

## The Meeting of the Council of Governors - Public 23 June 2021

<b>Paper title:</b>	Care Quality Commission Update	<b>Agenda item  11</b>
<b>Presented by:</b>	Phillipa Hubbard, Director of Nursing, Professions and Care Standards	
<b>Prepared by:</b>	Beverley Fearnley, Deputy Director of Patient Safety, Compliance and Risk	

Purpose of the report		
The purpose of this report is to provide an update as to the preparation the Trust in undertaking to ensure readiness for a comprehensive core and well led inspection and assurance about the embeddedness of actions from previous inspections. The paper also provides an update as to progress in developing an implementation plan for the Quality Assurance Framework proposed to the Board in April 2021.	For approval	
	For discussion	
	For information	X

Executive summary
<p>In April 2021 CQC informed the Trust that they were stepping back up inspection activity in relation to all trusts currently rated as 'Requires Improvement' or 'Inadequate'.</p> <p>As a Trust is currently rated as Requires Improvement, it is clear that we can anticipate being inspected as some point before the autumn. Whilst the Trust utilises Care Trust Way approaches to ensure it continually improves the quality of services, it is recognised that some of our teams and services have little experience of being inspected and therefore require some support to prepare them for inspection activity. Similarly, changes to the Board of Directors and Council of Governors since the Trust last had a full core and well led inspection mean that some members of these groups have little or no experience of being inspected.</p> <p>As well as putting in place measure to ensure that the Board, Council of Governors and staff are comfortable and understand the process of inspection, as part of our ongoing assurance, a follow up evaluation of the level of assurance in relation to the embeddedness of the actions from previous CQC visits was undertaken. This identified that of those 23 actions not previously assessed as being embedded:</p> <ul style="list-style-type: none"> <li>• 10 had improved from having significant levels of assurance to be assessed as embedded,</li> <li>• 1 has improved from having a moderate level of assurance to be assessed as embedded,</li> <li>• 9 remained as having significant levels of assurance that the response is being implemented, and</li> <li>• 3 had improved from having moderate to significant levels of assurance that the response is being implemented.</li> </ul>

Finally, the paper describes the process which is in place to ensure the quality assurance framework presented to Board in April 2021 is developed and implemented to support the Trust's on going proactive approach to the delivery of safe, high quality services.		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	State below 'Yes' or 'No'	If yes please set out what action has been taken to address this in your paper
	No	

Recommendation
The Council of Governors is asked to: <ul style="list-style-type: none"> <li>Note the activity being undertaken to prepare the Trust for a comprehensive core and well led inspection</li> <li>Note the degree of assurance in relation to actions from previous CQC inspections being embedded in Trust practices.</li> <li>Note the plans to implement the quality assurance framework presented to Board in April 2021</li> </ul>

Strategic vision				
Please mark those that apply with an X				
Providing excellent quality services and seamless access	Creating the best place to work	Supporting people to live to their fullest potential	Financial sustainability growth and innovation	Governance and well-led
				X

Care Quality Commission domains				
Please mark those that apply with an X				
Safe	Effective	Responsive	Caring	Well Led
				X

<b>Relationship to the Board Assurance Framework (BAF)</b>	The work contained with this report links to the following strategic risk(s) as identified in the BAF: <ul style="list-style-type: none"> <li></li> </ul>
<b>Links to the Corporate Risk Register (CRR)</b>	The work contained with this report links to the following corporate risk(s) as identified in the CRR: <ul style="list-style-type: none"> <li></li> </ul>
<b>Compliance and regulatory implications</b>	The following compliance and regulatory implications have been identified as a result of the work outlined in this report: <ul style="list-style-type: none"> <li></li> </ul>

## **Meeting of the Council of Governors - Public 23 June 2021**

### **CQC Preparation update**

#### **1 Purpose**

The purpose of this report is to provide an update as to the preparation the Trust in undertaking to ensure readiness for a comprehensive core and well led inspection and assurance about the embeddedness of actions from previous inspections. The paper also provides an update as to progress in developing an implementation plan for the Quality Assurance Framework proposed to the Board in April 2021.

#### **2 Background**

In April 2021 CQC informed the Trust that they were stepping back up inspection activity in relation to all trusts currently rated as 'Requires Improvement' or 'Inadequate'.

What this means is that the CQC intend to complete a comprehensive core inspection and well led inspection of the Trust.

Whilst the CQC have indicated that this will be a comprehensive core and well-led inspection using the 'old' model there have been some changes to how inspections are conducted which are detailed below:

- The CQC will no longer submit a Prior Information Request to the Trust for data. They instead intend to use a combination of data available to them from sources such as Board papers and engagement meetings, and information requested once they have arrived onsite to inspect services.
- The CQC will not give notice of the dates for the well-led inspection until they arrive onsite. At this point we will receive approximately 6 weeks' notice of this element of the inspection, which will include virtual interviews of some Board members and a day onsite at New Mill to interview others. This will also include a small number of virtual focus groups, although less than under previous inspection regimes.
- The CQC will provide staff with a survey to complete in lieu of attending focus groups. Whilst we have not seen this survey, our local intelligence would indicate this is approximately 50 questions in length.
- The CQC is now able to 'sample' core services when inspecting and still provide a rating – this is a change from previously where they would need to review all teams / wards within a core service before being able to rate
- The CQC is now able to rate Well-led independently of the ratings across other domains. This is a step towards the new model where only a single combined Trust rating will be issued. This means that even if a small number of services

are rated RI, it is possible for the Trust to receive a Good for the well-led domain.

