


Agenda Item 6

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Partnership NHS Foundation Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	26 October 2016
Subject:	Lincolnshire Partnership NHS Foundation Trust – Care Quality Commission Comprehensive Inspection

Summary:

The purpose of this report is to provide assurance to the Health Scrutiny Committee for Lincolnshire that Lincolnshire Partnership NHS Foundation Trust (LPFT) continues to make good progress with implementation of the action plan resulting from the Care Quality Commission (CQC) Comprehensive Inspection (30 November to 4 December 2015).

Actions Required:

- (1) Members of the Committee are asked to seek assurance from LPFT that the work being undertaken is meeting the actions set out by the Care Quality Commission (CQC) and to receive the latest position on the number of actions completed and evidenced.
- (2) Members of the Committee are asked to receive assurance that the organisation will focus on continuous quality improvement once the CQC Action Plan is complete.
- (3) To seek assurance that the CQC, NHS Improvement and NHS England, as well as local Clinical Commissioning Groups, are receiving updates on progress.
- (4) To request further updates on progress in relation to safe care – the requirements of single sex accommodation guidance and assessing/managing the risk of points of ligature in and around the buildings in which patients are receiving mental health services.

1. Background

The Care Quality Commission (CQC) inspected eleven service areas of Lincolnshire Partnership NHS Foundation Trust (LPFT) and on 23 April 2016 published a detailed report for each, along with an overall provider report. Copies of the CQC reports are available on the Trust website and the ratings given to services by the CQC are displayed across the service areas so that patients, carers and visitors can see the results. A summary of the outcomes is attached at Appendix A.

Overall the organisation was rated "Requires Improvement" with a "Good" rating for caring in all services inspected and an "Outstanding" rating for community based Child and Adolescent Mental Health Services. The rating for "Safe" was "Inadequate", due to concerns from the CQC about potential risks associated with single sex accommodation and points of ligature.

The vast majority of the findings were consistent with the Trust's own assessment of its areas for improvement, as presented to the CQC on the first day of the inspection. The areas of concern in respect of the "safe" key line of enquiry challenged the Trust's judgement of how anti-ligature and same sex accommodation guidance should be interpreted. The Trust has responded proactively to the assessment of the CQC in respect of these areas of risk and has also challenged the same sex accommodation assessment for the Ash Villa Child and Adolescent Mental Health inpatient unit. The Trust is awaiting a response to this challenge.

2. Progress update on the implementation of the CQC Action Plan

The action plan has been produced in partnership with service leads in LPFT and provides a comprehensive plan for the "must do" and "should do" actions identified in the eleven service reports and the provider report published by the CQC in April 2016.

The CQC Action Plan is updated monthly and presented in public meeting session to the Board of Directors each month. A copy of the latest report (which was scrutinised by the LPFT Board of Directors in September 2016) is attached as Appendix B.

The action plan describes the accountable and responsible officers along with the actions to be taken and timescales. The Assurance and Evidence columns are populated with hyperlinks through to documentation (which are stored on the Trust intranet as evidence) and further reports on progress are monthly. Where evidence is photographic, for example a stair rail, a dated image will be stored as the evidence.

Where an action is shaded GREY it is complete with the appropriate evidence stored and available as assurance that the action is satisfactorily completed.

Internal monitoring of the plan is led by the Director of Operations, the executive sponsor, liaising on a regular basis with clinical division leaders and through governance meetings. Factual evidence of progress is through the Trust Compliance Team, who produce reports to the Trust Quality Committee and Board of Directors for scrutiny at each meeting. The Trust Quality Committee, which is a sub-committee of the Board of Directors, is chaired by a Non-Executive Director.

If a service lead is not assured with the level of progress against the plan, the service lead has the ability to challenge that and adjust the level of Assurance and Evidence accordingly.

In version 15 of the CQC action plan, the following changes are brought to Committee's attention: -

- Actions that have been completed with evidence provided have been shaded out as GREY on the plan.
- Since version 14, a further 19 actions were completed and signed off (shown as GREEN on the plan).

In total there are 98 key lines of questioning in the action plan of which 93 relate to clinical services and 5 that make up the "Well Led" section of the plan shown on pages 37 to 39. These actions are on track and relate to the development of the strategy for the organisation, culture and involving patients, staff, carers and others in developing services.

For the 93 key lines that relate to clinical services directly, there are 213 sub actions or responses to those key lines of questioning. These are from "must do" and "should do" actions highlighted in the CQC inspection report.

Of the 213 sub actions or responses that relate to clinical services provided by LPFT, as at the end of September 2016, the position on implementation of the plan is that: -

- 158 out of the 213 sub actions are both complete (GREEN) and supporting evidence is stored (GREY). This is 74%;
- 9 of the 213 sub actions are complete (GREEN) and the evidence is awaited to provide assurance to move to GREY (<1%);
- 46 of the sub actions are AMBER (or a mix of amber and green) and are on track for delivery by the agreed date;
- No actions are rated RED.

The plan is in the process of being updated as part of the monthly monitoring and a further move to GREEN/GREY is anticipated over the next two months.

