

CQC Warning Notices: IMMEDIATE ACTIONS v.10 August 30/8/13

Key for RAG Rating	
	Action not commenced
	Action On-going and to time
	Action Completed
	Action has missed deadline

ACTIONS REQUIRED			
<p>[note - Other linked inspections :</p> <p><i>CQC additional July visit: Assessment and Admission</i></p> <p><i>MHA visit (19th July) – Report expected within 6 weeks ie during response period for CQC reports and warning notices]</i></p>			
<p>1. Managing the process with the CQC</p> <p>Director with lead responsibility :</p> <p>Adrian Childs – Chief Nurse</p>	Who	By When	Progress/Assurance
Assess CQC warning letters and actions required (Immediate 30 days)	Chief Nurse	Completed 31/7/13	Escalation response – 48 hour meetings in place three times per week from with a COBRA style approach
'Clarity ' Response to be sent at 10 day period	Chief Nurse	Complete 12/8/13	<p>CQC deadline 16/8/13</p> <p>Response has been sent to Warning Notices and Factual Report</p> <p>Action plan for the compliance notices underway</p>
Share response with the CCGs electronically before 15/8/13	Chief Nurse	Complete 14/8/13	

Trust Board and CQC Report / Response	Acting Chief Executive	29/8/13	Response to be prepared and shared with Board at 29/8/13 meeting / development session. Paper presented to Trust Board in public session 29/08/13 including immediate action plan, warning notices and full CQC report.
Assess CQC full and final report and those actions required in the medium term to address all findings*	Chief Operating Officer	Outline medium term plan (draft)	SMT discussion took place 19/8/13 Outline plan being refined. For Trust Board discussion on 29/8/13
Chair and Acting Chief Executive to meet CQC Compliance Manager and Regional Director	Chair and Acting Chief Executive	Complete	Meeting held 14/8/13
Arrange a visit to Coventry to look at their CQC relationship and approach to care plans / records	Chief Nurse	Complete	Visit undertaken 14/8/13

2. Patient Safety – Care Planning and Discharge arrangements Director with lead responsibility: Adrian Childs – Chief Nurse	Who	By When	Progress/Assurance
<p>2wtes Programme managers to be in place on a full time basis throughout August to review all care plans across Bradgate to:</p> <ul style="list-style-type: none"> • Triage wards and start with those in need of most help (Thornton, Heather, and Beaumont) • Achieve consistent content and presentation of care plans • Ensure actions are taken on individual care plan basis. • Include discharge planning matters associated with care plans • Ensure all aspects of discharge planning are clearly recorded including • Estimated date of discharge and documented patient/carer/relative involvement in discharge planning • Assurance that tasks in support of discharge are completed on time s to support smooth discharge arrangements • Include physical care planning needs • Include recommendations regarding MHA aspects • Confirmation of a trajectory, with weekly reporting against it • Ensure learning is transferred across all wards on ‘ what good looks like for sustainability of position 	<p>2x wte reporting to chief nurse, plus administrative support , plus other senior nursing support from Enabling services</p>	<p>30/8/13</p>	<p>Materials have been created to undertake a comprehensive review /audit by the review team (covering assessment of need/care planning/ discharge planning/ patient involvement). All inpatient records have been audited. Feedback has been provided to each Ward Matron and the responsible Named Nurse.</p> <p>Within 2 weeks, assess one ward in full per day and feed back to matrons and named nurses the actions needed to address quality of care planning / discharge planning.</p> <p>New documentation files ordered and to be introduced during September 2013.</p> <p>Week 3 to be used for re-auditing the position.</p> <p>Re-audit undertaken, data to be made available 30/08/13. Improvements can be seen in most areas. Concern still exists within Thornton Ward and Bosworth Ward and resource has been focused on these two wards.</p> <p>Extra people have been co-opted to assist the original 2wtes programme. Currently on plan for delivering the audit/review outputs.</p>

