

UNDERTAKINGS

NHS TRUST:

Leicestershire Partnership NHS Trust
Riverside House
Bridge Park Plaza
Bridge Park Road
Thurmaston
Leicester
LE4 8PQ

DECISION:

On the basis of the grounds set out below and pursuant to its powers exercisable by NHS Improvement under or by virtue of the National Health Service Act 2006 and the TDA Directions, NHS Improvement has decided to accept undertakings from the trust.

DEFINITIONS:

In this document:

"the conditions of the Licence" means the conditions of the licence issued by Monitor under Chapter 3 of Part 3 of the Health and Social Care Act 2012 in respect of which NHS Improvement has deemed it appropriate for NHS trusts to comply with equivalent conditions, pursuant to paragraph 6 of the TDA Directions;

"NHS Improvement" means the National Health Service Trust Development Authority;

"TDA Directions" means the "National Health Service Trust Development Authority Directions and Revocations and the Revocation of the Imperial College Healthcare National Health Service Trust Directions 2016".

GROUNDINGS:

1. The trust

The trust is an NHS Trust all of whose hospitals, facilities and establishments are situated in England.

2. Issues and need for action

NHS Improvement has reasonable grounds to suspect that the trust has provided and is providing health services for the purposes of the health service in England whilst failing to comply with the following conditions of the Licence: FT4(4)(a) and (c), (5)(c), (6)(a-b)(d)(f).

2.1. In NHS England and NHS Improvement particular:



Quality

2.1.1. An inspection of the trust by the CQC during November and December 2018 resulted in the trust being given an overall rating by the CQC of 'Requires Improvement' with the well-led domain being rated 'Inadequate'.

2.1.2. The overall concerns were focused on the trust's 'Long stay or rehabilitation mental health wards for working age adults' and 'Acute wards for adults of working age and psychiatric intensive care units' which were rated as 'Inadequate'. Further details are contained within the CQC's report dated 27 February 2019 ('the CQC report').

2.1.3. The CQC also identified specific concerns in relation to waiting times for assessment and treatment not meeting commissioned targets and the NHS constitution for children and young people; and provision for children and young people with attention deficit hyperactivity and autism spectrum disorders and the need to reduce service waiting times in the children and young people's service.

Operational performance

2.1.4. The trust has not achieved CPA 7 day since July 2017. Its latest reported position is 81.6% against 90% standard.

2.1.5. The trust is required to address patient waiting times for assessment and treatment to meet commissioned targets and the NHS constitution for children and young people; the trust is also required to review their service provision for children and young people with attention deficit hyperactivity and autism spectrum disorders and reduce service waiting times in the children and young people's service, in line with CQC MUST DO's within the CQC report.

2.2. Failures and need for action

These failings by the trust demonstrate a failure of governance arrangements and quality management including, in particular:

2.2.1. Failure to establish and effectively implement systems of processes:

2.2.1.1. for timely and effective scrutiny and oversight by the Board of the trust's operations;

2.2.1.2. to ensure compliance with healthcare standards binding on the trust;

2.2.1.3. to ensure that the trust's services are safe and of sufficient quality.

2.3. Need for action:

NHS Improvement believes that the action which the trust has undertaken to take pursuant to these undertakings, is action required to secure that the

failures to comply with the relevant requirements of the conditions of the Licence do not continue or recur.

UNDERTAKINGS:

NHS Improvement has agreed to accept and the trust has agreed to give the following undertakings:

1. Quality Improvement

- 1.1. The trust will develop an action plan to address the concerns in the CQC report ("the CQC Action Plan") which includes clear timescales and where appropriate trajectories for improvement.
- 1.2. The trust will implement the CQC Action Plan in accordance with the timescales in that plan, unless otherwise agreed with NHS Improvement.
- 1.3. The trust will revise the CQC Action Plan to include any subsequent concerns raised by the CQC that NHS Improvement specifies should be addressed in the CQC Action Plan. If the trust is required to update the CQC Action Plan under this sub-paragraph 1.2, all references in these undertakings to the CQC Action Plan will be to the CQC Action Plan as revised under this sub-paragraph.
- 1.4. The trust will ensure that its oversight and assurance process in relation to the CQC Action Plan is robust.

2. Operational Performance

- 2.1. The trust will develop a "Quality Improvement Plan" which will include actions required to ensure that all patients within the specialist community mental health services for children and young people and children and young people with attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) are able to access the service they need, in line with national standards. The Quality Improvement Plan will also include actions required to ensure patients receive a CPA 7d in line with national standards. This will include clear trajectories for improvement and processes for monitoring progress against the identified improvement trajectories.

3. Programme Management

- 3.1. The trust will at a date to be agreed with NHS Improvement, develop a "Quality Improvement Programme Plan" to address the actions arising out of sub-paragraphs 1.2 (the CQC Action Plan) and 2.1 (the Quality Improvement Plan). The Quality Improvement Programme Plan will be reviewed and approved by the trust's chief executive and will be developed in collaboration with key stakeholders within the local health and social care system and will include clear timescales for implementation.

3.2. The trust will implement the actions in the Quality Improvement Programme Plan within the timescales in that plan, unless otherwise agreed with NHS Improvement.

3.3. To support delivery of the above actions, the NHS Improvement regional team will identify relevant support for the trust. The trust is required to work collaboratively with the individuals identified to provide this support.

4. Meetings and reports

4.1. The trust will provide regular reports to NHS Improvement on its progress in meeting these undertakings and will attend any meetings, or, if NHS Improvement stipulates, conference calls, that NHS Improvement may require. These meetings will take place once a month unless NHS Improvement otherwise stipulates, at a time and place to be specified by NHS Improvement and with attendees specified by NHS Improvement.

4.2. The trust will on request provide NHS Improvement with details of any assurances on which the Board has relied in relation to the trust's progress in delivering these undertakings.

4.3. The trust will comply with any additional reporting or information requests made by NHS Improvement.

Any failure to comply with the above undertakings may result in NHS Improvement taking further regulatory action. This could include giving formal directions to the trust under section 8 of the National Health Service Act 2006 and paragraph 6 of the TDA Directions.

THE TRUST

Signed:



Chair or Chief Executive of trust

Dated:

9/5/19.

NHS IMPROVEMENT

Signed:



Locality Director (Central Midlands)
and member of the Regional Support

Group

Dated:

28/5/19