3. Continuous Quality Improvement

The CQC Action Plan is due to run through to the middle of 2017 – however to ensure that there is a continued focus on quality improvement, the Trust will transfer all remaining CQC actions, along with other priorities for quality improvement, into a new Quality Improvement Plan. This plan will include the transformational activities that the services are taking forward through initiatives to improve care for patients, staff satisfaction and wider Lincolnshire developments, along with learning from serious incidents and other reports.

The Quality Improvement Plan is in development and will be completed by the end of December 2016 (to align with the two year plan).

4. Stakeholder assurance processes

The requirement to provide assurance to the CQC, NHS Improvement, NHS England and the Clinical Commissioning Groups on progress is underway with regular updates on progress against the CQC Action Plan.

Copies of the CQC Action Plan and progress reports are provided to stakeholders and published on the Trust website following each monthly Board of Directors meeting.

An oversight meeting is scheduled for 1st November 2016 when there will be a round table review by the above stakeholders to scrutinise progress on the CQC Action Plan.

5. Safe Domain - progress

The main areas of concern about SAFE related to patients on wards in mixed gender areas (single sex accommodation breaches) and on the assessment and removal/management of potential points of ligature that may be used by patients to harm themselves (either removed or the risk associated with them assessed and managed).

Points of ligature

The point of ligature concerns related to some points of ligature inside some of the LPFT patient building areas (inpatient and rehabilitation services) and possible points of ligature in outside/external areas in the immediate surrounding areas of buildings that patients have access to.

The group considering the risks associated with ligature points has produced a revised process for the assessment and management of ligature risks, which has been incorporated into the Trust policy. There are several components to the revised process, which refines how we assess and manage ligature risks: -

- Each service and associated building is assessed as low, medium or high risk depending on the type of service provided. The nature of the service and the kinds of risk typically presented by the patients using the service is clearly described. Patients on an open, community based rehabilitation ward would typically present lower risks, for example, than acute or forensic patients, and would have access to everyday items and an environment to support daily living as part of their rehabilitation.
- A ligature risk assessment would then be undertaken, in the context of the type of service provided and associated level of risk.
- Any specific risks associated with individual patients would be identified in their clinical record and steps taken to manage these risks in the care setting provided

Single Sex Accommodation

Following the CQC inspection visit, the issues raised around privacy and dignity relating to the mix of patients of different genders on three wards were immediately addressed, for example swipe cards introduced to protect access to particular areas by different genders. Staff teams at the units concerned have reviewed the risk assessments of patients of

different genders, who share corridors and the actions taken as a result, are recorded in the CQC Action Plan.

In addition to this, the Director of Nursing and Quality led a task and finish group to work with staff and a workshop was held with all inpatient areas possibly affected including Ash Villa, Sleaford which is a unit for inpatient Child and Adolescent Mental Health Services (CAMHS) and the other wards that were highlighted in the CQC inspection report.

All of the inpatient wards and rehabilitation service areas were re-issued with CQC guidance on single sex accommodation to guide staff.

The Trust awaits the outcome of the challenge put into CQC in relation to rating of inadequate for Safe particularly single sex accommodation at the Ash Villa Unit, Sleaford.

The impact on patient care is potentially significant as adherence to the national guidelines can mean that to meet the guidelines a patient or patients would need to be referred out of area for an inpatient bed, for example a Lincolnshire patient who was in the older adult service had to be referred to a provider in Sterling for care and treatment.

6. Conclusion

As a learning organisation, LPFT welcomes the feedback given by the CQC as part of the inspection and is making progress on the areas identified in the CQC inspection. The Board of Directors has a clear line of sight, through the action plan, on continued progress and will update the Health Scrutiny Committee on a regular basis as required.

Progress against the plan is very good with 74% of key action points completed and evidenced to give assurance.

Those areas of the Action Plan relating to the Safe domain of the CQC inspection have also been addressed, through specific task and finish groups led by executive directors in the Trust.

Progress is being maintained to complete the remaining actions and to transfer any remaining actions into a Quality Improvement Plan to support the continuous quality improvement objectives of the organisation.

Assurance on progress against the Action Plan is reported to the LPFT Board of Directors on a monthly basis, in open session, to allow scrutiny and confirm and challenge.

7. Consultation

There are no issues of public consultation arising from this report.

8. Appendices

These are listed below and attached at the back of the report	
Appendix A	Summary of the CQC ratings for LPFT in the Comprehensive Inspection
Appendix B	CQC Action Plan (version 15 dated September 2016).

5. Background Papers





No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Ian Jerams, Director of Operations at Lincolnshire Partnership NHS Foundation Trust, who can be contacted on 01529 222231 or ian.jerams@lpft.nhs.uk









































































Summary of the CQC ratings for LPFT in the Comprehensive Inspection

Summary of the Trust's ratings:

CQC ratings key:

Outstanding  Good  Requires improvement  Inadequate 

LPFT overall

	Overall	Safe	Effective	Caring	Responsive	Well-led
<i>LPFT overall</i>						
Specialist community mental health services for children and young people						
Child and adolescent mental health wards						
Community-based mental health services for adults of working age						
Community-based mental health services for older people						
Mental health crisis services and health-based places of safety						
Substance misuse services						
Wards for older people with mental health problems						
Acute wards for adults of working age and psychiatric intensive care units						
Inpatient rehabilitation wards						
Community mental health services for people with learning disabilities and autism						
Forensic inpatient/secure						

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