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Trust Board – 29th March 2022

Care Quality Commission Update and Registration

Purpose of the report

This report provides assurance on our compliance with the CQC fundamental standards and an update following the CQC inspection of the Trust over May/ June/ July 2021. An overview of current inspection activities is provided. The Trust continues to prioritise quality improvement, patient care and compliance with the Care Quality Commission (CQC) fundamental standards in all care delivery.

Analysis of the issue

The CQC assurance action plan accompanies this report, to accurately reflect the achievements to date against the 'must do' actions.

Scrutiny and Governance

The continued governance and reporting arrangements for the CQC assurance action plan are detailed below:

- Ongoing weekly meetings with key nominated leads from the directorates and the Quality Compliance and Regulation team, to update and examine evidence on the must and should do actions. This includes evidence of embeddedness and sustained governance and oversight.
- The Quality Compliance and Regulation team have built a repository of evidence for each action.
- Progress is reported to Executive Board meetings for oversight and scrutiny.
- Progress against the actions is being provided to the CQC on a monthly basis, as agreed with the CQC.
- Once achieved the action moves into the sustainability phase where evidence is provided on a monthly basis to ensure that compliance has been maintained.

Action Plan Summary

1. All actions are progressing with only one remaining must do action to be achieved by the 31st of March 2022.
2. Estates and Facilities work in relation to dormitories remains on track.

CQC Inspection Activity

On the 27th of January 2022 the CQC published its intention to re-start inspection activity from the 1st of February 2022 following the lifting a national covid-19 restrictions.

They will continue to prioritise inspections based on services where there is evidence of risk or harm to patients, and in urgent and emergency care pathways how services across a system are working together throughout the winter and covid-19 pandemic pressures.

Alongside the inspections carried out on risk-based activity, they will also undertake ongoing monitoring of services offering support to providers to ensure that patients receive safe care.

Since this time, Mental Health Act inspections on wards within the Directorate of Mental Health have re-commenced.

CQC Re-inspection

On Monday 28th February 2022 the CQC carried out a re-inspection at the Bradgate Mental Health Unit of 'must do' actions 1 and 11 – dormitories and actions 2 and 14 – call bells. At the time of writing, the re-inspection report is still awaited.

Urgent and Emergency Care Inspection

The trust is participating in a system wide CQC urgent and emergency care inspection which will encompass all services across Leicester, Leicestershire, and Rutland, including primary care. The inspection is expected to take place before mid-April 2022. The CQC findings will provide a system pathway picture and the trust can expect to receive feedback.

Registration

There are no changes to the CQC registration status for services within LPT this month.

Potential Risks

1. The Trust is required to clearly articulate its commitment to addressing the concerns raised within the CQC inspection report and demonstrate progress against the required actions.

Decision required

Trust Board is asked to note the oversight of the progress against the action plan.

Governance table

For Board and Board Committees:	Public Trust Board 29th March, 2022	
Paper sponsored by:	Anne Scott, Director of Nursing, AHP's and Quality	
Paper authored by:	Jane Gourley Head of Quality, Compliance and Regulation	
Date submitted:	11/03/22	
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 4 th March 2022 Operational Executive Board 18 th March 2022	
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	Twice monthly reports to Board	
STEP up to GREAT strategic alignment*:	High Standards	Yes
	Transformation	Yes
	Environments	Yes
	Patient Involvement	Yes
	Well Governed	Yes
	Reaching Out	Yes
	Equality, Leadership, Culture	Yes
	Access to Services	Yes
	Trustwide Quality Improvement	Yes
Organisational Risk Register considerations:	List risk number and title of risk	Risk 62
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:	Yes	