2. Patient Safety – Care Planning and Discharge arrangements Director with lead responsibility: Adrian Childs – Chief Nurse	Who	By When	Progress/Assurance
			<p>New discharge care plan document has been created and there is a plan to roll this out.</p> <p>Secondments being arranged to create 2 lead clinical quality assurance roles (nursing) for Bradgate Unit.</p> <p>Secondment for 6 months with back fill for their core roles.</p> <p>Expressions of interest requested for both posts, interviews planned 06/09/13.</p>
Feasibility, resources and timescale for roll out to all other inpatient areas to be finalised.(Agnes Unit to be next priority) NOTE – see link to section on ‘ impact on other areas within the trust ‘)	Chief Nurse and Chief Operating Officer	Incorporated into the medium term plan	<p>Discussion with all Divisional and Clinical directors to SMT on 5/8/13; weekly update to include progress on other areas across the Trust.</p> <p>Expecting feedback by 16/8/13 from Clinical Governance Groups.</p>
Extraordinary board meeting proposed to receive assurance on progress and delivery of CQC Response / Action Plan	Chair & Board Secretary	Trust Board meeting / development session 29/8	<p>Minutes from Board Meeting / Development Session.</p> <p>Paper presented to the public Board meeting 29/08/13 including immediate action plan, warning notices and full CQC report.</p>

2. Patient Safety – Care Planning and Discharge arrangements Director with lead responsibility: Adrian Childs – Chief Nurse	Who	By When	Progress/Assurance
Records Management – Commence a review of records tracking and records movement across the Trust - to include outlining staff responsibilities, staff communications and an amnesty on misplaced records	Trust Information Governance Lead and Chief Operating Officer	To be continued until the end of August	Implemented 6/8/13 Update given 19/8/13 at SMT
Review the whole CQC report for other clinical matters that should be added to the patient safety, clinical leadership and culture sections of the table.	Chief Nurse & Medical Director	Complete	Edits made to this action plan in prior versions, and items for medium term action plan also captured. Full action plan regarding compliance notices to be sent to CQC on 4/09/13.

3. Staff Support – clinical leadership and culture Directors with lead responsibility: Adrian Childs – Chief Nurse Satheesh Kumar – Clinical Director	Who	By When	Assurance
Exec Team presence/attendance at Bradgate every day	Exec Team	Started 30/7/13	In place (Chief Nurse, Medical Director and COO)
Regular ward leaders meeting, including consultants, with the 2 programme managers and 2 lead consultants (Adrian Vann & Mo Abbas)	Medical Director and Chief Nurse - support from Chief Operating Officer and divisional management team	Green	Now holding 3 meetings per week on site with clinical teams on the wards, with the same COBRA approach
Reiteration of expectations /responsibilities “on a page” for clinical staff with regard to care planning/discharge and clinical safety.	Deputy Chief Nurse Deputy Medical Director	Green	Plan on a page developed and issued
Acting Chief Executive meeting with AMH Consultants at Bradgate Unit	Acting Chief Executive	Green	Acting Chief Executive held constructive meeting with AMH Consultants on 9/8/13. Medical Director to lead on taking forward the key issues raised which focused on what is preventing good quality care from their perspective.
Cultural awareness/assessment programme in AMH (part of Appleby action plan and supported by the CCGs)– includes survey and focus groups , linked to LiA	Divisional Director AMH	Commenced 5/8/13	Initial focus groups held and questionnaire for all AMH staff under development for distribution in September. Progress report to SMT 19/8/13
Prioritisation of some wards from AMH for the LiA pioneer teams to start in early September – nominations to be confirmed by 17/8/13 Identification of other priority teams (Agnes Unit / Oakham House)	CEO and the Chief Nurse	Specific Wards and Crisis Team selected	Sponsor group for LiA Buddying up AMH wards; and include Crisis Team for LiA approach

3. Staff Support – clinical leadership and culture Directors with lead responsibility: Adrian Childs – Chief Nurse Satheesh Kumar – Clinical Director	Who	By When	Assurance
Review links with MHA visit	Medical Director	Complete	Paper to QAC refers

