

Board of Directors – Meeting held in Public

10 November 2022

Paper title:	Care Quality Commission Update and Developments	Agenda Item 26
Presented by:	Phillipa Hubbard, Director of Nursing, Professions and Care Standards, Deputy Chief Executive, DIPC	
Prepared by:	Beverley Fearnley, Deputy Director of Patient Safety, Compliance and Risk	
Committees where content has been discussed previously	N/A	
Purpose of the paper Please check ONE box only:	<input type="checkbox"/> For approval <input checked="" type="checkbox"/> For information <input type="checkbox"/> For discussion	
Link to Trust Strategic Vision Please check ALL that apply	<input checked="" type="checkbox"/> Providing excellent quality services and seamless access <input type="checkbox"/> Creating the best place to work <input type="checkbox"/> Supporting people to live to their fullest potential <input type="checkbox"/> Financial sustainability, growth and innovation <input checked="" type="checkbox"/> Governance and well-led	
Care Quality Commission domains Please check ALL that apply	<input checked="" type="checkbox"/> Safe <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Well-Led <input checked="" type="checkbox"/> Responsive	

Purpose of the report

The purpose of this report is to provide Board with an overview of recent CQC activity that is not held within other reports, such as the Chief Executive’s report or learning reports received by the Quality and Safety Committee.

Executive Summary

Medicines Optimisation Pilot

The CQC approached the Trust at the end of September to see if we would be willing to be a pilot site for a methodology for inspecting medicines optimisation as a standalone inspection, due in November 2022. The inspection looks at medicines across the five key lines of enquiry (Safe, Effective, Caring, Responsive and Well-led) and will take approximately 2 days onsite to complete.

As this is pilot methodology a written report will be provided to the Trust however it will not be published, and the outcome will not affect our rating from CQC.

This is a valuable opportunity for us to take learning from the CQC and use it to continue to develop our services.

Response to recent media concerns about closed cultures in mental health units

In response to concerns about closed cultures raised by the September Panorama investigation into the Edenfield and the Channel 4 Dispatches Programme – ‘Hospital undercover – Are they safe?’, the Trust is undertaking a series of ‘spot’ visits to our inpatient wards to support our existing assurance processes.

Carried out by multi-professional teams, and focussing on activity at weekends and overnight, the purpose of the visit is to learn and to use our findings to improve services by informing our organisational response. Whilst recognising the imperative to carry out these visits to test our assurance, we also recognised that the inpatient teams are still under significant pressure and that visits should be managed compassionately and factually with as minimal disruption as possible.

The reports are currently being finalised and the outcomes, along with any action plans, will be shared with the Quality and Safety Committee during November.

Do the recommendations in this paper have any impact upon the requirements of the protected groups identified by the Equality Act?

- Yes** (please set out in your paper what action has been taken to address this)
- No**

Recommendation(s)

The Board of Directors is asked to:

- Note the work being undertaken as part of the CQC Medicines Optimisation Pilot, and the Trust’s intention to embrace this as a learning opportunity; and
- Take assurance from the Trust’s response to recent media concerns about closed cultures and our approach to addressing this

Relationship to the Board Assurance Framework (BAF)

The work contained with this report links to the following strategic risks as identified in the BAF:

- SO1:** Engaging with our patients, service users and wider community to ensure they are equal partners in care delivery (QSC)
- SO2:** Prioitising our people, ensuring they have the tools, skills and right environment to be effective leaders with a culture that is open, compassionate, improvement-focused and inclusive culture (WEC)
- SO3:** Maximising the potential of services to delivery outstanding care to our communities (QSC)

