Trust Board – 31st May 2022

Care Quality Commission Update

Purpose of the report

This report provides assurance on our compliance with the CQC fundamental standards, an update following the CQC inspection of the Trust over May/ June/ July 2021 and the reinspection in February 2022. An overview of current inspection activities is provided including an update on the CQC visit to the Mental Health Liaison Service as part of the Leicester, Leicestershire and Rutland System Urgent and Emergency Care Inspection in April 2022. The Trust continues to prioritise quality improvement, patient care and compliance with the Care Quality Commission (CQC) fundamental standards in all care delivery.

The CQC assurance action plan accompanies this report, to accurately reflect the achievements to date against the 'must do' actions. The action plan includes the 3 new must do actions following the reinspection in February 2022. The detail of these 3 new actions is being developed and will be submitted to the CQC by the 30th May 2022.

Analysis of the issue

CQC Inspection Activity

The CQC 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 have worked 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. MHA visits are also continuing.

Key inspection activity within LPT relates to:

1. Responding to the May/June/July 2021 inspection to ensure improvement actions are taken, embedded and learning is shared Trust wide.
2. Developing actions in relation to the reinspection of the acute adult mental health wards in February 2022 (report published 5th May 2022).
3. Participation in the urgent and emergency care system wide inspection April 2022.
4. Participation in CQC Mental Health Act inspections.

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 the 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 'must do' actions from the May/June/July 2021 inspection have been completed.
2. Estates and Facilities work in relation to dormitories remains on track.
3. Trust wide learning from the inspection is shared through various forums and also communications.
4. Three new 'must do' actions following the February 2022 inspection have been added to the action plan and the detail of these will be submitted to the CQC by the 30th May 2022.

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, actions 2 and 14 – call bells and action 12 - privacy and dignity.

The CQC published the Trusts report on Thursday 5th May 2022. The report identified a significant amount of progress on the acute mental health wards against the two domains of responsiveness and safety. The warning notices have also been removed. The acute wards for adults with mental health have improved from 'requires improvement' to 'good' for responsive and from 'inadequate' to 'requires improvement' for the safety domain. This is positive progress and whilst further work is to be done this re-inspection acknowledges the improvement actions undertaken.

The Trust has a deadline of the 30th of May 2022 to submit action plans in relation to the 3 identified must do improvement actions:

1. *The Trust must ensure that staff carry out regular testing of patient wrist worn alarms and fixed room alarms and that this is recorded as per Trust policy.*
2. *The Trust must ensure that risk assessments for wrist worn alarms are uploaded into the electronic patient care record as per Trust policy.*

3. *The Trust must ensure that for each patient who wears a wrist worn alarm a care plan is in place for its' use in the electronic patient record, as per Trust policy.*

Urgent and Emergency Care Inspection

The trust has participated in a system wide CQC urgent and emergency care inspection which encompassed services across Leicester, Leicestershire, and Rutland, including primary care. The inspection took place in April 2022. As part of this inspection the CQC inspected LPT's Mental Health Liaison Service which received positive informal feedback. The Trust is waiting for the formal draft report which will then go through the factual accuracy process.

Mental Health Act visits

There have been no further Mental Health Act inspections since February 2022.

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 alongside the updated position following the reinspection of the acute mental health wards.

Governance table

For Board and Board Committees:	Public Trust Board 31st May, 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:		
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 6th March 2022 Operational Executive Board 20th May 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 **S**tandards	Yes
	Transformation	Yes
	Environments	Yes
	Patient Involvement	Yes
	Well **G**overned	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	