4. Staff Support – stress management and recruitment Director with lead responsibility: Alan Duffell – Director Of Human Resource and OD	Who	By When	Assurance
Additional targeted support from HR including stress management:- <ul style="list-style-type: none"> Support to be provided on an individual basis to clinical leads in AMH 	Chief Nurse & Medical Director.	In place and on-going	Specific targeted support in place. Provision of feedback on this work to SMT on 19/8/13
Undertake a whistle-blowing thematic review:- <ul style="list-style-type: none"> Alan Duffell to review other recent whistleblowing incidents raised internally / externally to check whether or not we have captured all relevant themes. Register needed with feeds from various routes. 	Director of HR & OD	Report completed - further work planned	Report on findings to SMT on 19/8/13 Further analysis and discussion planned on 2/9/13
Improvement to recruitment processes for AMH wards.	Director of HR & OD	Commenced 12/8/13.	Rolling recruitment programme for AMH being implemented – 2 band 2s allocated to support additional recruitment in HR. Further improvements required - also identified within LiA action plan

5. Communications & Reputation Management

Director with lead responsibility:

Cheryl Davenport – Director of Business Development

5.1: Patient, Carers & Service Users	Who	By When	Progress/Assurance
<p>Contact patient and carer groups with information and reassurance (NB Awareness that patients and relatives may group together to raise joint concerns).</p> <p>“Changing your experience for the better” – review recent comprehensive results from service user focus groups within AMH</p>	<p>Chief Nurse</p> <p>Chief Nurse</p>	<p>w/c 5/8/13</p> <p>21/8/13</p>	<p>A meeting has been organised with service users at Network for Change on 13/09/13 in response to group concern.</p> <p>A meeting has been organised for 17/09/13 inviting voluntary and community sector organisations to provide them with information regarding the CQC findings, Trust actions and to hear from them about any concerns they may have.</p> <p>Patient experience team and AMH Divisional Director have undertaken a thematic review of these findings undertaken to support development of the medium term action plan.</p>

<p>Undertake a thematic review of recent external feedback, complaints and enquires from patients and public concerning Bradgate Unit:-</p> <ul style="list-style-type: none"> Sam Wood to be asked to review recent complaints and customer service enquires concerning Bradgate, including comments on Twitter and Facebook and NHS Choices messaging about the Trust in the last 2 months. 	Chief Nurse	By 19/8/13	Patient Experience Team Progressing – further assurance needed on progress and outputs.
5.2: Media	Who	By When	Progress/Assurance
Leicester Mercury meeting with Editor	Acting CEO and Chair	Meeting booked	Comms rep to attend also.
Identifying immediate spokespeople and additional media training for these people as required.	Director of Business Development and Chief Operating Officer	Complete	<p>A planned media training programme for senior leaders starts 11/09/13 and a list of people to be trained is already available. Clinical Directors and any Execs (who have not yet received training) to attend</p> <p>Individual coaching can be arranged ahead of this for key spokes people who may be needed before this starts.</p>

5.3: External Stakeholders	Who	By When	Progress/Assurance
Forwarding draft CQC report to lead commissioner	Chief Operating Officer	8/8/13	Completed
Meeting with Local Health Watch	Chief Nurse	Meetings booked	Meetings will include LPT Chair Letter also received from LHW to Acting CEO.
Commissioner awareness, involvement and support for the immediate and medium term actions – set up an extraordinary exec team meeting with commissioners	Director of Finance	Complete	Commissioner meeting 15/8/13.
MP Briefings	Acting CEO	Complete	Regular appointments already in place, all MPs being offered a telephone call updating them on the position
TDA relationship management and assurance on grip of situation from the Board. Immediate initial meeting with TDA to brief on CQC and FT.	Acting CEO and Exec team	In place	Constructive meeting held with TDA on 13/8/13 Actions incorporated into Immediate and Medium Term Action Plan where applicable. Further meeting with TDA on 2/9/13.

