

## Trust Board – 26th September 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 release a series of communications for all staff providing information on the changes within the CQC, the new ways of inspecting and evidence required. Furthermore, work is underway to prepare for the new CQC portal and the team are actively preparing for this change.

#### Scrutiny and Governance

The continued governance arrangements for the CQC assurance action plan incorporates ongoing quality, quality huddles alongside 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 continues to progress.
2. Trust wide learning from the inspection is shared through various forums and communications bulletins.

#### 2.2 Mental Health Act Inspections

During July and August, the Trust had CQC Mental Health Act visits on the following wards; Thornton Ward, Mill Lodge and Bosworth Ward. 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**

During July and August, the Trust has participated in the following external visits:

3<sup>rd</sup> August 2023 Regional Chief Nurse and ICB Community Health Services/MHSOP Evington Centre Evington Centre

18th August 2023 Visit by Luke Evans (MP) and ICB to FYPCLD Valentine Centre Valentine Centre

30th August 2023 Visit by National Deputy Chief Nurse for Mental Health to Mill Lodge & Stewart House

All visits were welcomed by staff and positive feedback provided.

The outcome for the SEND inspection in Rutland during June 2023 achieved the highest rating which was a particularly positive accolade. Work is underway with partners across the system to ensure ongoing improvements.

### **4.0 Internal Visits**

#### **4.1 Quality Visits**

During July and August 2023, there has been the following Quality Visits carried out by the Quality Compliance and Regulation team on:

Ashby Ward Bradgate Mental Health Unit, Kirby Ward Bennion Centre, Rutland Memorial Hospital, Loughborough Hospital, Dalgleish Ward Melton Mowbray, Arran Ward Stewart House, St Lukes Hospital St Lukes Hospital, Hinckley & Bosworth Community Hospital, Coalville Community Hospital, Beaumont Ward Bradgate Mental Health Unit.

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 the Quality Forum, Foundations 4 High Standards and Foundations for Great Patient care meetings.

#### **4.2 15 Steps**

Since July 2023 visits have been carried out to:

- Ellistown and Snibston Wards
- Coalville Community Health Centre
- Griffin Ward
- Swithland Ward

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 since during July and August 2023 to:

- The Beacon Unit
- Memory Services at the Neville Centre
- Employment Support Services, Merlyn Vaz,
- Beaumont Ward
- Speech and Language Therapy Service, Directorate for Mental Health

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

All services have now participated in the VHSA self-assessment. The evidence provided by FYPC / LDA has been reviewed and they have achieved foundation status. Evidence has been received from DMH and CHS are in the process of working through the self-assessment.

### 6.0 Potential Risks

Impact of industrial actions and winter pressures on maintaining improvements currently being managed through the Emergency Preparedness and Readiness process.

### 7.0 Decision required - For information.

### Governance table

<b>For Board and Board Committees:</b>	Public Trust Board 26 <sup>th</sup> September, 2023	
<b>Paper sponsored by:</b>	Anne Scott, Executive Director of Nursing, AHP's and Quality	
<b>Paper authored by:</b>	Deanne Rennie, Associate Director of AHPs and Quality and Jane Gourley, Head of Quality and Compliance	
<b>Date submitted:</b>	15 <sup>th</sup> September 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	

*Version 1.*