

Trust Board – 29th November 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. 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.

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.

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.

Key inspection activity within LPT relates to:

1. Responding to the May/June/July 2021 and re-inspection in February 2022 to ensure improvement actions are taken, embedded, sustained and learning is shared trust wide.
2. Participation in CQC Mental Health Act inspections.
3. Participation in Provider Collaborative visits
4. Participation in Special Educational Needs and/or Disabilities 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 monthly to the Executive Management Board meetings for oversight and scrutiny.

Action Plan Summary

1. All 'must do' actions from the May/June/July 2021 and February 2022 inspections 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 communications bulletins.

Mental Health Act Inspections

To date, this year, there have been nine Mental Health Act inspections carried out on:

- Beaumont Ward
- Aston Ward
- Watermead Ward
- Heather Ward
- Welford Ward
- Maple Ward
- Cedar Ward
- Sycamore Ward
- Belvoir Ward

The trust has now received all reports for the inspections and wards have individual action plans to address areas of concern. Themes and commonalities from the reports have been shared at the Foundations for Great Patient Care meeting and Service Ward Sister / Charge Nurse meetings to focus the learning from the inspection findings.

Special Educational Needs and/or Disabilities inspection

The trust is participating in a special educational need and/or disabilities (SEND) inspection between the 14th – 16th November 2022. The inspectors have chosen four cases to discuss with members of the multi-disciplinary team. The Quality Compliance and Regulation team have coordinated and prepared for the inspection, the results of which are yet to be reported.

Proposed Model to Quality Visits

A proposed model to ensure all services, both inpatient and community, participate in a pre-inspection exercise is currently being trialled. This is to ensure that there is a sustained business-as-usual approach to preparing services for CQC, Mental Health act and ad hoc inspections.

This proposed approach aims to support staff to feel more confident about the quality improvement work ongoing across the Trust and within their service and feel proud and confident to describe this well to CQC inspectors.

Initially three in-patient wards have been selected to test this new approach, as they have not undergone a Mental Health Act inspection for over 12 months.

Following a quality visit from the Quality Compliance and Regulation team, a small huddle will be arranged to facilitate discussion relating to the findings of the visit focusing on areas of achievement and targeted areas identified as requiring improvement.

A summary of findings will be disseminated to key members of the Executive Team and Service to facilitate actions being undertaken to address any concerns found.

Valuing High Standards Accreditation – Self Assessment

A trial is currently being undertaken of a newly designed Self Assessment tool for use across the Trust.

Through self-assessment it is planned that staff will have a greater understanding of where their evidence and hard work sits within the trusts STEP up to GREAT ambitions and will be able to articulate their achievements internally, with partners or regulators.

Through each cycle of accreditation review, it is anticipated that service users, patients and carers will partner with us, creating more opportunities for collaborative work and towards lived experience leadership of the programme.

Following evaluation of the trial it is anticipated that a planned roll out across the trust will commence in January 2023.

Potential Risks

None

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 and quality initiatives taking place to prioritise quality improvement, patient care and compliance with the Care Quality Commission (CQC) fundamental standards in all care delivery.

Governance table

For Board and Board Committees: Paper sponsored by:	Public Trust Board 29 th November 2022	
	Anne Scott, Executive Director of Nursing, AHP's and Quality	
Paper authored by:	Jane Gourley Head of Quality, Compliance and Regulation	
Date submitted:	16 th November 2022	
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):	Executive Management Board 18 th November 2022	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not 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	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	
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	

Version 1.0