

## REPORT TO SCRUTINY BOARD (ADULT SOCIAL SERVICE, PUBLIC HEALTH, NHS)

### PURPOSE OF THIS REPORT

The purpose of the report is to provide Scrutiny Board with an update from Leeds Community Healthcare NHS Trust on progress made against actions identified by the Care Quality Commission during an inspection of the Trust in November 2014. This includes progress against compliance and improvement actions.

### CQC RATINGS

The following table outlines the conclusions of the Care Quality Commission (CQC) inspection team in November 2014. Progress against the action plan written in response is tracked on a monthly basis by the Trust's Senior Management Team and Quality Committee.

|                                | Safe                 | Effective            | Caring | Responsive           | Well-led | Overall              |
|--------------------------------|----------------------|----------------------|--------|----------------------|----------|----------------------|
| Adults – long term conditions  | Requires improvement | Good                 | Good   | Good                 | Good     | Good                 |
| Children's and Family services | Good                 | Good                 | Good   | Good                 | Good     | Good                 |
| Inpatient services             | Requires improvement | Requires improvement | Good   | Requires improvement | Good     | Requires improvement |
| CAMHS - IP                     | Requires improvement | Good                 | Good   | Good                 | Good     | Good                 |
| CAMHS - OP                     | Requires improvement | Good                 | Good   | Requires improvement | Good     | Requires improvement |
| Dental                         | Good                 | Good                 | Good   | Good                 | Good     | Good                 |
| Overall                        | Requires improvement | Good                 | Good   | Requires improvement | Good     | Requires improvement |

### CQC COMPLIANCE ACTIONS

The CQC set out two compliance actions (must-do's) which both relate to the safe domain:

- CAMHS - *ensuring risk assessments are recorded on electronic records.*  
This was promptly actioned and is monitored on an ongoing basis

- CAMHS in-patient service - *ensuring effective risk assessment of the physical environment, having a clear timescale for moving to new premises and improving the present premises pending whilst waiting for the move.* Risk assessment processes on the Unit have been strengthened and ligature risks minimised. The Trust is actively working up proposals for alternative premises in Leeds for this service and has two favoured options at present, both utilising existing buildings owned or leased by the public sector. NHS England, as the commissioner of the service, is fully aware of the position. At the time of writing this report the Trust is still awaiting the invitation to tender documentation for service provision effective from 1 April 2017.

## **CQC IMPROVEMENT ACTIONS**

Progress in addressing improvement actions / recommendations (should-do's) is as follows:

### **Adult services**

- *Ensuring safe staffing levels in community teams.* Staffing levels in the Neighbourhood Teams have improved significantly as a result of a highly successful recruitment campaign in the summer. Another key focus is the re-organisation of the Twilight service to ensure appropriate, safe staffing levels 6-10pm: this will be complete by the end of May 2016. Systems for monitoring daily capacity and demand and escalation based on recognised Resource Escalation Action Plan (REAP) levels have been strengthened. The Trust is investing in an e-rostering system which will improve efficiency of staff allocation
- *Ensuring safe medicines transcribing processes in place.* The Trust has recruited pharmacy technicians to transcribe so that nurses only need to do so in exceptional circumstances. This will be consistent with national guidance.

### **South Leeds Independence Centre (SLIC)**

- *Ensuring staffing levels and skill mix are suitable for staff to effectively provide the necessary support to patients.* The service model has been agreed with commissioners and is being adhered to. The service has developed a patient dependency tool to inform admission decisions and ensure the service is able to meet the needs of patients. Service leadership has been strengthened and agency usage reduced
- *Strengthening assessment and care planning processes.* Care planning, including discharge planning, and evaluation have been strengthened and are now timely. The combined effect of this since December 2015 has been a significant reduction in the average length of stay

- Other improvement actions have been addressed relating to management of equipment, ensuring access to emergency drugs, maintaining drug fridge temperatures; and completion of DNA CPR forms

#### **CAMHS**

- *Reducing waiting times.* The Trust and commissioners are assured that high risk patients are accessing the service quickly. Waiting times for consultation clinics have been reduced to 12 weeks and we are now focussing on reducing waiting times for internal onward referrals, starting with autism assessments

The Trust does not yet have a date for a re-inspection by the CQC. The CQC has advised that this will be dependent on any change in approach and prioritisation emerging from the CQC's recent consultation about its inspection approach. The Trust is working towards being ready for an inspection from early summer and is putting in place a programme of staff engagement, building on lessons learned from the initial inspection.

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**April 2016**