

## Trust Board – 30<sup>th</sup> May 2023

### Care Quality Commission Update

#### 1.0 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.

#### 2.0 Analysis of the issue

##### 2.1 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

The trust is currently working in conjunction with Northampton Healthcare Foundation Trust to develop and release a series of communications for all staff providing information on the changes within the CQC, the new ways of inspecting and evidence required.

#### Scrutiny and Governance

The continued governance arrangements for the CQC assurance action plan incorporates 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.

#### Action Plan Summary

1. Estates and Facilities work in relation to dormitories remains on track.
2. Trust wide learning from the inspection is shared through various forums and communications bulletins.

## 2.2 Mental Health Act Inspections

Since the last report in March 2023 there has been one further Mental Health Act inspection carried out on the Agnes unit and the Trust is waiting for the final report. The Mental Health Act Committee are sighted on all Mental Health Act inspections for oversight of actions.

Themes, commonalities and learning from any MHA inspection are shared at the Foundations for Great Patient Care meeting and Service Ward Sister / Charge Nurse meetings to focus the learning and disseminate and share good practice from the inspection findings.

## 3.0 External Visits

Since January 2023, colleagues from the Integrated Care Board (ICB) have visited:

- Thornton ward
- Agnes Unit
- Welford ward
- Wards 1 and 3 St Luke's

All visits were welcomed by staff and positive feedback provided. A peer review of Phoenix ward in March 2023 was also carried out which received positive feedback and helpful suggestions for further improvement, which the ward is now working towards. The Trust is also currently participating in a Special Educational Needs and Disabilities (SEND) inspection for Rutland.

## 4.0 Internal Visits

### 4.1 Quality Visits

Since March 2023, there has been a further five Quality Visits carried out by the Quality Compliance and Regulation team on:

- Beechwood ward
- Beechwood ward re-visit
- Heather ward
- Phoenix ward
- Ward 4 at Coalville Community Hospital

Feedback was provided to the ward following the visit in the new style of a huddle and each ward is acting on the information provided. The Quality Compliance and Regulation team analyse and collate themes from the visits which are shared in reports to Quality and Safety Committee, Foundations 4 High Standards and Foundations for Great Patient care meetings.

### 4.2 15 Steps

Since March 2023 visits have been carried out to:

- Belvoir ward
- Bosworth ward
- Wound and Podiatry Clinic

All planned visits now include a volunteer service user and a member of trust clerical or administration staff present.

### **4.3 Board Walks**

Members of the Non-Executive team have carried out Board Walks to:

- Contenance Service
- Single Point of Access
- St Luke's Ward 1
- Rutland ward
- Safeguarding team
- Stewart House
- WelImproveQ team

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

All services have now participated in the VHSA self-assessment. The evidence provided by FYPC / LD has been reviewed and they have achieved foundation status. Evidence is being received from DMH and CHS currently.

### **6.0 Potential Risks**

None

### **7.0 Decision required**

For information.

## Governance table

For Board and Board Committees: Paper sponsored by:	Public Trust Board 30 <sup>th</sup> May 2023	
	Anne Scott, Executive Director of Nursing, AHP's and Quality	
Paper authored by:	Jane Gourley Head of Quality, Compliance and Regulation	
Date submitted:	15 <sup>th</sup> May 2023	
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):	N/A	
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
	Trust wide Quality Improvement	Yes
Organisational Risk Register considerations:	List risk number and title of risk	N/A
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	