5.6: Other External Stakeholder Management and Bulletins including FT Implications	Who	By When	Progress/Assurance
<p>FT messaging/handling/comms cascade</p> <p>(Handling plan includes FT programme board agreement to internal and external comms plan on 20/8, specific actions to address the impact on QGF external review (Tenon), Ernst and Young HDD, Mock board to board arrangements with Deloitte)</p>	<p>Acting CEO and Director of Business Development</p>	<p>Comms plan agreed and being enacted</p>	<p>FT messages and handling plan ready for mobilisation post 13/8/13 and in line with Trust Board meeting papers publication on 23/8/13 and Trust board meeting on meeting 29/8/13</p> <p>Letter sent by Acting CEO to TDA post our meeting with them on 13/8/13 to confirm our intention to withdraw from FT Monitor application.</p> <p>Acting CEO phone call with Monitor on 23/8/13.</p> <p>Acting CEO letter to Monitor planned post Board meeting on 29/8/13.</p>
<p>Guidance for FT Applicants to be reviewed to ensure all aspects have been covered</p>	<p>Judy McCarthy</p>	<p>Complete</p>	
<p>Briefing arrangements for lead governor/governor communications</p>	<p>Board secretary</p>	<p>Meeting for Acting CEO, Chairman and Lead Governor booked on 29/8/13</p>	<p>Acting CEO office booking a meeting with staff governors</p> <p>Chairman/Lead Governor considering extraordinary governors meeting.</p> <p>Lead governor receiving all stakeholder briefings and regular updates from the Chairman</p>
<p>Weekly stakeholder update to core comms stakeholder list</p>	<p>Director of Business Development and Head of Comms</p>	<p>31/7/13 (first)</p> <p>8/8/13 (second)</p> <p>12/8 & 13/8 (third)</p>	<p>To review regularity at 3 and 6 weeks</p> <p>Acting CEO announcement and announcement about the appointment of the new CEO</p>

5.7: Internal Communications	Who	By When	Progress/Assurance
Statement on the receipt of the full CQC report Statement on increasing independence of SI investigations Statement to clarify suicide numbers – for Chair and CEO	Director of Business Development Chief Nurse	7/8/13 6/8/13	Complete – combined and issued via staff briefing and stakeholder briefing on 7/8/13 Issued to CEO and Chair on 6/8/13. Further detail and refinements made to data analysis by Chief Nurse by 20/8
Comms forward planner showing reputational issues and mitigation plans Comms forward events planner and channel of good news stories	Director of Business Development and Head of Comms Director of Business Development and Head of Comms	2/8/13 2/8/13	Complete - shared at SMT on 5/8/13 Updated for ET on 12/8/13 – updated weekly Complete - product coming to ET on 12/8/13 and updated b-weekly
Cascade of CQC report through AMH	Chief Operating Officer and Divisional Director	8/8/13	Cascaded. Medical Director confirmed all appropriate clinical staff have received it personally.
Ongoing staff communication to reinforce board support and report our progress	Acting CEO & Chair through comms	31/7/13 and 8/8/13 12/8 & 13/8	Special editions of team brief on CQC Report. Acting CEO announcement & CEO appointment announcement
Organisational sign up to the Speak Out Safely campaign Communicate the purpose of this campaign to staff/stakeholders	Acting CEO Comms team	1/8/13 2/8/13	Complete Complete - via Staff Enewsletter and stakeholder briefings

<p>Issue CQC report to other Divisional Directors and discussion/action on:</p> <ul style="list-style-type: none"> • thematic review of CQC report by other divisions • additional divisional comms/leadership on patient safety and record keeping • identification of other areas of CQC risk (Oakham House/Agnes Unit) where record keeping/case note improvements and other interventions are needed 	<p>Director of Business Development/Chief Operating Officer</p>	<p>Thematic review and risk assessment completed</p>	<p>Discussed with Divisional Directors who are progressing actions accordingly.</p> <p>COO follow up via fortnightly Ops team and monthly EPRs</p> <p>Initial Thematic review complete and reported to SMT on 19/8/13</p>
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5.7: Internal Communications	Who	By When	Progress/Assurance
Comms leadership and additional resource to manage the escalation period.	Director of Business Development	Complete	Additional comms resource sourced and in place
CEO appointment messaging/handling	Chair and Director of Business Development	Complete	Staff E-newsletter carrying holding statement on 8/8, announcement made on 12/8 & 13/8
Weekly briefing for Board to be shared with Matrons across all divisions	Chief Nurse	In place.	

