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Leicestershire Partnership NHS Trust

Public Trust Board 21st December 2021

Care Quality Commission (CQC) Report and Must Do Action Plan

Purpose of the report

The paper outlines the key findings of the CQC Well Led and Core inspection completed over May / June and July 2021 and activities undertaken to date. The report outlines the key highlights, the plans for oversight of assurance on improvements and includes the 'Must Do' action plan in Appendix 1 which have been submitted to the CQC.

Introduction

The Trust received the CQC inspection report on the 28th October 2021 following inspection of three core services and the Well Led domain. The service areas inspected were acute wards for adults of working age and psychiatric intensive care units, long stay or rehabilitation wards for working age adults and wards for people with a learning disability or autism.

The full report can be accessed online at: Trust - RT5 Leicestershire Partnership NHS Trust (10/11/2021) INS2-10775599601 (cqc.org.uk)

Key Findings

1. Retained the overall rating of Requires Improvement.
2. Retained the Good rating for Caring.
3. Improved the Well-led domain which has progressed from Inadequate to Requires Improvement.
4. The acute wards for adults of working age and psychiatric intensive care unit progressed from Inadequate to Requires Improvement
5. The long stay or rehabilitation mental health wards for working age adults progressed from Inadequate to Requires Improvement.
6. The wards for people with learning disability or autism remains at Requires Improvement.
7. No warning notices were received although there are 24 Must Do and 16 Should Do actions.

Improvements Recognised

The Trust demonstrated significant improvements in the following areas:

- Out of area placements for people requiring Mental Health beds in crisis have drastically decreased.
- Staff manage risks better and have reduced ligature risks to keep our inpatients safe.
- Elimination of mixed sex accommodation.
- Improved seclusion environments.

- Significantly improved medicines management**.**
- Improved patient involvement in planning care and service improvements.
- Mental health patients have good access to physical healthcare and support to live healthier lives.
- Practice good infection prevention control.
- Complaints are taken seriously, and lessons shared with staff to keep improving.

Areas to address

- Elimination of dormitories.
- Call buzzers, ensuring every patient has access to summon assistance when required.
- Timeliness and responsiveness to the need for repairs.
- Storage for our patients clothing and personal belongings.
- Safety in the management of contraband.
- Individualised plans of care.
- Privacy and dignity.
- Recovery, following Covid-19, of our mandatory training percentages.
- Recruitment to key posts: Occupational Therapy, Psychology, Nursing.

Action planning process and oversight

Following receipt of the report, directorates involved in the inspection have engaged with the action planning process to develop plans to resolve the issues identified to achieve regulatory compliance. The 'Must do' action plan templates were completed and returned to the CQC on the 25/11/2021 which was within the 28-day timescale required.

All 'Must do' and 'should do' actions have been incorporated onto one action plan for weekly oversight at a CQC action and improvement plan meeting attended by responsible action owners and executive leads. Each action will be scrutinised at this meeting and only signed off by the Executive Director of Nursing/AHP's and Quality with demonstrable evidence of closure. Executive leads are identified for each action for accountability of delivery and progress. These plans are formally reported to the Operational and Strategic Executive Boards respectively and Quality Assurance Committee.

The Compliance Team will maintain a master copy of the excel action and improvement plan. This is to ensure that essential and timely updates are captured, for reporting purposes. All other quality improvement issues identified from the report are integrated into the quality surveillance tracker for weekly monitoring and operation.

Oversight of the well led actions and development plan will be monitored by the Transformation Committee, led by the Deputy Director for Governance and Risk in close working with Head of Compliance.

The Foundations for Great Patient care meetings will continue, but with the expectation of a wider audience to include: medical representation, matrons, nurses and AHP's. The meeting will focus on

learning from the report, knowledge and understanding of the fundamental standards of care, sharing practice and the importance of sustaining quality improvements.

Potential Risks

The Trust is required to clearly articulate its commitment to addressing the concerns raised within the CQC inspection report and demonstrate progress against the actions. This requires effort, support, finance and tenacity to ensure that improvements made are sustainable, clearly impact on the quality of care for patients and are also represented in the future trust ratings. Escalation and mitigation will be required should any of the improvement activities be delayed or not achieved.

The Trust is required to deliver timely responses and updates to the CQC which demonstrate achievement and compliance in meeting the regulated activities. All wards, teams, directorates, trust leaders will be required to commit to this, at a time when there are seasonal system pressures and the impact of Covid-19.

Decision required

Trust Board is provided with the paper and action plan for assurance of oversight of the actions and improvements.

For Board and Board Committees:	Public Trust Board 21st December, 2021	
Paper sponsored by:	Anne Scott, Director of Nursing, AHP's and Quality	
Paper authored by:	Deanne Rennie, Associate Director of AHPs and Quality Jane Howden Head of Quality, Compliance and Regulation	
Date submitted:	9th December 2021	
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):	Strategic Executive Board 5th November 2021 Quality Assurance Committee 30th November 2021 Audit and Assurance Committee 3rd December, 2021	
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	Single report to the Audit and Assurance Committee	
STEP up to GREAT strategic alignment*:	High **S**tandards	Yes
	Transformation	Yes
	Environments	Yes
	Patient Involvement	Yes
	Well **G**overned	Yes
	Single Patient **R**ecord	Yes
	Equality, Leadership, Culture	Yes
	Access to Services	Yes
	Trust wide Quality Improvement	Yes
Organisational Risk Register considerations:	List risk number and title of risk	
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	

Governance table