



## Trust Board – 31st January 2023 Care Quality Commission Update

### Purpose of the report

This report provides assurance on our compliance with the CQC fundamental standards and an overview of current inspection activities. 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

#### 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. Sustaining the May/June/July 2021 and February 2022 improvement action plans.
2. Participation in CQC Mental Health Act inspections.
3. Participation in external quality service reviews and commissioner inspections

### Scrutiny and Governance

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

- Ongoing monthly meetings with key nominated leads from the directorates and the Quality Compliance and Regulation team, to update evidence of embeddedness and sustained governance and oversight.
- Progress is reported monthly to the Executive Management Board meetings for oversight and scrutiny.

### Action Plan Summary

All 'must do' and 'should do' actions from the May/June/July 2021 and February 2022 inspections have been completed. 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 ten Mental Health Act inspections carried out on various wards across the Bradgate Mental Health Unit, our Rehabilitation and Older Persons Mental Health Wards.

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.

## **IMPACT visit to Phoenix Ward**

A scheduled annual quality service review was carried out on the 12<sup>th</sup> October 2022 on Phoenix ward by the Provider Collaborative IMPACT. The findings were extremely positive with no immediate actions required and numerous areas of positive feedback given. Phoenix ward has developed and submitted an action plan to address the areas requiring improvement.

## **Special Educational Needs and/or Disabilities inspection**

The Trust participated in a special educational need and/or disabilities (SEND) re-inspection by Ofsted and the CQC between the 14<sup>th</sup> – 16<sup>th</sup> November 2022. The inspection covered the Leicestershire area and focused on the two previous written statement of actions namely, joint commissioning and the quality of Education, Health and Care (EHC) Plans.

The inspection found significant improvement in having a clearly defined joint commissioning strategy for 0-25 SEND provision and strengthened working relationships. The inspection concluded that even though improvement was recognized, there had been insufficient progress in the quality of the education, health, and care plans. It did however note the improved processes within health specifically. Leicestershire Partnership NHS Trust will continue to work closely with our system partners to continue to progress this work.

## **External Quality Network for Older Adults Mental Health Service (QNOAMHS) Visit to Kirby Ward**

A QNOAMHS inspection was carried out on Kirby ward on the 23<sup>rd</sup> November 2022. Additional information is required to be submitted, following which the trust will receive the final report.

## **Model For Quality Visits**

A proposed model to ensure all services, both inpatient and community, participate in a pre-inspection exercise has been successfully trialled. The new model 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 approach aims to support staff to feel more confident about the quality improvement work being undertaken across the Trust and within their service and feel proud and confident to describe this well to CQC inspectors.

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

## **Valuing High Standards Accreditation (VHSA) – Self Assessment**

The newly designed self-assessment tool which forms part of the VHSA approach is to be launched in January 2023 with Families, Young People and Childrens Services and Learning Disabilities Services being the first to use the tool in a trust wide programme.

Through self-assessment it is anticipated 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.

It is planned that service users, patients and carers will partner with us, creating more opportunities for collaborative work and towards lived experience leadership of the programme.

**Potential Risks** - None

**Decision required** - For information

### Governance table

<b>For Board and Board Committees:</b>	<b>Public Trust Board 31<sup>st</sup> January 2023</b>	
<b>Paper sponsored by:</b>	Anne Scott, Executive Director of Nursing, AHP's and Quality	
<b>Paper authored by:</b>	Jane Gourley Head of Quality, Compliance and Regulation	
<b>Date submitted:</b>	9 <sup>th</sup> January 2023	
<b>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):</b>	N/A	
<b>If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e. assured/ partially assured / not assured:</b>		
<b>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</b>	Monthly reports to Board	
<b>STEP up to GREAT strategic alignment*:</b>	High Standards	Yes
	Transformation	Yes
	Environments	Yes
	Patient Involvement	Yes
	Well Governed	Yes
	Reaching Out	Yes
	Equality, Leadership, Culture	Yes
	Access to Services	Yes
	Trust wide Quality Improvement	Yes
<b>Organisational Risk Register considerations:</b>	List risk number and title of risk	N/A
<b>Is the decision required consistent with LPT's risk appetite:</b>	Yes	
<b>False and misleading information (FOMI) considerations:</b>	None	
<b>Positive confirmation that the content does not risk the safety of patients or the public</b>	Confirmed	
<b>Equality considerations:</b>	Yes	