

## Meeting of the Board of Directors - Public 09 September 2021

<b>Paper title:</b>	Care Quality Commission Update and Developments	<b>Agenda item  21</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.	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>What this means is that the CQC intend to complete a comprehensive core inspection and well led inspection of the Trust.</p> <p>Since this notification the Trust has undertaken a number of activities to support teams to prepare for inspection. This work includes:</p> <ul style="list-style-type: none"> <li>• Supporting services to prepare for inspection activity</li> <li>• Supporting the Board and Council of Governors to prepare for well-led inspection activity</li> <li>• Sharing data and information with the CQC, and</li> <li>• Continued work on developing the Trust's Quality Assurance Framework</li> </ul>		
Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?	<p style="text-align: center;"><b>State below 'Yes' or 'No'</b></p> <p style="text-align: center;"><b>No</b></p>	If yes please set out what action has been taken to address this in your paper

Recommendation
<p>The Board of Directors is asked to:</p> <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 progress in developing the Quality Assurance Framework for the Trust</li> </ul>

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

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

<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>• SO3</li> </ul>
<b>Links to the Strategic Organisational Risk Register</b>	The work contained with this report links to the following corporate risk(s) as identified in the Strategic Organisational Risk Register: <ul style="list-style-type: none"> <li>• 2417 (Ability to meet Regulatory Requirements)</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>• Well-led</li> </ul>

## **Meeting of the Board of Directors - Public 09 September 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.

#### **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.

Since this notification the Trust has undertaken a number of activities to support teams to prepare for inspection. This work has focussed on working with teams who have had little or no recent inspection experience, and for whom this could be a daunting prospect.

#### **3 Preparation**

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

During the period of May to August, we have supported teams in a number of ways including:

- Helping them ensure that environments meet required standards, recognising the some building had been under-occupied during the COVID period;
- Supporting 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
- Supporting teams to clarify the learning and changes that have resulted from incidents and complaints over the last 12 months.

During this period, we have also continued to undertake our programmed schedule of quality and safety visits, enabling teams to have 'external eyes' on their systems, processes and outcomes.

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

During this period, we have worked with the Board of Directors and Council of Governors to ensure that those members who have less experience of a CQC well-led inspection understand and are comfortable with what to expect and answering questions about systems and processes.

### **3.3 Sharing data and information with the CQC**

Previously, under the CQC inspection regime, Trusts would receive a Prior Information Request up to 12 weeks before any full inspection activity. Under the current regime this is not the case. The CQC will use information from public sources, including Board and Committee papers, data submissions (for example via the MH Insights benchmarking tools) and data shared with them during engagement with the Trust to support their inspection activity. In addition to this, CQC will request any additional information they need to complete their inspection when they arrive onsite.

Whilst it is not known what information the CQC will request, as part of our ongoing process of quality assurance we have been working to improve the quality of the data we have available, for example work has been undertaken improving the robustness of clinical supervision data held on ESR (rather than depending on local records). This work is ongoing, with more recent focus moving to ensuring mandatory training competencies are accurately aligned to individual's job profiles to ensure accurate recording of training compliance.

During this period, as part of our engagement meetings we have routinely shared:

- The Quality dashboard received by Quality and Safety Committee (which forms part of the IPR)
- The dashboard received by Mental Health Legislation Committee (which forms part of the IPR); and
- The most recent presentations from the Care Groups to Quality and Safety Committee

We have also recently shared an updated list of all of our delivery locations and contacts.

CQC have indicated that there will be at least two tranches of data requests to support the inspection. The first, which is operational data, will be expected within 72 hours of request. The second, which will support the well-led inspection, will be required within a slightly longer period – most likely within 2 weeks.

The Quality Governance team have established a process in anticipation of servicing these requests, including Executive level sign off. Once the data is submitted this will be collated and shared with the Board to ensure that there is a general awareness of what CQC is using to inform their inspection activity.

### **3.4 Quality Assurance Framework development**

Alongside the preparation for CQC, there has been work on-going to develop the Trust's Quality Assurance Framework.

Whilst this has not progressed as quickly as would have been hoped, largely due to the impact of clinical demand on leadership capacity to engage in the development of this, the following progress has been made:

- A suite of metrics (quantitative and qualitative) aligned to the key lines of enquiry have been identified, along with the source of the information (for example data packs, dashboards or via assessment during quality and safety visits). This has been brought together into a template that will form the basis on an independent assessment of a team's quality.
- Work is ongoing developing a similar template and suite of measures to assess quality at a Trust level, including the organisational well-led aspects.
- Work is ongoing to develop the process of assessment, including an understanding of the capacity required to deliver this.

## **4 Recommendations**

The Board of Directors is asked to:

- Note the activity being undertaken to prepare the Trust for a comprehensive core and well led inspection
- Note the progress in developing the Quality Assurance Framework for the Trust

**Beverley Fearnley, TWICS Programme Director and Deputy Director of Patient Safety, Compliance and Risk**  
**20 August 2021**