5.9: Other Communications actions including AGM Handling Plan	Who	By When	Assurance
Small suite of initial public facing products on the Trust, patient safety and other activities/profile.	Medical Director, Chief Operating Officer and head of comms	By end of August	Initial topics agreed w/c 12/8/13. Initial products by 30/8/13, then rolling programme.
Handling plan for AGM on 7/09/13 (includes further publicity on AGM)	Board Secretary, Acting CEO and Chair	Handling plan complete	Handling plan developed. On ET agenda for 12/8/13 for discussion. Meeting to finalise arrangements 15/8/13. Adjustments made to tone and programme in light of recent events. Handling plan to be reviewed again 48 hours ahead of the event.
Development of strategy for handling potential media coverage surrounding AGM and publicity related to CQC Report:- <ul style="list-style-type: none"> • Engagement of crisis media support • Development of FAQs 	Director of Business Development	Complete	Comms plan for CQC report publication finalised 22/8/13 including AGM aspects – additional comms resources and comms products in place.
Co-ordination ref publication of CQC Report and associated comms including handling for Trust Board and Risk Summit on 29/8/13.	Chief Nurse and Director of Business Development	Co-ordination in place with the CQC Comms plan enacted	LPT Comms plan developed and enacted 27-- 30 August in relation to the publication of the CQC report Comms handling plan developed and enacted for the Trust Board meeting. Coverage by BBC East Mids Today, Leicester Mercury and BBC Radio Leicester. Co-ordination of comms following the Risk Summit being led by Area Team. LPT fully engaged in this process and will issue a further staff and stakeholder briefing w/c 2/9/13.

6. Impact of CQC Report findings for other divisions Director with lead responsibility: Paul Miller – Chief Operating Officer	Who	By When	Assurance
Thematic reviews being undertaken by LD, CHS and FYPS:- <ul style="list-style-type: none"> Review of current records audit results and follow up review of case notes in other MH inpatient areas Assessment of potential risks at Oakham House and Agnes Unit, and Evington Centre 	Chief Operating Officers and Divisional Directors	Updates being provided from 12/8/13	Standing agenda item at fortnightly ops team meetings and monthly EPRs Divisional progress reports to SMT 19/8/13, 2/9/13 and ongoing Improvement plan to SMT 19/8/13
Carry out a thematic review of incidents reported from across LPT (over the previous 6 weeks) including in hours and on-call / out of hours	Chief Nurse	This is being incorporated into the medium term plan	A thematic review of incidents will be presented at QAC under matters arising from the high July incidents noted under IQPR narrative
7. Operational and Environmental Matters Director with lead responsibility: Paul Miller – Chief Operating Officer	Who	By When	Assurance
Improve environment of Bradgate Unit as identified by CQC report. – seclusion rooms, interview facilities, patient telephones	Chief Operating Officer	By 28/8/13 On track	COO inspected relevant wards 9.8.13. Improvement plan to improve seclusion rooms, interview facilities and patient telephones using Watermead Ward as standard by 2/9/13. Progress report on costing and programme 12/8/13 . Any seclusion room not seen as fit for purpose not used until further notice.
Improvement to the entrance area to create a more welcoming environment. COO to gain assurance from Interserve that they will deal with this as a priority.	Chief Operating Officer	By 28/8/13 On track	List of actions to improve environment agreed with Interserve

VERSION 10.0: OWNER: SUE NOYES: TO BE REVIEWED BY SUE NOYES WEEKLY