Leicestershire Partnership NHS Trust

Trust Board 27 October 2020

Care Quality Commission Update

The Trust places a continued emphasis on quality improvement and compliance with the Care Quality Commission (CQC) fundamental standards.

Purpose of the report

To provide assurance over our compliance with the CQC fundamental standards and work to support the CQC's transitional regulatory approach.

Analysis of the issue

Key updates

- Time to Shine events continue to take place. In the last month over 100 staff have attended sessions across the Trust.

- The process for maintaining our site listings has been reviewed; a robust process is particularly important during the restoration and recovery work to ensure that all site listings take account of the following;
    - Temporary or permanent change to service location
    - Temporary or permanent closing of services
    - Opening a new service in an old or new location temporarily or permanently

- Regular meetings are taking place with the Directorates and Enabling leads to identify any improvement actions which need to be added to the quality surveillance tracker. These are uploaded on the AMAT database to aid the management and monitoring of improvement.

Warning notice reflections

The CQC issued a Warning Notice to the Trust on the 30th January 2019. They undertook an unannounced Warning Notice follow up inspection during the week beginning 10th June 2019. The subsequent report recognised that significant progress and improvements had been made since the inspection in November 2018 and highlighted a number of areas requiring additional improvement.

Work has been undertaken during September 2020 to reflect on our current position against each of these warning notice items. Any residual action required to ensure ongoing compliance has been captured and is being managed through the quality surveillance tracker and monitored by the Operational Executive Team. For instance, there remain issues with some aspects of controlled drug recording despite the introduction of electronic registers which have been slower to resolve than normal due to the impact of the pandemic. There are also ongoing challenges around support the Trust's smoke free environment.

CQC Well Led preparation workshop 4 September

In this workshop, the Executive Directors revisited the well led KLOEs, the NHSI well led review 2018 feedback, and the last CQC well led inspection feedback. They also considered the position statement determined by the Trust in February 2020.

Following this event, each Executive Director reviewed a KLOE and provided an updated narrative that takes into consideration the following three elements

- Where we have been and where we are now
- Response to Covid-19
- System Leadership

Now that we have an updated position statement against each KLOE, one to one sessions are taking place with Executive Directors to ascertain the evidence for each KLOE and build a library of appropriate documentation.

CQC Self-Assessment

A self-assessment checklist has been developed for use by services previously rated inadequate at the last inspection (2018) for one or more of the five CQC domains (Safe, Effective, Caring, Responsive and Well Led).

There are three key benefits to this exercise;

- To receive assurance over the sustainability and embeddedness of action taken since the last inspection in these areas and any areas of further improvement that we may want to highlight.
- To identify any areas of concern requiring immediate support for improvement.
- To refresh the services on the CQC key lines of enquiry.

The self-assessment has been completed and an update report will be taken to the Executive Team in November 2020 to detail the actions underway to support improvement.

CQC Transitional Regulatory Approach

The CQC has worked differently during covid. Whilst their regulatory role hasn't changed, they have paused routine inspections; instead they have undertaken inspections of high risk services, with onsite activity kept to a minimum. They have continued with virtual mental health act reviewer visits and there has been an increased emphasis on IPC and sharing learning. The CQC has formalised this new way of working as a Transitional Regulatory Approach (TRA) which will be an iterative model until a new 5 year strategy is implemented during 2021. The current domains and key lines of enquiry remain and there is a focus on safety, access, leadership and hearing from people who use our services.

In order to work as effectively as we can to support the CQC to deliver this approach within LPT we have been liaising with the CQC over how to make greater use of intelligence gathering, including the scheduling of further focus groups to ensure ongoing feedback from our staff and service users.

Proposal

- To continue to deliver Time to Shine workshops, communicate the Time to Shine e-blasts and hold the weekly Foundation for Great Patient Care
- Continue to maintain the quality surveillance tracker to identify and manage any key lines of enquiry and provide support where needed
- On-going development of reading rooms containing evidence to demonstrate improvement (including the well led framework).
- Support delivery of the TRA approach within the Trust by sharing information, the scheduling of focus groups and ongoing regular discussions.

Decision required

- To confirm a level of assurance over action being taken to ensure compliance with the CQC fundamental standards and to support the CQC to deliver the TRA approach within LPT.

Governance table

For Board and Board Committees:	Trust Board 27 October 2020	
Paper sponsored by:	Anne Scott, Director of Nursing, AHPs and Quality	
Paper authored by:	Kate Dyer, Head of Governance and Interim Trust Secretary	
Date submitted:	20 October 2020	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	Elements of this report considered at the September 2020 QAC	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:	Assured	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Regular report	
STEP up to GREAT strategic alignment*:	High Standards	Yes
	Transformation	Yes
	Environments	Yes
	Patient Involvement	Yes
	Well Governed	Yes
	Single Patient Record	Yes
	Equality, Leadership, Culture	Yes
	Access to Services	Yes
	Trustwide Quality Improvement	Yes
Organisational Risk Register considerations:	ORR 5 Capacity and capability to deliver regulator standards	
Is the decision required consistent with LPT's risk appetite:	Yes	
False and misleading information (FOMI) considerations:	None	
Positive confirmation that the content does not risk the safety of patients or the public	Confirmed	
Equality considerations:	None	