<ul style="list-style-type: none"> <input type="checkbox"/> SO4: Collaborating to drive innovation and transformation, enabling us to deliver against local and national ambitions (Board) <input type="checkbox"/> SO5: To make effective use of our resources to ensure services are environmentally and financially sustainable and resilient (FBIC) <input type="checkbox"/> SO6: To make progress in implementing our digital strategy to support our ambition to become a digital leader in the NHS (FBIC) 	
<p>Links to the Strategic Organisational Risk register (SORR)</p>	<p>The work contained with this report links to the following corporate risks as identified in the SORR:</p> <ul style="list-style-type: none"> • 2417: Ability to meeting regulatory requirements
<p>Compliance & regulatory implications</p>	<p>The following compliance and regulatory implications have been identified as a result of the work outlined in this report:</p> <ul style="list-style-type: none"> • Regulation 9, 12, 17 and 20

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CQC Updates and Developments

1 Purpose

The purpose of this report is to provide Board with an overview of recent CQC activity that is not held within other reports, such as the Chief Executive's report or learning reports received by the Quality and Safety Committee

2 Medicines Optimisation Pilot

The CQC medicines optimisation team have worked over the last few years on a pilot methodology to inspection medicines optimisation as a standalone inspection. The pilot has been paused since March 2020 due to Covid, however the CQC are now in a position to re-launch the pilot programme.

The CQC approached the Trust at the end of September to see if we would be willing to be a pilot site for this programme, with an inspection due in November. As part of our commitment to continuous learning and improvement we were keen to take part in this.

The inspection looks at how the Trust manages medicines optimisation and is an opportunity to demonstrate the good practice that is happening within the organisation around medicines optimisation. The inspection looks at medicines across the five key lines of enquiry (Safe, Effective, Caring, Responsive and Well-led) and will take approximately 2 days onsite to complete. The team would comprise of members of the medicines optimisation team at CQC.

As this is pilot methodology a written report will be provided to the Trust in the format of CQC current report writing methodology, the report however will not be published, and the outcome will not affect our rating from CQC as this is a pilot. However, as with any inspection activity, should the inspection team identify any issues of serious concern they will intervene as appropriate.

Following on from the inspection we will be invited to an event with the other two pilot sites in March 2023 to give our feedback and insight into the process.

This is a valuable opportunity for us to take learning from the CQC and use it to continue to develop our services.

3 Response to recent media concerns about closed cultures in mental health units

3.1 Background and response

Board members will be aware of two significant television programmes which have raised the profile of closed cultures on inpatient units. These were the September Panorama investigation into the Edenfield Centre run by Greater Manchester Mental Health NHS Foundation Trust and the Channel 4 Dispatches Programme – ‘Hospital undercover – Are they safe?’.

The Trust has a good process by which it oversees the quality and safety of all our services, including our inpatient wards. We also have a robust Freedom to Speak up strategy and approach which enables us to have a line of sight on the culture of our services.

Whilst, as a leadership team, we take assurance from these processes, we felt it important that we not be complacent and on the back of the issues raised in the two programmes mentioned previously, decided to undertake some ‘spot’ reviews of our inpatient wards, particularly focussing on what is happening during late / night shifts and at weekends when we know we have higher levels of agency staff and a greater reliance on on-call arrangements for escalation of issues.

The process has involved a multi-disciplinary team visiting each ward during the night shift and/or on weekends over a period of two – three weeks. These visits have been unannounced and have been supported by our Involvement Partners.

Whilst recognising the imperative to carry out these visits to test our assurance, we also recognised that the inpatient teams are still under significant pressure and that visits should be managed compassionately and factually with as minimal disruption as possible. The purpose of the visit is to learn and to use our findings to improve services by informing our organisational response.

3.2 Next steps

The reports are currently being finalised and the outcomes, along with any action plans, will be shared with the Quality and Safety Committee during November.

4 Recommendations

The Board of Directors is asked to:

- Note the work being undertaken as part of the CQC Medicines Optimisation Pilot, and the Trust’s intention to embrace this as a learning opportunity; and
- Take assurance from the Trust’s response to recent media concerns about closed cultures and our approach to addressing this

Beverley Fearnley

Deputy Director of Patient Safety, Compliance and Risk

26 October 2022