 2) September 2017.	Lack of staff to provide basic level of care required.	Head of Service (Community)	All blue except - 19.3.3 pilot extended another 6 mths, will report in April 2018	w	Strategic Workforce Group	

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20	AMH/LD	20.1	2016 Comprehensive Inspection	The trust had not ensured all staff were up to date with mandatory training requirements. The trust reported low levels of compliance with immediate life support training. The trust was required to address this following the CQC inspection in 2015.	All ward matrons and the training department have been made aware of the need to have all staff up to date with ILS and will book staff onto this training, training department are aware of the high demand and are in the process of informing wards if spaces become available at the last moment to attempt to ensure course are ran at full capacity. Training reports will be looked at with matrons during their supervision sessions to address any needs that may arise.	all staff are trained with mandatory training and ILS	sufficient trainers available for the number of courses needed to train all staff All staff are booked on in a timely manner for courses	September 2017 training report to show greater than 85% completion	Patient care may be adversely affected by staff not being up to date with their mandatory training and staff are at risk of delivering care that is not compliant with latest practice	Inpatient Lead		w	Strategic Workforce Group	
		2017 action for 20.1			Trajectory agreed with service to reach 85% by March 2018	Workforce report, monthly monitoring	N/A	Mar-18	Staff who are out of date with key clinical training requirements may not deliver up to date care	Head of Service (ICL)			Strategic Workforce Group	**Not Assured**
20	CHS	20.2	2016 Comprehensive Inspection	The Trust must make sure staff receive appropriate support, training, professional development, supervision and appraisal as necessary to enable them to carry out the duties they are employed to perform.	Supervision and appraisal recording in each hub to achieve achieve 80% by 30 June and 85% by 30 Sept. Delivery is to be incorprated into daily care planning arrangements for teams to build capacity to complete. Also see 5.5 & 19 for supporting actions.	Monitoring and oversight will sit with the Community Governance Group and will be reported via the new hub reporting processes. Reporting will be via the workforce sitreps.	Staffing capacity to ensure that supervision and appraisal is undertaken	30th Sept 2017	Patients may receive care and treatment from a workforce without the appropriate skills to deliver effective care	Head of Service (Community)			Strategic Workforce Group	**Not Assured**