CQC have informed us that whilst they are only required to inspect one core service and complete a well-led inspection to re-rate the Trust, they will be identifying where to inspect on the basis of the level of perceived risk and the length of time since the last inspection.

### **3 Preparation**

#### **3.1 Supporting services to prepare for inspection activity**

Recognising that some teams have more recent experience of being inspected than others, and that people can be nervous about being inspected, the Trust is undertaking to provide a series of events and resources to teams which will:

- Support them in ensuring environments meet required standards, recognising the some building have been under-occupied during the COVID period;
- Support staff to understand what to expect / what a visit looks like – recognising that some teams have no experience of being inspected;
- Refresh teams' understanding of the CQC Key Lines of Enquire by providing resources, including wallet-sized info packs and bite sized videos; and
- Support teams to clarify the learning and changes that have resulted from incidents and complaints over the last 12 months.

#### **3.2 Supporting the Board and Council of Governors to prepare for well-led inspection activity**

Recognising that there have been changes to both the Board of Directors and Council of Governors since the Trust last experienced a full inspection, the Senior Leadership Team will be working alongside these groups to ensure they:

- Understand what a full inspection looks and feels like;
- Understand the process of a Well Led inspection; and
- Are comfortable with their role in terms of participating in a Well Led inspection.

#### **3.3 Assurance of the delivery and embeddedness of action identified in previous CQC inspections**

A review of the CQC inspection reports from 2017, 2019 and 2020 identified 86 'Must Do' or 'Should Do' actions across 7 domains – some of these were duplicated either because they were relevant across multiple domains or because there were similar themes from multiple inspections. These were mapped to the 34 high level actions in the 2019 Action Plan, with an additional 8 items which are not aligned to this plan also being identified.

In January 2021, of the 42 items/high level actions:

- 19 were assessed as being embedded within Trust processes;
- 19 had significant levels of assurance that the response is being implemented; and

- 4 had moderate levels of assurance that the response is being implemented

Following on from this, Internal Audit provided independent assurance to the Board that the key findings from the CQC Inspection reports and notices had been fully addressed, that the actions had the impact required and that there was a system of internal control which provided ongoing assurance on compliance in all areas.

Overall, the audit provided a high level of assurance against this.

The most recent review of the embeddedness of the response to the actions identified that of those 23 actions not previously assessed as being embedded:

- 10 had improved from having significant levels of assurance to be assessed as embedded,
- 1 has improved from having a moderate level of assurance to be assessed as embedded,
- 9 remained as having significant levels of assurance that the response is being implemented, and
- 3 had improved from having moderate to significant levels of assurance that the response is being implemented.

### 3.4 Quality Assurance Framework development and implementation

Alongside the preparation for CQC, it is recognised that it is important that we continue the work we have been doing to further strengthen our proactive approach the quality assurance and improvement and move away from a reactive approach to inspection.

Therefore, alongside the work we are doing to prepare teams for inspection activity we will also be undertaking to bring teams up to a consistent standard with regards to understanding and addressing their quality objectives and planning to deliver these, before embedding the mature quality assurance framework across the Trust.

Recognising that teams are in different places we have agreed a number of stages of preparation and embeddedness which will enable us to provide tailored support to teams depending on where they are in their journey. These are described below.

Stage One – teams who are unclear about their quality priorities.

Complete self-assessment using a standard template – support to complete the self-assessment will be provided as required

Stage Two – teams who know their gaps / priorities but need to develop their plans.

The Deputy Director of Nursing and Deputy Director of Patient Safety, Compliance and Risk will support Assistant General Managers and service managers to test the outcome of the self-assessment, identify the priorities and actions to address gaps and how the impact will be assured

### Stage Three – teams who have plans

We will conduct a series of quality and safety visits to support local assurance plans and ensure all key areas of progress are being delivered.

### Preparation for Stage Four

Between August and November the Deputy Director of Patient Safety, Compliance and Risk will run a series of workshop events to go through the full Quality Assurance Framework (QAF) with service / team managers to get their input and understanding - with the aim of getting everyone ready to move to stage four by January 2022.

### Stage Four – full quality assurance process in place

Teams use the QAF to self-assess their quality status, identify quality objectives for the year aligned to Trust objectives and operational delivery plans – these are implemented as part of the cycle of operational planning and reviewed in year

## **4 Recommendations**

The Council of Governors is asked to:

- Note the activity being undertaken to prepare the Trust for a comprehensive core and well led inspection
- Note the degree of assurance in relation to actions from previous CQC inspections being embedded in Trust practices.
- Note the plans to implement the quality assurance framework presented to Board in April 2021

**Beverley Fearnley, Deputy Director of Patient Safety, Compliance and Risk**  
**14 June 2021**