

Trust Board – 30th January 2024

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 and smaller targeted services. 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. Participation in an unannounced CQC inspection commenced 9th January, 2023 in Core Service areas of Adult Acute and PICU Mental Health Inpatient Settings, within the Directorate for Mental Health and Community Nursing, within the Community Health Service Directorate. At the time of writing this report, the inspection period continues and we continue to be actively engaged and responsive. This also includes participating in the factual accuracy process prior to publication of the findings from this inspection
2. Continued work on sustaining improvement action plans.
3. Participation in CQC Mental Health Act inspections.
4. 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. It is anticipated that the new single assessment framework methodology will commence from the 6th February, 2023 in Leicester, Leicestershire and Rutland. This means that any inspections after this date will be under the new framework.

Scrutiny and Governance

Outputs from the current live CQC inspection will be reported through Level One Committees including Trust Board.

Action Plan Summary

There remains one ongoing action from the 2021 inspection relating to estates and facilities work in relation to dormitories, this continues to progress.

2.2 Mental Health Act Inspections

During November and December 2023, the Trust did not have any CQC Mental Health Act visits. 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 November and December 2023, the Trust has participated in the following external visits:
07/12/2023 Paediatric Audiology Peer Review Site visit - ICB and NHSE.

4.0 Internal Visits

4.1 Quality Visits

During November and December 2023 the following Quality Visits have been carried out by the Quality Compliance and Regulation team: Cedar Ward, Welford Ward and Beaumont Ward. Feedback was provided to the directorates following the visits via a huddle and each ward acts 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. Themes are also shared with clinical directorates on a quarterly basis via the clinical quality governance leads.

4.2 15 Steps

During November and December 2023, 15 Steps visits have been carried out to:

- Charnwood Ward

All planned visits now include a volunteer service user, and a member of trust clerical or administration staff present. Feedback is given to the Directorates for oversight. Additional volunteer patient and administration assessors have recently been recruited and have been supported through training.

4.3 Board Walks

The following non-executive team Board Walks have taken place during November and December 2023.

- FYPC/LDA CAMHS Community Eating Disorder Team
- FYPC/LDA Corporate Communications Team
- FYPC/LDA Children's community speech and language therapy
- CHS North West Leicestershire Community Nursing Wound Clinic
- DMH Aston Ward, Bradgate Mental Health Centre

The non-executives provide feedback which is shared with the directorate.

5.0 Valuing High Standards Accreditation (VHSA) – Self Assessment

CAMHS Outpatient Community Services, FYPC, were the first service to undertake the Valuing High Standards Accreditation in full achieving a silver rating. This was celebrated with the team and they were presented with a certificate of achievement.

Services have now participated in the VHSA self-assessment. The evidence provided by FYPC / LDA and DMH has been reviewed and they have achieved foundation status. CHS are in the process of reviewing their engagement with the process.

From December VHSA engagement cafes are now held on a monthly basis to give staff the opportunity to understand the process and share information and learning from other teams.

6.0 Potential Risks

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

7.0 Decision required - For information.

Governance table

For Board and Board Committees: Paper sponsored by:	Public Trust Board , 30 th January,2023	
	Anne Scott, Executive Director of Nursing, AHP's and Quality	
Paper authored by:	Jane Gourley, Head of Quality and Compliance	
Date submitted:	12 th January 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	

Version 1.